Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	<u> </u>							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01	/2015	and ending 1	2/31/2015					
		x a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must atta							
A This ret	urn/report is for:		_ ' ' "	mployer information in a	yer information in accordance with the form instr					
		a one-participant plan	a foreign plan							
D T0.1		X the first return/report	the final return/report							
D This retu	urn/report is		H	rn/ranart (laga than 12 m	antha)					
		an amended return/report	a short plan year retur	rn/report (less than 12 m	ioritris)					
C Check I	box if filing under:	X Form 5558	automatic extension		DFVC	program				
		special extension (enter desc	cription)							
Part II	Basic Plan Info	rmation—enter all requested in	nformation							
1a Name	of plan	-			1b Three-digi	t				
SMILE PAR	TNERS 401(K) PLAN				plan numb					
					(PN) • 1c Effective d	001				
					IC Ellective o	10/01/2014				
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)			2b Employer	dentification Number				
		m, apt., suite no. and street, or P.			(EIN)	20-0381039				
	town, state or provinc ON STATE SMILE PA	e, country, and ZIP or foreign pos	stal code (if foreign, see inst	ructions)		telephone number				
						206-780-6908				
221 WINSLO	W WAY W#302				2d Business of	code (see instructions)				
	E ISLAND, WA 98110					624100				
3a Plan a	dministrator's name a	nd address XSame as Plan Spor	nsor.		3b Administra	tor's EIN				
		_								
					3c Administra	tor's telephone number				
4 16.0					41					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed t	for this plan, enter the	4b EIN					
a Spons	•				4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a	0				
_		at the end of the plan year			FI.					
		account balances as of the end o			5c					
compl	ete this item)					1				
d(1) Tota	al number of active pa	rticipants at the beginning of the p	olan year		5d(1)	0				
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ear		5d(2)	1				
		terminated employment during th			5e	0				
		or incomplete filing of this retu				·d.				
Under pena	alties of perjury and ot	her penalties set forth in the instru	uctions, I declare that I have	e examined this return/re	port, including, if	applicable, a Schedule				
	edule MB completed a true, correct, and com	nd signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	rt, and to the best	of my knowledge and				
		/valid electronic signature.	09/22/2016	JOHANNES E MATT	TUEE					
SIGN HERE										
	Signature of plan a	aministrator	Date	Enter name of individ	uuai signing as pla	n administrator				
SIGN HERE										
	Signature of emplo		Date		dual signing as employer or plan sponsor					
Preparer's	name (including firm r	name, if applicable) and address (include room or suite numb	er)	Preparer's telep	none number				
1					1					

