Form 5500-SF	Short Form Annu			oyee	OM	IB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plai			2	015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the	Internal This Form is Open t Public Inspection				
Pension Benefit Guaranty Corporation			nstructions to the Form 55	00-SF.	1 46110			
Part IAnnual ReportFor calendar plan year 2015 or fis	Identification Information		and ending 12	2/31/2015				
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employe	er plan (not multiemployer) employer information in ac	(Filers check	-			
B This return/report is	the first return/report	the final return/repo	ort eturn/report (less than 12 mo	onths)				
C Check box if filing under:	☐ Form 5558 ☐ special extension (enter desc	automatic extensio	on	0 D	FVC program	1		
Part II Basic Plan Info	rmation—enter all requested ir							
1a Name of plan STUART H. RICH, DDS, PS 401(I	•	Iomaion		(PN)	umber	002 an		
2a Plan sponsor's name (emplo	ver if for a single-employer plan)			2h Emplo	01/01/2 oyer Identifica			
Mailing address (include room	n, apt., suite no. and street, or P. e, country, and ZIP or foreign pos		nstructions)	(EIN)	91-2020 sor's telephor	0002		
SIMPLY SMILES					253-939-			
348 8TH STREET NE AUBURN, WA 98002				Zu Busine	621210	,		
3a Plan administrator's name ar	nd address XSame as Plan Spor	sor.		3b Admin	istrator's EIN			
				3c Admin	iistrator's tele	phone number		
4 If the name and/or EIN of the	e plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN				
name, EIN, and the plan nur a Sponsor's name	mber from the last return/report.			4c PN				
5a Total number of participants	at the beginning of the plan year.			5a		12		
	at the end of the plan year			5b		12		
	account balances as of the end of			5c		11		
d(1) Total number of active pa	rticipants at the beginning of the p	lan year		5d(1)		11		
	rticipants at the end of the plan ye			5d(2)		11		
than 100% vested	terminated employment during th			5e	lished	0		
Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed at belief, it is true, correct, and com	ner penalties set forth in the instrund signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/rep	oort, includin	g, if applicabl			
SIGN Filed with authorized	valid electronic signature.	07/18/2016	KIRSTIN B. RICH					
HERE Signature of plan a	dministrator	Date	Enter name of individu	ual signing a	s plan admini	strator		
SIGN HERE Signature of emplo	ver/nlan snonsor	Date	Enter name of individu	ial signing of	s amployor o	r plan sponsor		
Preparer's name (including firm n					telephone nu			
For Panerwork Peduction Act Notic	e and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF		Eor	m 5500-SF (2015)		

6a Were all of the plan's assets during the plan year invested in eligi	hla assats?	(See instructions)					X Yes No
b Are you claiming a waiver of the annual examination and report of		, ,					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can		,					Yes No
C If the plan is a defined benefit plan, is it covered under the PBGC						-	No Not determined
Part III Financial Information				021).		100	
7 Plan Assets and Liabilities		(a) Paginning					(b) End of Yoor
a Total plan assets	7a	(a) Beginning	<u>722</u>				(b) End of Year 832731
b Total plan liabilities			122	.010			002701
C Net plan assets (subtract line 7b from line 7a)			722	079			832731
 8 Income, Expenses, and Transfers for this Plan Year 	70	(a) Amou					(b) Total
a Contributions received or receivable from:							
(1) Employers	8a(1)		21	552			
(2) Participants	8a(2)		115	577			
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b		-19	338			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						117791
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6	901			
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f			238			
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						7139
i Net income (loss) (subtract line 8h from line 8c)	8i						110652
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2T 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:
B If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructions:
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a	x			107526
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		x		
C Was the plan covered by a fidelity bond?			10c	х			80000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?	s fidelity bor	nd, that was caused	10d		х		
carrier, insurance service, or other organization that provides so	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			х			3929
f Has the plan failed to provide any benefit when due under the pl	Has the plan failed to provide any benefit when due under the plan?				х		
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10f 10q		Х		
h If this is an individual account plan, was there a blackout period?					Х		
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	the required	I notice or one of the	10h 10i				
j Did the plan trust incur unrelated business taxable income?							
Part VI Pension Funding Compliance			10j	1	I		1

