Description         Description         Description         Description           Part L         Annual Report Learning         This form is required to be filed under sections 100 and 04065 of the Employee Retirement Income Security. Act of 15/4 (ER) SA, and sections 100 and 04065 (p) and 04050 (p) and 04050 (p).         This Form is Open to Description 100 (p) and 0405 (p) and 04050 (		m 5500-SF	Short Form Annua	I Return/Report Benefit Plan	of Small Emplo	oyee	0	MB Nos. 1210-0110 1210-0089
Income Security Act of 1974 (ERISA), and sections 607(b) and 6068(a) of the Internal Reverse Order Security Act of 1974 (ERISA), and sections 607(b) and 6068(a) of the Internal Reverse Order Security Act of 1974 (ERISA), and sections 607(b) and 6068(a) of the Internal Reverse Order Security Act of 1974 (ERISA), and sections 607(b) and 6068(a) of the Internal Reverse Order Security Act of 1974 (ERISA), and sections 607(b) and 6068(a) of the Internal Reverse Order Or			This form is required to be filed		065 of the Employee R	etirement		2016
Percent Annual Report UserNetWith the instructions to the Form 5500-SF. Percent Annual Report UserNetWithation Information Percenter and ending 12312016 Pe			Income Security Act of 1974 (B	ERISA), and sections 605	7(b) and 6058(a) of the			
For calendar plan year 2016 or fiscal plan year beginning       0.012/016         A This return/report is for:       a single-employer plan       a multiple-employer plan (or multiple-moleyer) (Files checking this box must atach a list of panicipating employer information in accordance with the form instructions.)         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       the first return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       prom 5558       submation       DFVC program         genetical extension (enter description)       DFVC program       genetical extension       001         1C Effective data of plan       Three clait plan number (PN)       001       1C       Effective data of plan (0101/2006         22a Plan sponsor's name (employer, if for a single-employer plan)       Malling polities (many plan, and 2/P or foreign postal code (if foreign, see instructions)       2C       Employer (dentification Number (PN))       001       1C       Effective data of plan (0101/2006         23a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's telephone number (PN), WA 38273       2d Business code (see instructions (Sub 4/H	Pension Be	nefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	uctions to the Form 55	500-SF.	Publi	c Inspection
A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach a tot of participating employer information in accordance with the form instructions.)         B This return/report is       the first return/report       the final return/report       a foreign plan         B This return/report is       the first return/report       the final return/report       a short plan year return/report (less than 12 months)         C Check box if filing under:       Form 5558       automatic extension       DFVC program         genetal extension (enter description)       DFVC program       genetal extension (enter description)       DFVC program         24 Name of plan       Form 5558       automation       1b Three-digit month       001         12 a Plan sponsor's name (employer, if for a single-employer plan)       Malling address (include room, apt., suite no. and street, no P.O. Box)       2b Employer leant/fication Number (EN)       201         23 Plan sponsor's name (employer, if for a single-employer plan)       Malling address (include room, apt., suite no. and street, no P.O. Box)       2b Employer leant/fication Number (EN)       2c Sponsor's telephone number Scies province country and 21P of foreign postal code (if foreign, see instructions)         23 DI EAST COLLEGE WAY       3a Plan administrator's name and address [S Same as Plan Sponsor.       3b Administrator's telephone number Scies porticipants at the ord ne plan year       5a				16		2/21/2016		
A This return/report is for:       a one-participant plan       ist of participating employer information in accordance with the form instructions.)         B This return/report is       the first return/report       a hort plan year return/report (less than 12 months)         C Check box if filing under:       prom 558       automatic extension       DFVC program         general extension (enter description)       part [Li] Basic Plan Information-enter all requested information       1       The return/report (less than 12 months)         C Check box if filing under:       prom 558       automatic extension       DFVC program         general extension (enter description)       Part III Basic Plan Information-enter all requested information       1       The return/report is       01         I C Effective date of plan       001       1       Effective date of plan       0101/2006         COLLEGE WAY ANIMAL HOSPITAL, P.S., INC.       400 for eight part is       20 for straight part is       001         2a Plan aponsor's name (employer, if for a single-employer plan)       22 for straight part is       22 for straight part is       22 for straight part is         2b ILEGE WAY ANIMAL HOSPITAL, P.S., INC.       320 Har 1180       22 for straight part is       22 for straight part is         3a Plan administrator's name and address [] Same as Plan Sponsor.       3b Administrator's telephone number 380 Har 1180       3c Administrator's telephone num	For calenda	ar plan year 2016 or fisc			<u> </u>		king this how	must attach a