	Form 5500-SF 2015		Page 2								
b 4	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a f you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)			X	Yes Yes	No No
C If	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)? .		Yes	No	Not	determin	ned
Part	t III Financial Information	1	Γ			_					
	Plan Assets and Liabilities		(a) Beginning	of Yea	ar	-		(b) End	of Ye		
	Total plan assets	7a								15568	
	Fotal plan liabilities	7b 7c			0	-				15568	
	ncome, Expenses, and Transfers for this Plan Year	70	(a) Amou	ınt	0			(b) :	Total	10000	
	Contributions received or receivable from:		(a) Alliot	ant				(13)	IOtai		
(1) Employers	8a(1)			0						
	2) Participants	8a(2)		16	000						
	3) Others (including rollovers)	8a(3)			432						
	Other income (loss)	8b 8c			432					15568	
	Benefits paid (including direct rollovers and insurance premiums	80								10000	
	o provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f			0						
	Other expenses	8g			0						
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)									15568	
	Net income (loss) (subtract line 8h from line 8c)	8i								13300	
Part		8j									
	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2F 2G 2J 3D										
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a	100	X	1974		Ailic	, unit	
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X					
С	Was the plan covered by a fidelity bond?			10c	Х					1	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					0000
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X						58
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3										
_ j	Did the plan trust incur unrelated business taxable income?	·····		10j		X					
Part '	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								. [Yes X	No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		_	_	
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction	302 of E	RISA?	.[]	Yes X	No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	rianio	of tubics of suctorial			telephone		o	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount	······	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	Name of filer, plan administrator, or plan sponsor (see instructions) Washington State Smile Partners				B Filer's identifying number (see instructions Employer identification number (EIN)(9 digits							
	Number, street, and room or suite no. (If a P.O. box, see instructions)			20-0381039								
	221 Winslow Way W#302		5	Socia	secu	rity	number (SSN	N) (9 digi	ts XXX-XX	(-XXXX)		
	City or town, state, and ZIP code											
	Bainbridge Island WA 98110											
0	Plan name			Plar	1		Р	lan yea	ar endin	g		
	Tall halle		nι	ımb	er		MM		DD	YYYY		
	Smile Partners 401(k) Plan	0	1	0	1		12		31	2015		
Par	Extension of Time To File Form 5500 Series, and/or Form 895	5-SSA										
1	Check this box if you are requesting an extension of time on line 2 to file in Part 1, C above.	the first	Fo	rm :	5500	se	ries return/	report	for the p	lan listed		
2	I request an extension of time until10 / 17 / 2016 to file Formation Note. A signature IS NOT required if you are requesting an extension to file					ins	ructions).					
3	I request an extension of time until10 / 17 / 2016 to file Form Note. A signature IS NOT required if you are requesting an extension to file	n 8955- Form 89	SS, 155	A (s -SS	ee ir A.	str	uctions).					
	The application is automatically approved to the date shown on line 2 and/the normal due date of Form 5500 series, and/or Form 8955-SSA for which the											
Part	and/or line 3 (above) is not later than the 15th day of the third month after the Extension of Time To File Form 5330 (see instructions)					ues	sted, and (I	b) the c	ate on i			
Part 4		n 5330.	l du	ue d	ate.				aate on i			
	III Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form	n 5330.	l du	ue d	ate.				aate on i			
4	III Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the second secon	n 5330.	l du	ue d	ate.				late on i			
4 a	IT request an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	0.	late on i			
4 a b	Irequest an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	D. b	l l			
4 a b	Irequest an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	D. b	l l			
a b c	Irequest an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	D. b				
4 a b	Irequest an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	D. b				
4 a b	Irequest an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	D. b	late on i			
4 a b	Irequest an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	D. b	late on i			
4 a b	Irequest an extension of time until / / to file Form You may be approved for up to a 6 month extension to file Form 5330, after the Code section(s) imposing the tax	m 5330.	nal L	due	date	e of	Form 5330	D. b				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

