Form	orm 5500-SF Short Form Annual Return/Report of Small Employ				oyee	OMB Nos. 1210-0110 1210-0089		
	nt of the Treasury Revenue Service	This form is required to be fil	Benefit Pla		etirement		2015	
Employee Benefit	ment of Labor s Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection		
		<ul> <li>Complete all entries in dentification Information</li> </ul>		nstructions to the Form 5	500-SF.		-	
		al plan year beginning 01/01/		and ending 1	2/31/2015			
A This return		a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-		
<b>B</b> This return/	report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	vonthe)			
C Check box	if filing under:	Form 5558	automatic extension		· _	FVC progra	ım	
r	[	special extension (enter desc						
		mation—enter all requested in	nformation		41 -			
<b>1a</b> Name of p JORGE GOME		IARY SERVICES 401(K) PLAN			1b Three- plan n (PN)	umber	001	
					1c Effection			
		r, if for a single-employer plan) apt., suite no. and street, or P.	O. Box)		2b Employ (EIN)	-	cation Number 51546	
		country, and ZIP or foreign pos ARY SERVICES, LLC	tal code (if foreign, see	nstructions)	2c         Sponsor's telephone number           561-644-1449			
P.O. BOX 1135					2d Busine	ess code (s	ee instructions)	
OXAHATCHEE	, FL 33470					54194	10	
3a Plan admi	nistrator's name and	address XSame as Plan Spor	isor.		3b Admini	istrator's E	IN	
							lephone number	
name, El	N, and the plan numb	olan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN			
a Sponsor's					4c PN 5a		4	
_		t the beginning of the plan year. t the end of the plan year			5a 5b		4	
C Number of	f participants with ac	count balances as of the end of	the plan year (defined b	enefit plans do not	5c		4	
					5d(1)		4	
.,		cipants at the beginning of the p cipants at the end of the plan ye	-		5d(1) 5d(2)		4	
e Number than 100	of participants that te % vested	rminated employment during th	e plan year with accrued	benefits that were less	5e		0	
Under penaltie SB or Schedul	s of perjury and othe e MB completed and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	ictions, I declare that I h	ave examined this return/re	port, including	g, if applica		
	, correct, and comple ed with authorized/va	alid electronic signature.	09/27/2016	JORGE GOMEZ				
HERE	ignature of plan adı		Date	Enter name of individ	lual signing as	s plan adm	nistrator	
SIGN HERE								
S	ignature of employe	er/plan sponsor me, if applicable) and address (	Date	Enter name of individ	lual signing as Preparer's t			
		, in applicable) and address (						
For Paperwork	Reduction Act Notice	and OMB Control Numbers, see t	ae instructions for Form 5	500-SE		F	orm 5500-SF (2015)	

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 20 CEB 2520 104 462 (See instructions on univer clicibility							X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							
с	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No Not determined
Pa	rt III Financial Information						-	
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a			0			428401
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c			0	428401		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		79	000			
	(2) Participants	8a(2)		48	500			
	(3) Others (including rollovers)	8a(3)		321	529			
b	Other income (loss)	8b		-19	522			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						429507
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1	106			
	Other expenses	8g				_		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		1106
	Net income (loss) (subtract line 8h from line 8c)	8i						428401
<u> </u>	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics	f		ch ch c				4h - in - 4m 4i
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2K 2R 3D	reature co	ides from the List of Pla	an Cha	racteris		des in i	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plar	n Chara	acterist	ic Cod	es in th	e instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х		
b	Were there any nonexempt transactions with any party-in-interest			TUd		~		
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c		x		
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				х		
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	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan?					x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			10h		х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	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			and cor	nplete	Sched	ule SB	(Form
	5500) and line 11a below)							Yes X No

5500) and line 11a bel	ow)	, )					·	
11a Enter the unpaid minin	nun	n required contributio	n for all year	s from Scł	nedule SE	B (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?...

No

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-									
	(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>.</b>				
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 EIN					
14c	Narr	e of trustee or custodian		<b>14d</b> 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	e ADF test	P/ACP		
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			
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit 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			
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No			
	lf "Y€	es," enter amount		19					
20						No	N/A		