an amended retum/report       a short plan year retum/report (less than 12 months)         C Check box if filing under:       psocial extension (enter description)         Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN)         COLLEGE WAY ANIMAL HOSPITAL, P.S., INC. 401(%) PROFIT SHARING PLAN       1b Three-digit plan number (PN)         College WAY ANIMAL HOSPITAL, P.S., INC. 401(%) PROFIT SHARING PLAN       1b Three-digit plan number (PN)         College WAY ANIMAL HOSPITAL, P.S., INC. 401(%) PROFIT SHARING PLAN       1b Three-digit plan number (PN)         College WAY ANIMAL HOSPITAL, P.S., INC. 401(%) PROFIT SHARING PLAN       1b Three-digit plan number (PN)         College WAY ANIMAL HOSPITAL, P.S., INC. 401(%) PROFIT SHARING PLAN       2b Enployer Identification Number (PN)         College WAY ANIMAL HOSPITAL, P.S., INC.       2c Sponsof's telephone number (PN)         Satis EAST COLLEGE WAY       2d Business code (see instructions S41940         2d Business code (see instructions S41940       2d Business code (see instructions S41940         3a Plan administrator's name and address S Same as Plan Sponsor.       3b Administrator's telephone number name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the end of the plan year.       5a       5a         54 Total number of participants at the end of the plan year.       5d	A This ret	urn/report is for:		list of participating em			-	
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b       Three-digit plan number (PN)         COLLEGE WAY ANIMAL HOSPITAL, P.S., INC. 401(K) PROFIT SHARING PLAN       1b       Three-digit plan number (PN)         ColLEGE WAY ANIMAL HOSPITAL, P.S., INC. 401(K) PROFIT SHARING PLAN       1c       Effective date of plan (J01/2006 College WAY ANIMAL HOSPITAL, P.S., INC. 401(K) PROFIT SHARING PLAN       2b       Employer dentification Number (EN)         ColLEGE WAY ANIMAL HOSPITAL, P.S., INC.       2D of regins postal code (if foreign, see instructions)       2b       Employer dentification Number (EN)         ColLEGE WAY ANIMAL HOSPITAL, P.S., INC.       3c0 FAST COLLEGE WAY       3c0 FAST COLLEGE WAY         MOUNT VERNON, WA 98273       2d       Business code (see instructions)         3a       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 3c0-64-81-169         2d       Link number of participants at the beginning of the plan year	<b>B</b> This retu	ırn/report is			n/report (less than 12 m	onths)		
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (NC) PROFIT SHARING PLAN       001         1c Effective date of plan       001         2a Plan sponsor's name (employer, if for a single-employer plan)       0101/2006         Maing address (include room, apl., suite no. and street, or P.O. Box)       2b Employer Identification Number (EN) of the plan address (include room, apl., suite no. and street, or P.O. Box)         ColLEGE WAY ANIMAL HOSPITAL, P.S., INC.       2b Employer Identification Number (EN) of the plan address (include room, apl., suite no. and street, or P.O. Box)         ColLEGE WAY ANIMAL HOSPITAL, P.S., INC.       2b Employer Identification Number (EN) of the plan 2D Portoregin postal code (if foreign, see instructions)         3001 EAST COLLECE WAY       2d Business code (see instructions 541940         3a Plan administrator's name and address Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number form the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report.       4c PN         5a Total number of participants at the beginning of the plan year.       5a         5b Cost number of participants at the end of the plan year.       5b         c Number of participants at the end of the plan year.       5c         5b Cost number of participants at the end of the plan year.       5c         contain umber of parti	C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	orogram	
1a Name of plan       1b Three-digit plan number         COLLEGE WAY ANIMAL HOSPITAL, P.S., INC. 401(K) PROFIT SHARING PLAN       1b Three-digit plan number (PN) ▶         2a Plan sponsor's name (employer, if for a single-employer plan)       1c Effective date of plan 01/01/2006         2b Employer Identification Number (EIN) of the single-employer plan)       2b Employer Identification Number (EIN) 91-2171215         2colLEGE WAY ANIMAL HOSPITAL, P.S., INC.       2b Employer Identification Number (EIN) 91-2171215         3col.ELEGE WAY ANIMAL HOSPITAL, P.S., INC.       3col.484-1189         3col.ELEGE WAY       3col.484-1189				,				
COLLEGE WAY ANIMAL HOSPITAL, P.S., INC. 401(K) PROFIT SHARING PLAN       plan number (PN) ▶       001         2a Plan sponsor's name (employer, if for a single-employer plan) Maiing address (include room, apt., suite no, and street, or P.O. Box) City or town, state or province, country, and 2IP or foreign postal code (if foreign, see instructions)       2b Employer identification Number (EIN) 91-2171215         2c Sponsor's telephone number 300-484-1139       2d Business code (see instructions)         3a Plan administrator's name and address ∑ Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone number 300-484-1139       3c Administrator's telephone number 364940         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b Administrator's telephone number 3c Administrator's telephone number 3c Administrator's telephone number 3c India number of participants at the beginning of the plan year.       5a         b Total number of participants at the beginning of the plan year.       5b       5c         c Number of participants at the edging of the plan year.       5d(1)       5d(2)         c Number of participants at the edging of the plan year.       5d(2)       5e         c Number of participants at the edging of the plan year.       5d(2)       5e         c Number of participants at the edging of the plan year.       5d(2)       5e         c Number of participants with accoun			mation—enter all requested info	rmation				
