Form 5500-SF	Short Form Annu		•	oyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plai		vee Retirement 2015				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the	Internal	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation Part I Annual Repor	Complete all entries in     Identification Information		structions to the Form 55	00-SF.				
For calendar plan year 2015 or			and ending 06	6/01/2016				
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 checking				
<b>B</b> This return/report is	the first return/report	$\overline{X}$ the final return/report $\overline{X}$ a short plan year re	ort eturn/report (less than 12 mo	onths)				
<b>C</b> Check box if filing under:	Form 5558 special extension (enter desc	automatic extensio	n		program			
Part II Basic Plan Inf	ormation—enter all requested ir	1 ,						
<b>1a</b> Name of plan SUMNER VETERINARY HOSPI				1b Three-digi plan numb (PN) ▶	001			
				1c Effective c	01/01/2008			
Mailing address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		ostructions)	2b Employer (EIN)	Identification Number 91-1214439			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SUMNER VETERINARY HOSPITAL, P.S.				2c Sponsor's telephone number 253-863-2258				
6024 60TH ST. E SUMNER, WA 98390				2d Business of	code (see instructions) 541940			
<b>3a</b> Plan administrator's name a	and address XSame as Plan Spor	ISOr.		<b>3b</b> Administra	ator's EIN			
				<b>3c</b> Administra	ator's telephone number			
4 If the name and/or EIN of the	ne plan sponsor has changed since	the last return/report file	ed for this plan, enter the	<b>4b</b> EIN				
name, EIN, and the plan ne a Sponsor's name	umber from the last return/report.	·		<b>4c</b> PN				
5a Total number of participant	s at the beginning of the plan year.			5a	55			
<b>b</b> Total number of participant	s at the end of the plan year			5b	0			
	account balances as of the end of			5c	0			
<b>d(1)</b> Total number of active p	articipants at the beginning of the p	lan year		5d(1)	46			
	articipants at the end of the plan ye t terminated employment during th			5d(2)	0			
than 100% vested	e or incomplete filing of this retur			5e	0			
Under penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	ave examined this return/rep	oort, including, if	applicable, a Schedule			
SIGN Filed with authorized	d/valid electronic signature.	06/26/2016	MARY K. WENDT					
HERE Signature of plan	administrator	Date	Enter name of individu	ual signing as pla	an administrator			
SIGN HERE Signature of emp	oyer/plan sponsor	Date	Enter name of individu	ual signing as em	nployer or plan sponsor			
	name, if applicable) and address (i			Preparer's telep				
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see ti	ne instructions for Form 5			Form 5500-SF (2015)			

<b>b</b> Are und	re all of the plan's assets during the plan year invested in eligib you claiming a waiver of the annual examination and report of er 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe and condit	ndent qualified public a tions.)	ccount	ant (IQ	PA)					
-	ou answered "No" to either line 6a or line 6b, the plan cann										
Part II	e plan is a defined benefit plan, is it covered under the PBGC in Financial Information	isurance p	brogram (see ERISA se	ection 4	J21)?		Yes	No Not determined			
	Assets and Liabilities		(a) Paginning					(b) End of Yoor			
	al plan assets	7a	(a) Beginning	1300				(b) End of Year			
· -	al plan liabilities	7a 7b			621						
	plan assets (subtract line 7b from line 7a)	70 70		1298			0				
-	phar assets (subtract line rb from line ra)	10	(a) Amou	(a) Amount				(b) Total			
	tributions received or receivable from:										
(1)	Employers	8a(1)									
(2)	Participants	8a(2)		65304							
(3)	Others (including rollovers)	8a(3)									
<b>b</b> Oth	er income (loss)	8b		27738							
C Tota	al income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						93042			
	efits paid (including direct rollovers and insurance premiums rovide benefits)	8d		1384	765						
e Cer	tain deemed and/or corrective distributions (see instructions)	8e									
<b>f</b> Adn	ninistrative service providers (salaries, fees, commissions)	8f		7	271						
<b>g</b> Othe	er expenses	8g									
<b>h</b> Tota	al expenses (add lines 8d, 8e, 8f, and 8g)	8h					1392036				
i Net	income (loss) (subtract line 8h from line 8c)	8i					-1298994				
<b>j</b> Trar	nsfers to (from) the plan (see instructions)	8j									
Part IV	Plan Characteristics										
	The plan provides pension benefits, enter the applicable pension $A$ 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:			
B If th	ne plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	cterist	tic Coo	des in th	ne instructions:			
Part V	Compliance Questions										
<b>10</b> Du	uring the plan year:				Yes	No	N/A	Amount			
a wa	as there a failure to transmit to the plan any participant contribu	tions withi	in the time period								
	escribed in 29 CFR 2510.3-102? (See instructions and DOL's V			10a		x					
	rogram) ere there any nonexempt transactions with any party-in-interest			10a		~					
	ported on line 10a.)			10b		X					
-	as the plan covered by a fidelity bond?			10c	Х			150000			
	d the plan have a loss, whether or not reimbursed by the plan's fraud or dishonesty?			10d		х					
ca	ere any fees or commissions paid to any brokers, agents, or oth rrier, insurance service, or other organization that provides som e plan? (See instructions.)	ne or all of	the benefits under	10e	х			1492			
<b>f</b> Ha	as the plan failed to provide any benefit when due under the pla	n?		10f		Х					
<b>g</b> Di	d the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	Х			0			
	his is an individual account plan, was there a blackout period? 20.101-3.)	•		10h		х					
	10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.10			10i							
	d the plan trust incur unrelated business taxable income?			10j							
Part VI	Pension Funding Compliance					-	•	·			

