## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

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

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

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I		t Identification Information							
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016				
_		a single-employer plan		plan (not multiemployer)					
A This ret	urn/report is for:	П		employer information in a	ccordance with the	form instructions.)			
		a one-participant plan	a foreign plan						
D =0.50		the first return/report	the final return/repor	•					
<b>B</b> This retu	ırn/report is		H		4. )				
		an amended return/report	a snort plan year ret	urn/report (less than 12 m	nontns)				
C Check I	oox if filing under:	Form 5558	automatic extension	ı	DFVC program	n			
		special extension (enter desc	ription)		_				
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	of plan	·			<b>1b</b> Three-digit				
GREEN RIV	ER ANIMAL HOSPI	TAL PSC PROFIT SHARING PLAN			plan numbe				
					(PN)	001			
					1c Effective da	ate of plan 08/01/1986			
2a Plan si	oonsor's name (emp	loyer, if for a single-employer plan)				dentification Number			
Mailing	address (include ro	om, apt., suite no. and street, or P.C				61-1101640			
	town, state or provir ER ANIMAL HOSPIT	nce, country, and ZIP or foreign pos	tal code (if foreign, see in	structions)	2c Sponsor's	telephone number			
OKLEN KIVI	IN AMINAL HOOF H	AL, 1 30				)-796-7228			
					2d Business c	ode (see instructions)			
P.O. BOX 17 WOODBURN	0 I, KY 42170-0170				:	541940			
3a Plan a	dministrator's name	and address Same as Plan Spo	nsor.		<b>3b</b> Administrat	or's EIN			
	ER ANIMAL HOSPIT	<b>—</b>			61-1101640				
			JRN, KY 42170-0170		<b>3c</b> Administrator's telephone number				
					270	0-796-7228			
		he plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN				
	, EIN, and the plan h or's name	umber from the last return/report.			4c PN				
		ts at the beginning of the plan year.			5a	14			
_					5b				
		ts at the end of the plan yearh account balances as of the end of				13			
					5c	13			
<b>d(1)</b> Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	-			
		participants at the end of the plan ye			5d(2)	-			
		at terminated employment during the			5e				
than	100% vested								
		e or incomplete filing of this return other penalties set forth in the instru							
		and signed by an enrolled actuary,							
belief, it is	rue, correct, and cor		0.4/0.0/0.47						
SIGN	Filed with authorize	d/valid electronic signature.	04/22/2017	DR. J HERBERT BRO	DWN, JR.				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	lual signing as em	ployer or plan sponsor			
Preparer's		name, if applicable) and address (in	nclude room or suite num		Preparer's telep				
1									