2a       Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2b       Employer Identification Number (EIN) 91-217215         COLLEGE WAY ANIMAL HOSPITAL, P.S., INC.       3a01 EAST COLLEGE WAY MOUNT VERNON, WA 98273       2d       Business code (see instructions) 541940         3a Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 380-E445-1189         3a Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 3ch-E445-1189         3a Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's telephone number 3ch-E445-1189         3a Total number of participants at the beginning of the plan year.       5a       5b       5b         c       Number of participants at the ed of the plan year.       5a       5c         c       Number of participants at the ediping of the plan year.       5d(1)       5d(2)         c       Number of participants at the end of the plan year.       5a       5c         c       Sonsor's name       5d(2)       5e       5d(1)         c       Number of participants at the edipting of the plan year.       5a       5b       5c       5c			., P.S., INC. 401(K) PROFIT SHAP	RING PLAN		plan	number	001
Mailing address (include room, apt., suite no. and street, or P.O. Box)       (Ethy)       91-2171215         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)       2C       Sponsor's telephone number         380-1EAST COLLEGE WAY ANIMAL HOSPITAL, P.S., INC.       2C       Sponsor's telephone number         380-1EAST COLLEGE WAY       Sate address       2d       Business code (see instructions)         331       Plan administrator's name and address       Same as Plan Sponsor.       3b       Administrator's EIN         34       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       3b       Administrator's telephone numb         35       Total number of participants at the beginning of the plan year.       5a       5a       5b         C       Number of participants with account balances as of the end of the plan year.       5d(1)       5d(2)       6d         40       Total number of active participants at the end of the plan year.       5d						1c Effect		
COLLEGE WAY ANIMAL HOSPITAL, P.S., INC.       Image: College Way ANIMAL HOSPITAL, P.S., INC.         3301 EAST COLLEGE WAY MOUNT VERNON, WA 88273       Image: College Way MOUNT VERNON, WA 88273         3a Plan administrator's name and address in Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's name and address in Same as Plan Sponsor.       3b Administrator's telephone number for number of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         3c Administrator's telephone number of participants at the beginning of the plan year.       5a         c Number of participants at the end of the plan year.       5b         c Number of articipants at the beginning of the plan year.       5d(1)         d(2) Total number of active participants at the beginning of the plan year.       5d(2)         d(1) Total number of active participants at the end of the plan year.       5d(2)         d(2) Total number of active participants at the end of the plan year.       5d(2)         d(2) Total number of active participants at the end of the plan year.       5d(2)         d Number of participants at the end of the plan year.       5d(2)         d(2) Total number of active participants at the end of the plan year.       5d(2)         d(2) Total number of active participants at the end of the plan year.       5d(2)         d Number of participants dut terminated employment	Mailing	address (include room,	apt., suite no. and street, or P.O.		uctions)			
3801 EAST COLLEGE WAY MOUNT VERNON, WA 98273       541940         3a Plan administrator's name and address       Same as Plan Sponsor.       3b Administrator's EIN         3c Administrator's telephone numb       3c Administrator's telephone numb         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b EIN         5a Total number of participants at the beginning of the plan year.       5a         b Total number of participants at the end of the plan year.       5b         c Number of participants at the end of the plan year.       5b         d(1) Total number of active participants at the end of the plan year.       5d(1)         d(2) Total number of active participants at the end of the plan year.       5e         d(1) Total number of active participants at the end of the plan year.       5d(2)         c Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested       5e         caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.       Schedule Bis completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief. It is true, correct, and complete.         Signature of plan administrator       Date       Enter name of individual signing as plan administrator						2c Spor		
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         3       C       Administrator's telephone number of participants at the beginning of the plan year						2d Busin	`	,
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.       4b       EIN         a Sponsor's name       4c       PN         5a       5a       5b         c       Number of participants at the beginning of the plan year       5a         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         d(1)       Total number of active participants at the end of the plan year       5d(1)         d(2)       Total number of active participants at the end of the plan year       5d(2)         e       Number of participants at the end of the plan year       5d(2)         f       Se       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         Sign       Filed with authorized/valid electronic signature.       02/14/2017       LANCE CAMPBELL         Signature of plan administrator       Date       Enter name of individual signing as employer or plan	3a Plan ad	dministrator's name and	address X Same as Plan Spons	sor.		<b>3b</b> Adm	inistrator's E	IN