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5500) and line 11a below)	lule SB	(Form	Yes	N	о
11a	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 3	302 of E	RISA?	Yes	X N	0

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-					Т				
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter r Year	uling		
lf	you c	completed 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					
С	Enter	the amount contributed by the employer to the plan for this plan year		12c					
d		tract 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?			X Y	es No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a			0		
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					0		
D		e PBGC?				X 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.)	ify the plan(s) to	I					
-	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Dert	1/111	Truck Information							
Part		Trust Information		116	T	15.1			
14a	Name	e of trust		140	Trust's E	IN			
14c Name of trustee or custodian					<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		1					
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)?					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 "cng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42)(ii))?		Υ	es				
16a	Chec	sk the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	Ratio ercentag est		verage enefit test		
16b		s 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	ΓY	es	No			
17a	Hast	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////	•				structions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinio	n or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e rmination letter/	nter the date of	the pla	an's last f	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		∏ Y€	es	No			
19	Were	in-service distributions made during the plan year?		Y	es	No			
	lf "Ye	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		

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089		
	arlment of the Treasury arnal Revenue Service	This form is required to be file	d under sections 104 and 4				2015		
Employee B	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code)		Interna	This i	Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 55	00-SF.		olic Inspection		
Part I	Annual Report	Identification Information							
	lar plan year 2015 or fis		01/01/2016	and ending		06/01/201	.6		
A This ref	eturn/report is for:	a single-employer plan		an (not multiemployer) ployer information in ac					
B This ret	turn/report is	the first return/report	$\underline{\mathrm{X}}$ the final return/report						
		an amended return/report	$\overline{\mathrm{X}}$ a short plan year returr	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC prog	Iram		
		special extension (enter descr							
Part II	Basic Plan Infor	rmation—enter all requested inf	formation						
<b>1a</b> Name Sumner		spital 401(k) Plan			F	Three-digit blan number (PN) ►	001		
						Effective date o			
		/er, if for a single-employer plan) n, apt., suite no. and street, or P.C	). Box)		<b>2</b> b E	Employer Ident	ification Number		
City or		e, country, and ZIP or foreign post		uctions)	(EIN) 91-1214439 2c Sponsor's telephone number				
	_	_			253-863-2258 2d Business code (see instructions)				
16024	60th St. E					541940	(acc mandeliona)		
Sumner	r	WA 98390							
3a Plan a	administrator's name an	d address XSame as Plan Spons	sor.		3b /	Administrator's	EIN		
					3c /	Administrator's	telephone number		
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b	EIN			
	sor's name	nder nom the last return report.			4c	PN			
5a Total	number of participants	at the beginning of the plan year			5a	Ì	55		
		at the end of the plan year			<b>5</b> b				
		account balances as of the end of			5c	;	l		
<b>d(1)</b> ⊤o′	tal number of active par	rticipants at the beginning of the p	lan year		5d(	1)	4		
d(2) To	tal number of active par	rticipants at the end of the plan ye	ar		<b>5d(</b> )	2)	(		
than	100% vested	terminated employment during the			<b>5</b> e				
Under per SB or Sch	nalties of perjury and oth	or incomplete filing of this retur her penalties set forth in the instru nd signed by an enrolled actuary, a plete.	ctions, I declare that I have	examined this return/re	port, in	cluding, if appl			
SIGN	* Mai	y Kubnet	6-26-16	MARY K. WENDT					
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sigr	ning as plan ac	Iministrator		
SIGN HERE									
	Signature of emplo	yer/plan sponsor name, if applicable) and address (i	Date	Enter name of individ		ning as employ arer's telephon			
Ficparers							enumber		