Form 5500-SF	Short Form Ann	Short Form Annual Return/Report of Small Emp Benefit Plan			OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		ed under sections 104	and 4065 of the Employee Reti	This Form is Open to			
Department of Labor Employee Benefits Security Administratio	<u>n</u>	4 (ERISA), and section Revenue Code (the	s 6057(b) and 6058(a) of the In Code).				
Pension Benefit Guaranty Corporation	Complete all entries in		instructions to the Form 550	0-SF.	Public Inspection		
	rt Identification Information fiscal plan year beginning 01/01/20		and anding 10/01	0045			
r or calendar plan year 2013 of	X a single-employer plan		and ending 12/31/ yer plan (not multiemployer) (F		this hav must attach a		
A This return/report is for:	a one-participant plan		g employer information in acco				
B This return/report is	X the first return/report	the final return/re	port				
	an amended return/report		return/report (less than 12 mor	iths)			
C Check box if filing under:	X Form 5558	automatic extens	ion		program		
	special extension (enter desc						
Part II Basic Plan Int	formation—enter all requested in	nformation					
<b>1a</b> Name of plan orge Gomez Equine Veterinary	Services 401(k) Plan			1b Three-digi plan numb			
			-	(PN)			
				1c Effective d 01/01/201			
Mailing address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.			<ul> <li>2b Employer Identification Number (EIN) 27-4151546</li> <li>2c Sponsor's telephone number (561) 644-1449</li> <li>2d Business code (see instructions)</li> </ul>			
orge Gomez Equine Veterinary	nce, country, and ZIP or foreign pos Services, LLC	tal code (if foreign, see	instructions)				
.O. Box 1135				541940	code (see instructions)		
oxahatchee, FL 33470							
				3c Administra	tor's telephone number		
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report f	led for this plan, enter the	4b EIN			
	umber from the last return/report.	na monante e transferancia e antina de la mante de la 1999 de la constante de la 1999 de la constante de					
And the second	ts at the beginning of the plan year.			4c PN 5a	4		
	ts at the end of the plan year			5b	4		
c Number of participants with	h account balances as of the end of	the plan year (defined	benefit plans do not	5c	4		
	articipants at the beginning of the p			5d(1)	4		
	participants at the end of the plan ye			5d(2)	4		
e Number of participants that	at terminated employment during th	e plan year with accrue	d benefits that were less	5e	0		
than 100% vested Caution: A penalty for the late	e or incomplete filing of this retu	n/report will be asses	sed unless reasonable caus				
Under penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I I	nave examined this return/repo	rt, including, if	applicable, a Schedule		
SIGN			Jorge H. Gomez				
HERE Signature of plan	administrator	Date	Enter name of individua	l signing as pla	n administrator		
SIGN HERE	1.0						
	byer/plan sponsor name, if applicable) and address (i	Date	Enter name of individua	I signing as em Preparer's telep			
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see ti	ne instructions for Form	5500-SF.		Form 5500-SF (2015		

	01111 0000 01	

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes No	
b	Are you claiming a waiver of the annual examination and report of a	an indepen	dent qualified public a	ccounta	ant (IQ	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann							X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined	
-	rt III Financial Information						100 [		
7	Plan Assets and Liabilities		(a) Baninning			-			
	Total plan assets	7a	(a) Beginning of Year			-		(b) End of Year 428401	
	Total plan liabilities	7a 7b				-		420401	
2	Net plan assets (subtract line 7b from line 7a)	70			0	+		428401	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
-	Contributions received or receivable from:								
	(1) Employers	8a(1)		7900	0				
	(2) Participants	8a(2)		4850	0				
	(3) Others (including rollovers)	8a(3)		32152					
	Other income (loss)	8b		-1952	2				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			ale de la	C.See	CONTRACTOR OF THE	429507	
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e					1807 (Sec. 9)		
24.97	Administrative service providers (salaries, fees, commissions)	8f		110	6				
0.	Other expenses	8g				1784			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1106	
10	et income (loss) (subtract line 8h from line 8c)						428401		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics	7				Contraction (2)			
9a	If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Pla	an Char	acteris	stic Co	des in t	the instructions:	
	2A 2E 2F 2G 2K 2R 3D								
B	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plar	n Chara	cterist	ic Coo	les in th	e instructions:	
Par	V Compliance Questions								
10					Yes	No	N/A		
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	itions within	the time period		Tes	NO	IN/A	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	id, that was caused	10d		х			
e	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.)								
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g									
h	If this is an individual account plan, was there a blackout period?					v	1. (de 1.		
	2520.101-3.)			10h		Х			
i 	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)								
11a	Enter the unpaid minimum required contribution for all years from								
12	Is this a defined contribution plan subject to the minimum funding							RISA? 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 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. ..... Month Dav Year If you 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 12c c Enter the amount contributed by the employer to the plan for this plan year ..... d 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) \_\_\_\_\_ e 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? Yes X No 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 another plan, or brought under the control Yes X No of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 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 EIN 14c Name of trustee or custodian 14d Trustee's or custodian's telephone number Part IX **IRS** Compliance Questions Yes 15a Is the plan a 401(k) plan?..... No Design-15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer based safe ADP/ACP matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?..... harbor test method 15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year Yes No testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?..... Ratio Average 16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ..... percentage benefit test test 16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining Yes No this plan with any other plans under the permissive aggregation rules? ..... 17a Has the plan been timely amended for all required tax law changes?..... Yes No 17b Date the last plan amendment/restatement for the required tax law changes was adopted . Enter the applicable code (See instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter and the letter's serial number 17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter 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 Yes No made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?....

19 Were in-service distributions made during the plan year? No Yes If "Yes," enter amount ..... 19 ..... 20 Were required minimum distributions made to 5% owners who have attained age 70 1/2 (regardless of whether or not Yes No N/A retired), as required under section 401(a)(9)? .....

N/A