name, EIN, and the plan number from the last return/report.       4c PN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a         b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         c Number of participants with account balances as of the end of the plan year.       5d(1)         d(1) Total number of active participants at the beginning of the plan year.       5d(2)         e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       02/14/2017       LANCE CAMPBELL         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor						3c Adm	inistrator's te	elephone number
5a       Total number of participants at the beginning of the plan year       5a         b       Total number of participants at the end of the plan year       5b         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)       5c         d(1)       Total number of active participants at the beginning of the plan year       5d(1)         d(2)       Total number of active participants at the end of the plan year       5d(2)         e       Number of participants that terminated employment during the plan year with accrued benefits that were less       5e         caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signature.       02/14/2017       LANCE CAMPBELL         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor				ne last return/report filed fo	or this plan, enter the	4b EIN		
b       Total number of participants at the end of the plan year.       5b         c       Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).       5c         d(1)       Total number of active participants at the beginning of the plan year.       5d(1)         d(2)       Total number of active participants at the end of the plan year.       5d(2)         e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       02/14/2017       LANCE CAMPBELL         HERE       Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor	·						1	
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5a Total r	number of participants at	t the beginning of the plan year					8
Substrain the set of the plan set of the plan year.         d(1) Total number of active participants at the beginning of the plan year.         d(2) Total number of active participants at the end of the plan year.         d(2) Total number of active participants at the end of the plan year.         d(2) Total number of active participants at the end of the plan year.         d(2)         Generative participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE         Filed with authorized/valid electronic signature.         Date         Enter name of individual signing as plan administrator         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan spons								8
d(2) Total number of active participants at the end of the plan year       5d(2)         e Number of participants that terminated employment during the plan year with accrued benefits that were less       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       5e         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       02/14/2017       LANCE CAMPBELL         Signature of plan administrator       Date       Enter name of individual signing as employer or plan sponsor								8
e       Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.       5e         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN       Filed with authorized/valid electronic signature.       02/14/2017       LANCE CAMPBELL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN       HERE       Signature of employer/plan sponsor       Date	• • •	•		•		• •		7
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.         Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedu SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.         SIGN HERE       Filed with authorized/valid electronic signature.       02/14/2017       LANCE CAMPBELL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	e Numb	er of participants that te	rminated employment during the p	blan year with accrued ber	nefits that were less			7 C
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedul SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.          Sign       Filed with authorized/valid electronic signature.       02/14/2017       LANCE CAMPBELL         Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor							blished.	
Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor	Under pena SB or Sche	alties of perjury and othe dule MB completed and	r penalties set forth in the instructi signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, includ	ing, if applic	
Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SIGN HERE       Signature of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor				02/14/2017	LANCE CAMPBELL			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons	HERE	Signature of plan adr	ministrator	Date	Enter name of individe	ual signing	as plan adm	ninistrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan spons								
Preparer's name (including tirm name, if applicable) and address (include room or suite number ) Preparer's telephone number								
	Preparer's	name (including firm har	ne, il applicable) and address (inc	aude room or suite numbe	н )	Preparer	s telephone	number