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<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible</li> <li>b 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 lf you answered "No" to either line 6a or line 6b, the plan cannet.</li> <li>c If the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>	an independ and condition ot use Form	ent qualified public a ns.) 1 <b>5500-SF and mus</b> t	ccounta instea	ant (IQ I <mark>d use</mark>	PA) Form	5500.	X Y	
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar	1		b) End of Year	
a Total plan assets	7a		1,30		5			0
b Total plan liabilities	7b			1,62	1			-
C Net plan assets (subtract line 7b from line 7a)	7c		1,29	8,99	4			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total	
a Contributions received or receivable from:	8-(4)							
(1) Employers	8a(1)		6	5,30	1			
(2) Participants	8a(2) 8a(3)		0	5,50	4			
b Other income (loss)	8b		2	7,73	8	-		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1110				93,042
d Benefits paid (including direct rollovers and insurance premiums						_		30,011
to provide benefits)	8d		1,38	4,76	5			
e Certain deemed and/or corrective distributions (see instructions)	8e			_	_		- (	
f Administrative service providers (salaries, fees, commissions)	8f			7,27	1	1.0		
g Other expenses	8g			-	-			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-	1.1	-			392,036
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	8i			_	-		- <i>L</i> , 2	298,994
Part IV Plan Characteristics	8j		_					
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amour	nt
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fid	uciary Correction	10a		x			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	-		
c Was the plan covered by a fidelity bond?			10c	X				150,00
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e 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 th	e benefits under	10e	x				1,492
f Has the plan failed to provide any benefit when due under the pla			10f		x			
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	10g	x				(
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h		x			
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).								es 🗌 No
11a Enter the unpaid minimum required contribution for all years from		Store Contractory				11a		
12 Is this a defined contribution plan subject to the minimum funding	requiremen	ts of section 412 of t	he Cod	e or se	ection	302 of ER	ISA? Y	es 🛛 No

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.	ä
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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e granting the waiver	nter the Day		e letter rulir 'ear	ng	
If v	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day		car		
	Enter the minimum required contribution for this plan year	12b				
	Enter the amount contributed by the employer to the plan for this plan year	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d				
	negative amount)		Yee []	No. 🗌	NIZA	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A	
Part \			X Yes	No		
	Has a resolution to terminate the plan been adopted in any plan year?	420	Ares			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co	13a			0	
b	of the PBGC?		X	Yes 🗌 N	lo	
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s): 13c(2) E	EIN(s)		13c(3) P	N(s)	
Part	VIII Trust Information					
	Vin Trust mornation	14b Trust's EIN				
1 IG						
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions	·····				
15a	Is the plan a 401(k) plan?	[] Ye	S	No		
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?				/ACP	
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	[] Ye		No No		
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	19.85	atio arcentage st		Average benefit test	
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	] Ye	S	No		
17a	Has the plan been timely amended for all required tax law changes?	Ye	S	No No	□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted	applical	ole code	(See ir	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the pla	n's last favo	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Ye	S	_ No		
19	Were in-service distributions made during the plan year?	∏ Y€	s	No		
	If "Yes," enter amount	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	∏ Y€	S	No	□ N/A	