1	art	I Annual Report	Ide	entification Information	cordance with th	e insti	ructions to the Form 5	500-SF.							
		endar plan year 2015 or fis	cal	plan year beginning	01/01/	2015									
			_		01/01/		and ending		2/31/2015						
A	This	return/report is for:	a list of participating employer information					r) (Filers	s checking this box must attach lance with the form instructions)						
R	This	return/report is:	Ц	a one-participant plan	a foreign plan	1	,,		and mar are returned accounts,						
U	11115	return/report is:	X	the first return/report	the final retur	n/repoi	t								
_	an amended return/report a short plan year return/report (less than								12 months)						
C	Che	ck box if filing under:	X	Form 5558	automatic ext	ension		DFVC program							
			П	special extension (enter descr				,							
P	art I	Basic Plan Info	rm	nation enter all requested			 								
1a	Na	me of plan	2111	enter all requested	information		· · · · · · · · · · · · · · · · · · ·	1 41-	- · · ·						
	Sm	ile Partners 401	/ L \	Dia-				10	Three-digit plan number						
			(/	Pian				1	(PN) ▶ 001						
								1c	Effective date of plan						
	Pla	an enoncor's name (amal		71					10/01/2014						
	Ma	ming Address (include ro	om.	r, if for a single-employer plan) apt., suite no. and street or P.C country, and ZIP or foreign post). Box)				Employer Identification Number (EIN) 20-0381039						
	Wa	shington State S	nil	• Partners	ai code (it foreign,	see ins	structions)		Sponsor's telephone number						
		on a second		e raithers					(206) 780-6908						
	22	1 Winslow Way W#	302	1				2d Business code (see instructions)							
				•				1 '	624100						
2-		Bainbridge Island WA													
Sa	ı Pia	an administrator's name a	nd a	address X Same as Plan Spo	nsor Name			3b /	Administrator's EIN						
								3c /	Administrator's telephone number						
								1							
4	16 14	ha nama and/or CIN of th		on anapase has abanased since	#h o l o o b v o b v o o /o o o o	المما الأمام	for this slave and suffer	46 -							
4			~*	an sponsor has changed since to from the last return/report.	ne last return/repo	irt mea	for this plan, enter the	4b E	=IN						
а		onsor's name		•				4c F	PN						
			at t	he beginning of the plan year .				5a	0						
b				he end of the plan year				5b	1						
c				ount balances as of the end of the					<u> </u>						
								5c	1						
d(1) To	otal number of active par	ticip	ants at the beginning of the plan	n year	*********		5d(1	0						
A/	2) T	otal number of active nar	icin	ants at the end of the plan year	2004422774427444		***************************************	5d(2	2) 1						
u	Nun	wher of participants that to	erm.	inated employment during the p	lan year with accru										
e		than 100% vested						5e	o						
Ca	ution	· A penalty for the late	or i	ncomplete filing of this return	report will be as:	sessed	unless reasonable ca	use is e	established.						
									cluding, if applicable, a Schedule						
SB	or S	chedule MB completed a	nd s	igned by an enrolled actuary, a	s well as the electr	onic ve	ersion of this return/repo	rt, and to	o the best of my knowledge and						
be	ief, it	is true, correct, and com	olet	e.											
0	GN	Allian	_		19/22/16		Johannes E.	mar	thee						
	ERE	() (nis	trator	Date		Enter name of individua	al signin	g as plan administrator						
-		Allunt			9/22/16		Johannes E.								
	GN				Date				g as employer or plan sponsor						
	ERE	Signature of employer	pia	e, if applicable) and address; inc		numb			er's telephone number						
Pre	epare	er's name (including firm n	am(s, ii applicable) allu audiess, iik	AUGO TOOM OF SUITE		-,	, ropar	a. a terepriorie flumbol						
									90 - X (1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
								8 17 9 (0) security							

	Form 5500-SF 2015		Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)	•••••					XYes	□No
2	Are you claiming a waiver of the annual examination and report of a			ıntaı	nt (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condition	ons.)					••••••	X Yes	□No
•	If you answered "No" to either line 6a or line 6b, the plan cannot lifthe plan is a defined benefit plan is it sourced under the PDOO is							N	Not	determined
Els.	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance pr	ogram (see ERISA sectio	n 40	21)?	******	re:		NOLL	Jeten illieu
7	rt III Financial Information					—		# N F - 4	-6¥	
<u>'</u>	Plan Assets and Liabilities		(a) Beginning of	Yea	ır	+		(b) End		F.C0
<u>a</u> b	Total plan liabilities	7a				+			15	,568
c	Total plan liabilities				0	+	<u> </u>		15	,568
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount			+		(b) 7	Total	,500
а	Contributions received or receivable from:	A STATE OF THE REAL PROPERTY AND ADDRESS.	(u) Fundant			88 88 E	#45J.2E.3	000 000 000 000 000 000 000 000 000 00	d Stive Miles	
	(1) Employers	8a(1)			0	9.5				
	(2) Participants	8a(2)	1	6,0	00	-				
b	(3) Others (including rollovers) Other income (loss)	8a(3)		// 2	٥١	8				
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		(43	2)	===			15	, 568
d	Benefits paid (including direct rollovers and insurance premiums	00	Se las de la companya		THE RESERVE THE	20 500 E			100000000000000000000000000000000000000	3 4 3 47 5 400
	to provide benefits)	8d								- 2
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e				4.5				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	***************************************		0					10.00
g h	Other expenses	8g			U			- Jacobski - Car		0
"	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h 8i							15.	568
÷	Transfers to (from) the plan (see instructions)	8j			- Table 1	00. 1000 000 00. 1000 000	100000	(000) - New York	SOURCE STATE OF THE SERVICE	1.12.15.50
P	art IV Plan Characteristics								AND ASSESSMENT OF	
-	If the plan provides pension benefits, enter the applicable pension for	eature code	es from the List of Plan Ch	arac	teristi	c Cor	les in th	e instruct	tions:	
-	2F 2G 2J 3D									
ь	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	from the List of Plan Cha	racte	eristic	Code	s in the	instruction	ons:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a							3 8			
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo					x				
	Program) Were there any nonexempt transactions with any party-in-interest			10a		A	8 8			
b	reported on line 10a.)			10ь		x				
c	Was the plan covered by a fidelity bond?			10c	X		D 1 2 8			10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's						B. 12 B			
	by fraud or dishonesty?			10d		Х				
6	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	e or all of the	ne benefits under							
	the plan? (See instructions.)			10e		X	2 8 2 B			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x	1000円を			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		x			-	
h	If this is an individual account plan, was there a blackout period? (新城	No Parished A	PART C	一方で 海道
•	2520.101-3.)	•••••		10h		X	7	٠	150	0
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10í					Marie M. Care	
j	Did the plan trust incur unrelated business taxable income?			10j		x				
Par	t VI Pension Funding Compliance								· · · · · · · · · · · · · · · · · · ·	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11:	Enter the unpaid minimum required contribution for current year from	om Schedu	le SB (Form 5500) line 40		••••••		11a			
12	Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of the Co	ode	or sec	ction 3	302 of E	RISA?	☐ Yes	X No
									30.20	