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes X No
11a	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

Form 5500-SF 2015

Page **3** - 1

-										
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.					
b	Enter	the minimum required contribution for this plan year		12b						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trust's E	IN				
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod		ADP/ACP test			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No	No			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	. ,	Цр	atio ercentage est		Average benefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No	No			
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A			

	4 t						· · · · · · · · · · · · · · · · · · ·			
Forn	n 5500-SF	Short Form An		turn/Report o enefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	ent of the Treasury I Revenue Service	This form is required to b	e filed under	sections 104 and 40	65 of the Employee Re	etirement	2015			
	artment of Labor efits Security Administration	 Income Security Act of 1 	1974 (ERISA Reven	.), and sections 6057 ue Code (the Code).	(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection			
	efit Guaranty Corporation	Complete all entrie		ince with the instru	ctions to the Form 55	00-SF.				
Part I	Annual Report	Identification Informat	ion	101 (0015	and anding	10/	31/2015			
For calendar	plan year 2015 or fis	cal plan year beginning		<u>/01/2015</u>	and ending		king this box must attach a			
A This return	m/report is for:	X a single-employer plan I a one-participant plan	lis	t of participating emp oreign plan	bloyer information in ac	cordance wi	th the form instructions)			
B This return	n/report is	the first return/report		final retum/report						
		an amended return/repor	t 🛛 as	hort plan year retum/	/report (less than 12 m	onths)				
C Check bo	ox if filing under:	Form 5558		tomatic extension		[] [)FVC program			
		special extension (enter								
Part II	Basic Plan Info	rmation—enter all request	ed information	on		41				
1a Name of						1b Three plan	number			
Stuart H	H. Rich, DDS,	PS 401(k) Plan				(PN)	• 002			
							tive date of plan 01/2004			
2a Plan sn	onsor's name (emplo	oyer, if for a single-employer p	lan)				oyer Identification Number			
سمينانه الا	address (include me	m, apt., suite no. and street, c e, country, and ZIP or foreign	vr FIO Box)	e (if foreign, see instru	uctions)	´	91-2020002 nsor's telephone number			
Stuart H	H. Rich, DDS,	PS				(25	3) 939-6900			
Simply S	Smiles					2d Business code (see instructions)				
	h Street NE					621	.210			
	I DEFECT HE			۲ M	98002					
Auburn	ministrator's name a	nd address XSame as Plan	Sponsor.			3b Adm	inistrator's EIN			
						3c Adm	inistrator's telephone number			
4 If the n	ame and/or EIN of th	e plan sponsor has changed	since the las	t return/report filed fo	or this plan, enter the	4b EIN				
name,	EIN, and the plan nu	mber from the last return/rep	ort.			4c PN				
a Sponso						·	1			
5a Total n	number of participant	s at the beginning of the plan	year	••••••		·	1			
b Total n	number of participant	s at the end of the plan year account balances as of the e	nd of the pla	n vear (defined here	efit plans do not					
C Numbe comple	er of participants with ete this item)	account balances as of the e				5 C	<u> 1</u>			
		articipants at the beginning of				. 5d(1)	1			
d(2) Tota	al number of active p	articipants at the end of the p	lan year			. 5d(2)	1			
A Numb	per of participants that	it terminated employment dur	ing the plan	year with accrued be	nefits that were less	5e				
	the fear Ale a lacks	or incomplete filing of this	rofiirn/renc	nt waa ne assessed	Uniess reasonable w		blished.			
Under pena SB or Sche	alties of perjury and o edule MB completed	other penalties set forth in the and signed by an enrolled act								
	true, correct, and cor			7.16.16	Kirstin B. R	lich				
SIGN HERE	AM		<u> </u>				as plan administrator			
	Signature of plan	administrator		Date	Enter hand of main					
SIGN					Enter name of india	idual eigning	as employer or plan sponsor			
HERE	Signature of emp	loyer/plan sponsor name, if applicable) and add	ress (include	Date room or suite numb		Preparer	's telephone number			
Preparer's	name (including tim	ומוזיכ, זו מאריוטמטוכי מוים מסט			,					
						ļ				
							Form 5500-SF (201			