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	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> </ul>								X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-	_		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐No	Not dete	rmined
	rt III Financial Information		Ι							
7_	Plan Assets and Liabilities		(a) Beginning	of Year 408954			(	(b) End	of Year 4757275	
	Total plan assets	7a	4	400934					4/3/2/3	
	Total plan liabilities	7b	Λ	408954	_				4757275	
	Net plan assets (subtract line 7b from line 7a)	7c						4		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it				(b) T	otai	
	(1) Employers	8a(1)		37168						
	(2) Participants	8a(2)		61625						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		285627	'					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							384420	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4015						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		32084						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		360					36099	
i	Net income (loss) (subtract line 8h from line 8c)	8i							348321	
j										
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					300000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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 pla	in?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	2520.101-3.)	•		10h		X				
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						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
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 sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		t Identification Information						
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/3	31/2016		
A This re	turn/report is for:	X a single-employer plan				king this box must attach a vith the form instructions.)		
	•	a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,		,		
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram		
Double	Dania Dian Inf	special extension (enter descri						
Part II		ormation—enter all requested info	ormation		46 7	P 7		
1a Name	•	IOCDIMAI DCC DDOETM CU	INDING DIAN		1b Three	e-digit number 001		
GREEN K	IVER ANIMAL F	IOSPITAL PSC PROFIT SH	ARING PLAN		(PN)			
						tive date of plan		
2a Plan o	noncor's name (ampl	oyer, if for a single-employer plan)				1/1986		
Mailing	g address (include ro	om, apt., suite no. and street, or P.O				oyer Identification Number 61-1101640		
		ce, country, and ZIP or foreign posta	al code (if foreign, see inst	tructions)		nsor's telephone number		
GREEN I	RIVER ANIMAL	HOSPITAL, PSC			C	796-7228		
P.O. BO	0X 170				1	ness code (see instructions)		
2.0. 2	170				5419	40		
WOODBUF	RN	KY 42170-0170	)					
3a Plan administrator's name and address Same as Plan Sponsor.					3b Administrator's EIN			
GREEN R	IVER ANIMAL F	OSPITAL, PSC			3c Administrator's telephone number			
D 0 B0	V 170				270-796-7228			
P.O. BO	X 170					70 7220		
WOODBUR	N	KY 42170-0170						
4 If the r	name and/or EIN of th	ne plan sponsor has changed since t	he last return/report filed f	for this plan, enter the	4b EIN			
	· record of the control of the contr	imber from the last return/report.			4			
	or's name				4c PN			
		s at the beginning of the plan year			-	14		
		s at the end of the plan year account balances as of the end of the			. 5b	13		
_		account balances as of the end of the			5c	13		
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	_		
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	ır		5d(2)	-		
e Numb	er of participants that	t terminated employment during the	plan year with accrued be	Committee of the commit	5e			
Caution: A	100% vested	or incomplete filing of this return	/renort will be assessed	unless reasonable ca		lished (		
		ther penalties set forth in the instruct						
	dule MB completed a rue, correct, and com	and signed by an enrolled actuary, as	s well as the electronic ve	rsion of this return/repor	t, and to the	best of my knowledge and		
SIGN	381M	394	4.22_17	DR. J HERBERT	BROWN,	JR.		
HERE	Signature of plan	administrator	Date	Enter name of individ				
	Signature of plant	BAA	4-22-17	DR. J HERBERT				
SIGN HERE	y Ty w							
Preparer's	Signature of emploname (including firm in	name, if applicable) and address (inc	Date clude room or suite numbe			as employer or plan sponsor telephone number		
		, , , , , , , , , , , , , , , , , , , ,		,				

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								ΧY	es No	
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Y	es 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cann		,							Ш
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
a	Total plan assets	7a	4,	408,	954				4,	757,275
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	4,	408,	954				4,	757,275
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)		37,	168					
	(2) Participants	8a(2)		61,	625					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		285,	627					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								384,420
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4,	015					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f		32,	084					
g	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								36,099
ī	Net income (loss) (subtract line 8h from line 8c)	8i								348,321
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	les in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amour	ıt .
	Was there a failure to transmit to the plan any participant contribu	utions with	in the time period						7411041	
	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	/oluntary F	Fiduciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					300,00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	·	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	Sched	lule SE	3	Пү	es No
	(Form 5500) and line 11a below)		<u> </u>			
_	Enter the unpaid minimum required contributions 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 se ERISA?		302 of		Y	es X No
	(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	_		of the letter Year	ruling
If ·	granting the waiver		Day			
	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			
d		١.	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X No	)
154	If "Yes," enter the amount of any plan assets that reverted to the employer this year		I3a	100	24 140	<u>'</u>
b			ı sa			
	control of the PBGC?				Yes X	No
c	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the planth which assets or liabilities were transferred. (See instructions.)	an(s) to	)			
1	3c(1) Name of plan(s):	c(2) E	IN(s)		13c(3)	PN(s)
				<u> </u>		
Part	VIII Trust Information					
14a	Name of trust	1	I4b ⊺	rust's E	IN	
14c	Name of trustee or custodian	1			or custodia e number	an's
Part	IRS Compliance Questions					
15a	Is the plan a 401(k) plan? If "No," skip b.	'es			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section $\parallel \parallel$	esign-l afe har			"Prior ye test	ar" ADP
		Current DP tes			N/A	
16a		Ratio	togo	☐ Av	verage	□ N/A
- 101	t	ercent est	ıaye	∐ be	nefit test	∐ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	'es			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number	etter o	r advis	ory lette	er, enter the	date of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the cletter	late of	the mo	ost rece	ent determin	ation
	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 separated froservice?	om [	Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	[	Yes		No	