Form 5500-SF 2015	Page 3-					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in the	his plan year, see i	nstructions, and		he date of Ye	the letter r	uling
granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)			ay	16	al	
	<u> </u>		12b	F		
b Enter the minimum required contribution for this plan year						
c Enter the amount contributed by the employer to the plan for this plan year			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadli	ne?	•••••	<u> </u>	Yes L	」No ∟	J N/A
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			☐ Ye	es X N	lo	
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to ar of the PBGC?	nother plan, or brou	ight under the c	ontrol		Yes 2	K No
c If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) F	PN(s)
Britan State Company of the Company						
Part VIII Trust Information						
14a Name of trust			14b Tr	rust's EIN		
14c Name of trustee or custodian		,	the terms of	rustee or phone nur	custodian's mber	<u> </u>
Part IX IRS Compliance Questions						
15a Is the plan a 401(k) plan:			Yes	S	☐ No	
Toda is the planta to the planta in the plan			De	sign-		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emmatching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ployee deferrals ar	nd employer	har	sed safe rbor ethod	ADP// test	ACP
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin	g the "current year		☐ Ye	s	☐ No	
testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k))-2(a)(2)(ii) and 1.4	01(m)-				
2(a)(2)(ii))?				£: _		
16a Check the box to indicate the method used by the plan to satisfy the coverage requir	rements under sect	tion 410(b):	□ Ra Pe Te	rcentage	Avera	ige fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) are this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by cor	mbining	☐ Ye	s	□ No	
17a Has the Plan been timely amended for all required law changes?		•••••••	☐ Ye	s	☐ No	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was a			0.00		e (Se	
instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volu	me submitter plan ne letter's serial nu	that is subject t	o a favo	orable IRS	opinion o	r
advisory letter, enter the date of that favorable letter 7 17d If the plan is an individually-designed plan and recieved a favorable determination le						
determination letter 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i)(2 s or the U.S. Virgin) has been n Islands)?	☐ Ye	∋s	☐ No	
19 Were in-service distributions made during the plan year?			☐ Ye	es	☐ No	
If Yes, enter amount			19			
Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?	½ (regardless of w	vhether or	☐ Ye	es	☐ No	□ N/A

5500-SF Electronic Filing Authorization

Plan Name:

Smile Partners 401(k) Plan

EIN/PN:

20-0381039/001

Plan Year:

01/01/2015 - 12/31/2015

I hereby authorize Larry Gwin to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

1000

9/22/16

(date)

Plan Sp

(sign)

9/22/16

(date)