	Form 5500-SF 2015			Page 2								
10 A u lf	re you claiming a waiver of the annual examination and rep nder 29 CFR 2520.104-46? (See instructions on waiver elig you answered "No" to either line 6a or line 6b, the plan	bility and conditions.) cannot use Form 5500-SF and must instead use Form 5500.						X Yes No				
C If	the plan is a defined benefit plan, is it covered under the PB	BGC in	surance p	ogram (see ERISA sec	tion 40	21)?		Yes	No	Not d	etermir	ned
Part	III Financial Information											
7 P	lan Assets and Liabilities			(a) Beginning	of Yea	070			(b) End	of Yea		,731
ат	otal plan assets		7a	· · · · · · · · · · · · · · · · · · ·	122	,079	<u>'</u>				0.52	, 131
bт	otal plan liabilities		7b	<u></u>			<u> </u>					7.2.1
C N	et plan assets (subtract line 7b from line 7a)		7c		722	,079	' 				832	,731
	come, Expenses, and Transfers for this Plan Year			(a) Amou	nt			. <u></u>	(b) T	otal		
	ontributions received or receivable from:) Employers		8a(1)		21	,552	2					
	2) Participants		8a(2)			,577						
_	Participants		8a(3)									
	b) Others (including followers)		8b		-19	,338	3					
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c								117	,791
dE	enefits paid (including direct rollovers and insurance premi provide benefits)	ums	8d		6	5,901	1					
	certain deemed and/or corrective distributions (see instruction		8e				↓					
-	dministrative service providers (salaries, fees, commission		8f			238	3					
g	Other expenses		8g									100
h 1	otal expenses (add lines 8d, 8e, 8f, and 8g)		8h				_					7,139
	let income (loss) (subtract line 8h from line 8c)		8i								110) , 652
j 1	ransfers to (from) the plan (see instructions)		8 j				<u> </u>					
	If the plan provides pension benefits, enter the applicable p 2A 2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable w											
Part	V Compliance Questions				440-00-00-00-00-00-00-00-00-00-00-00-00-	Ver	No	N/A		Amo	unt	
10	During the plan year:		11	- Mar Nine maniael		Yes	NO	NVA		And	uni	
а	Was there a failure to transmit to the plan any participant of described in 29 CFR 2510.3-102? (See instructions and I Program)	POL'S V	voluntary	-Iduciary conection	10a	x					10	7 , 526
b	Were there any nonexempt transactions with any party-in- reported on line 10a.)	interes	t? (Do not	include transactions	10b		x					
С	Was the plan covered by a fidelity bond?				10c	X	ļ		L		8	0,000
d	by fraud or dishonesty?				10d		x					
е	Were any fees or commissions paid to any brokers, agent carrier, insurance service, or other organization that provious the plan? (See instructions.)	ties sor	ne or all o	f the benefits under	10e	x						3,929
f	Has the plan failed to provide any benefit when due under	the pla	an?		10f		X		L			
g	Did the plan have any participant loans? (If "Yes," enter a	mount	as of year	end.)	10g		х					
	If this is an individual account plan, was there a blackout (2520, 101-3.)	period?	? (See inst	ructions and 29 CFR	10h		x					
i	If 10h was answered "Yes," check the box if you either pr exceptions to providing the notice applied under 29 CFR	vided 2520.10	the require	ed notice or one of the	10i	 		 	 			
j	Did the plan trust incur unrelated business taxable incom	e?	<u>.</u>		10j			<u> </u>				
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding (5500) and line 11a below)	equirer	ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SB	(Form		Yes	X No
11a	Enter the unpaid minimum required contribution for all yea									- <u>r-</u>		