	Were all of the plan's assets during the plan year invested in eligib						X Yes 🗌 No
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						X Yes 🗌 No
	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 ir				_	-	
Pa	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Y	ear			(b) End of Year
а	Total plan assets	7a		375			820803
b	Total plan liabilities	7b		418			418
	Net plan assets (subtract line 7b from line 7a)	7c	678	957			820385
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	52	366			
	(2) Participants	8a(2)					
	(2) Others (including rollovers)	8a(3)					
h	Other income (loss)	8b	53	351			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					142537
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		984			
6	Certain deemed and/or corrective distributions (see instructions).	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		125			
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1109
	Net income (loss) (subtract line 8h from line 8c)	8i					141428
÷	Transfers to (from) the plan (see instructions)						
, Do	t IV Plan Characteristics	8j					
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan (	Character	istic Co	ndes in	the instructions:
Ju	2E 2F 2H 2J 2K 2R 3D			onaraotor			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plan C	haracteris	tic Co	des in t	he instructions:
Par	t V Compliance Questions						
10	During the plan year:			Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	Da	x		

	Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
C	Was the plan covered by a fidelity bond?	10c	Х			70000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
е	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.).	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
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		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	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-	
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth_		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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 le 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(	<b>3)</b> PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		ter the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

page 2

Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Em	ployee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be	filed under sections 104			2016			
Department of Labor Employee Berefile Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security A the In Complete all entries in ac	ternal Revenue Code (the	Code).			is Open to Public nspection		
	dentification Information	*******	1					
or calendar plan year 2016 or fisc	al plan year beginning	01/01/2016	and ending	12/	31/2016			
A This return/report is for: B This retum/report is:	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	a multiple-employer p     a list of participating o     a foreign plan     the final return/report     a short plan year retu	employer informatic	n in accordan				
C Check box if filing under:	Form 5558 special extension (enter descri	automatic extension plion)		Ū	DFVC progr	am		
Part Basic Plan Infor	mation enter all requested i	nformation	<u> </u>		N18-Rev can al 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997			
1a Name of plan	OSPITAL, P.S., INC. 40		ing plan	рі (F <b>1с</b> Е	hree-digit an number PN) ► ffective date o 1/01/2006			
Mailing Address (include room City or town, state or province	er, if for a single-employer plan) n, apt., suite no. and street, or P.C. , country, and ZIP or foreign posta	). Box) al code (if foreign, see inst	ructions)	2b E (E	mployer Ident IN) 91-21	ification Number		
College Way Animal H	Iospital, P.S., Inc.				360) 848-			
3801 East College Wa	NY.				usiness code 41940	(see instructions)		
US Mount Vernon WA 98273 A Plan administrator's name and	i address 🔀 Same as Plan Spo	nsor		3b A	dministrator's	EIN		
					sinting in the international states of the states	telephone number		
name, EIN, and the plan numb	plan sponsor has changed since t per from the last return/report.	he last return/report filed f	or this plan, enter ti					
a Sponsor's name				4C P	N			
<ul> <li>Total number of participants a</li> <li>D Total number of participants a</li> </ul>	t the beginning of the plan year				·	8		
	count balances as of the end of the					Q		
	****			<u>5</u> c		8		
d(1) Total number of active partic	cipants at the beginning of the pla	n year		5d(1)		7		
d(2) Total number of active partic	cipants at the end of the plan year	*******************		5d(2)		7		
	minated employment during the p			5e		0		
Caution: A penalty for the late o	r incomplete filing of this return	ı/report will be assessed	l uniess reasonab	e cause is es	tabilshed.			
Linnar canotica Crisariu stancion SB of Scharuna Marcontratedias sellatitista us conternandoonia	d signed by an enclose enury	tions: rcestare instruction s velle sine election coe	reventioned Tublicati Instantion taki returni	invecomme) Venimerio	iong, it and i Na bool of m	sable is Scheelijk) / Showerd Jerenijk		
Hand	. Carter		Lance	Camph	ell			
	Marker Market	Qu/19.17	Lance	Camph	as clan adri	nistreigi		
Carl Contraction of the second	and the second s		Energia de los ma			這時追認這定是中華 1999年1999年1999年1999年1999年1999年1999年199		
Preparer's name (including firm na Skip this question		1 YARTAWAY	er)	Prepare	esempione ar's telephone this quest	number		
For Paperwork Reduction Act N	otice, see the instructions for F	orm 5500-SF.	TANKO OMING TANA Angara manakan karana anga kapar		F	Form 5500-SF (2016) v.160205		