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12

Form 5500 SE 2015	Page 3 -						
Form 5500-SF 2015							
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e a If a waiver of the minimum funding standard for a prior year granting the waiver. 	is being amortized in this plan year, see ins	tructions, and e	nter the Day	date of th	ne letter Year	rulin	g
If you completed line 12a, complete lines 3, 9, and 10 of So	hedule MB (Form 5500), and skip to line	13.					
b Enter the minimum required contribution for this plan year		1	12b				
c Enter the amount contributed by the employer to the plan for		12c					
d Subtract the amount in line 12c from the amount in line 12b	Enter the result (enter a minus sign to the I	eft of a	12d				
negative amount)				Yes	No	Π	N/A
e Will the minimum funding amount reported on line 12d be n				h a	8		
Part VII Plan Terminations and Transfers of Ass				☐ Yes	X No		
13a Has a resolution to terminate the plan been adopted in any plan			13a		<u> </u>		
If "Yes," enter the amount of any plan assets that reverted							
b Were all the plan assets distributed to participants or beneficible of the PBGC?					Yes	X N	0
C If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction	rred from this plan to another plan(s), identi s.)	fy the plan(s) to					
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN	l(s)
Part VIII Trust Information							
14a Name of trust			14b	rust's Ell	1		
14c Name of trustee or custodian			14d	Trustee's	or cus	odia	n's
				telephone	enumb	er	
1000 1000 1000 1000 1000 1000 1000 100							
Part IX IRS Compliance Questions							
15a Is the plan a 401(k) plan?			[] Ye	No			
			n P				
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimina matching contributions (as applicable) under sections 401(tion requirements for employee deferrals ar	id employer		ased safe arbor		test	AUF
-			-	ethod			
15c If the ADP/ACP test is used, did the 401(k) plan perform Al testing method" for nonhighly compensated employees (Tr	P/ACP testing for the plan year using the "(current year 401(m)-	۲	es	No No		
testing method" for nonnignly compensated employees (m 2(a)(2)(ii))?		·····	<u>-</u>				
16a Check the box to indicate the method used by the plan to s				atio ercentage		Ave	
				est		Delik	efit test
16b Does the plan satisfy the coverage and nondiscrimination this plan with any other plans under the permissive aggreg	ests of sections 410(b) and 401(a)(4) by cor	nbining	[] Y	es	<u> </u>	No	
 this plan with any other plans under the permissive aggreg 17a Has the plan been timely amended for all required tax law 			Γıγ	es	Π	No	N/A
17a Has the plan been timely amended for all required tax hav 17b Date the last plan amendment/restatement for the require	and the second se	Enter the a		e code			uctions
for tax law changes and codes)			•		DC	nier	
17c If the plan sponsor is an adopter of a pre-approved master advisory letter, enter the date of that favorable letter	and the letter's senal h	umper		· · · · · · · · · · · · · · · · · · ·			
17d If the plan is an individually-designed plan and received a determination letter	avorable determination letter from the IRS,	enter the date o	f the pla	an's last fa	vorable	•	
 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico made), American Samoa, Guam, the Commonwealth of the 	(if no election under ERISA section 1022(i)(e Northern Mariana Islands or the U.S. Virgi	2) has been in Islands)?	<u> </u>	es	י]	No	
19 Were in-service distributions made during the plan year?			Υ	es	□ N	0	
If "Yes," enter amount			. 19				
		whether or not	ΗΠγ	 AS	N	lo	∏ N/A
20 Were required minimum distributions made to 5% owners retired), as required under section 401(a)(9)?					'		<u>Ц.,,,</u>