## Feb 16 2017 3:06PM Collegewayanimal 13608487805

page 3

time to a	Form 5500-SF 2016		<b>D</b>							· .
62	Were all of the plan's assets during the plan year invested in eligible	naneta B ł	Page 2			•		- <del>4 - 9</del>	<b></b>	[]
b	Are you claiming a waiver of the annual examination and report of a	n Indepen	dent qualified public acco	untani	t (IQP	 A)			XYes	<u></u> <u> </u> <u> </u> N₀
	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 cannot	nd condition	m 5500.SE and must inc			4111111111 Apr 55	 66	<b>\$</b> 3+1++	X Yes	No
¢	If the plan is a defined benefit plan, is it covered under the PBGC in							ΠNo	Note	ietermined
5/20139 No	Financial Information								·····	
7	Plan Assets and Liabilities		(a) Beginning (	of Yea	г	1	(	b) End (	of Year	
a	Total plan assets	7a		79,3		1	,-``			, 803
b	Total plan liabilities	7b	·····		18	1	,			418
C	Net plan assets (subtract line 7b from line 7a)	7¢	6	78,9	57	1			820	, 385
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		and a second second	1		(b) T	otal	
a	Contributions received or receivable from:	<b>D</b> <sub>2</sub> (d)	· ·	52 3			10.10			
	(1) Employers	8a(1)		52,3			ans. Usi aita a			
-	(2) Participants	8a(2)		36,8	20				2000 S.M. 2011 S.M. S.M. S.M. S.M. S.M. S.M. S.M. S.	
b	(3) Others (including rollovers)	8a(3) 8b		53,3	E 1		302			
ĉ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	CILCULAR DE LA COMPLETE	a na an	CALLER NO.					
đ	Benefits paid (including direct rollovers and insurance premiums			NUM ST					142	,537
	to provide benefits)	8d		9	84					
0	Certain deemed and/or corrective distributions (see instructions)	8a		· · · · · · · · · · · · · · · · · · ·			-61		Saware.	
f	Administrative service providers (salaries, fees, commissions)	<u>8f</u>		1	25		an a			
g_	Other expenses	<u>8g</u>		£ 11/2/2010/00/2011	1.0000000					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>						-	1	,109
	Net income (loss) (subtract line 8h from line 8c)	81								, 428
1	Transfers to (from) the plan (see instructions)	8j								
	Plan Characteristics									
0~!				·				000000-000-0000-000-000-000-000-000-00		
<b>5</b> d	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan C	haraci	eristic	Codes	in the i	nstructio	ns:	
9a b						**** <del></del>				
-	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea					**** <del></del>				
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Compliance Questions				ristic (	Codes I	n the in	struction	8:	
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Compliance Questions During the plan year:	iture codes	s from the List of Plan Ch			Codes I		struction		
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut	iture codes	s from the List of Plan Char Char Char Char Char Char Char Char		ristic (	Codes I	n the in	struction	8:	· · · · · · · · · · · · · · · · · · ·
b	If the plan provides pension benefits, enter the applicable pension fermion 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature for the plan provides welfare benefits, enter the applicable welfare feature. Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	ions within luntary Fid	s from the List of Plan Chi the time period luciary Correction	aracte	ristic (	Codes I	n the in	struction	8:	
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest?	ions within luntary Fid	s from the List of Plan Char the time period luciary Correction	aracte	ristic (	No	n the in	struction	8:	
b 0 a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction include transactions	aracte	-Yes-	No	n the in	struction	8:	
b 0 a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond?	ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction nclude transactions	aracte	-Yes	No X	n the in	struction	8:	70,000
b 0 a	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) Was the plan covered by a fidelity bond?	ions within luntary Fid	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused	aracte 10a 10b	-Yes	No X	n the in	struction	8:	70,000
b 0 a	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's i by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	ions within luntary Fid (Do not ir lidetity bon er persons e or all of ti	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c	-Yes	No X	n the in	struction	8:	70,000
b 0 a b c d	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's i by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other	ions within luntary Fid (Oo not ir (delity bon er persons e or all of t	s from the List of Plan Cha o the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b	-Yes	No X X X	n the in	struction	8:	70,000
b l0 a b c d	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's if by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	ions within luntary Fid (Do not in lidelily bon er persons e or all of t	s from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d 10f	ristic (	No X X X X X	n the in	struction	8:	70,000
b lo a b c d e	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2H 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feat Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's 1 by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan have any participant loans? (If "Yes," enter amount as	ture codes ions within luntary Fid (Do not ir (detity bon er persons e or all of ti a of year er See instruc	a from the List of Plan Cha the time period luciary Correction nclude transactions d, that was caused by an insurance he benefits under	10a 10b 10c 10d	Yes X	No x x x x x x	n the in	struction	8:	70,000

Feb 16 2017 3:07PM Collegewayanimal 13608487805

**;**\*

-14

,

•.•

•

page 4

Form 5500-SF 2016	<u> </u>					
Form 5500-SF 2016 Page 3 -		····· .				
Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)		olete Si	chedule S	3B		No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		·····	11a		····	
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		or sect	ion 302 o	····	🖸 Yes 🗶	No
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see					•	
granting the walver If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	<u>Month</u> Ine 13.	. Nelson and a	Day	<u> </u>	Year	B
b Enter the minimum required contribution for this plan year.	and the second date of the secon	••••	12b	and and a second and a		
C Enter the amount contributed by the employer to the plan for the plan year			12c		Kalarageon ng ng ng ting tin tin ting ng n	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left o	ofa	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		****		Yes [		
An Muter 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		<u> </u>	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b control of the PBGC?					Yes 🗶 No	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ic which assets or liabilities were transferred. (See instructions.)	dentify th	e plan(	s) to			
13c(1) Name of plan(s);	1	3c(2) E	IN(s)		13c(3) PN(s)	
				~~~		
art in Trust Information - Skip These Questions					· · ·	
14a Name of trust			14b1	rust's E	EIN	
4c Name of trustee or custodian			1		or custodian's	
IRS Compliance Questions - Skip These Questions		ew	<b>Д</b>			
5a is the pian a 401(k) pian? If "No," skip b.			'es		□ No	
5b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		particulary of the second s	)esign-ba afe harbo		"Prior year"	' ADP
		— — "	Current yo		□ N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:		R P	tatio ercentage	•	Average benefit test	N/A
I6b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a) for the plan year by combining this plan with any other plan under the permissive aggregation rules?			785		□ No	Madadag Dava Broker
7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable the letter/ and serial number	attender att	ion let	ler or adv	isory le	tter, enter the date	of
7b If the plan is an individually-designed plan that received a favorable determination letter from the IR letter	lS, enter	the dat	e of the n	nost rea	cent determination	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not service?				] Yes	No No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year		*****		] Yes	No No	