## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

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.

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	2016	and ending 12	2/31/2016	
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac		
71 111010.	uninopore to terr	a one-participant plan	a foreign plan	5p.c., 5	300.44	,
<b>B</b> This retu	urn/report is	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	eurn/report (less than 12 m	nonths)	
C Check h	box if filing under:	X Form 5558	automatic extension	1	DFVC program	
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	formation—enter all requested in	formation			
1a Name FAIRMOUNT		L PC 401(K) PROFIT SHARING PL	.AN AND TRUST		<b>1b</b> Three-digit plan numbe (PN) ▶	r 001
					1c Effective da	te of plan 7/08/2002
Mailing	g address (include ro	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.C				entification Number 1-0719198
	r town, state or provin T ANIMAL HOSPITAL	nce, country, and ZIP or foreign post LPC	ral code (if foreign, see in	structions)		elephone number -468-3446
					2d Business co	de (see instructions)
4101 WEST ( FAIRMOUNT	GENESEE STREET T, NY 13219				5	41940
3a Plan a	dministrator's name	and address X Same as Plan Spo	unsor.		<b>3b</b> Administrate	or's EIN
						or's telephone number
		the plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
	e, EIN, and the plan no sor's name	number from the last return/report.			4c PN	
		ts at the beginning of the plan year.			5a	58
		ts at the end of the plan year			5b	47
C Number	per of participants with	h account balances as of the end of	f the plan year (only define	ed contribution plans	5c	42
<b>d(1)</b> Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	41
<b>d(2)</b> Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	41
		at terminated employment during the			5e	0
		e or incomplete filing of this return			use is established	i.
Under pena SB or Sche	alties of perjury and o	other penalties set forth in the instruand signed by an enrolled actuary, a	ictions, I declare that I have	ve examined this return/re	eport, including, if a	pplicable, a Schedule
SIGN		d/valid electronic signature.	10/10/2017	EILEEN FATCHERIC		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN						
HERE		loyer/plan sponsor	Date			loyer or plan sponsor
Preparer's	name (including firm	n name, if applicable) and address (in	nclude room or suite num	iber)	Preparer's teleph	one number

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	account	ant (IC	PA)			X Ye	
	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									3 🔲 110
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_	-	_	Not de	termined
Pa	rt III Financial Information						-			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		518606					181778	34
b	Total plan liabilities	7b		0	)					0
	Net plan assets (subtract line 7b from line 7a)	7c	1	518606	5				181778	34
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:			119589						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		88779						
	(3) Others (including rollovers)	8a(3)		0 145171						
	Other income (loss)	8b		145171	_				05050	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							35353	9
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		51816	5					
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)					
f	Administrative service providers (salaries, fees, commissions)	8f		2545	5					
q	Other expenses	8g		0	)					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							5436	51
Ť	Net income (loss) (subtract line 8h from line 8c)	8i							29917	'8
Ť	Transfers to (from) the plan (see instructions)	8i		C	)					
Pa	rt IV Plan Characteristics	oj .								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les 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	·
	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	40-		X			Amount	•
b	Program)  Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a 10b		X				
				10c		X				
d	· · · · · · · · · · · · · · · · · · ·	fidelity bo	nd, that was caused	10d		X				
е		her person ne or all of	s by an insurance the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					3494
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	X					

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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 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 constru					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		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 t Day		of the lette Year _	r 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 N	0
	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		e 		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(2	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi 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 [	Prior ye test	ar" ADP
			Gur 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 perd test	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 determi	nation
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	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Repor	rt Identification Information fiscal plan year beginning	01/01/2016 and ending	12/31/20	16
A This return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) list of participating employer information in a foreign plan		
D Tri Cristian	☐ the first return/report	☐ the final return/report		
B This return/report is	an amended return/report	a short plan year return/report (less than 12	months)	
C Check box if filing under:	X Form 5558	automatic extension	☐ DFVC program	
	special extension (enter des	aya daya dayan a baran a baran da karan baran a baran a baran a baran a baran da baran baran baran baran baran		
Control of the Contro	formation—enter all requested i	information		
<b>1a</b> Name of plan 'airmount Animal Ho	spital PC 401(k) Prof	it Sharing Plan and Trust	<b>1b</b> Three-digit plan number (PN) ▶	001
			1c Effective dat 07/08/200	Contract of the second section of the contract of the second of the seco
Mailing address (include ro	oloyer, if for a single-employer plan oom, apt., suite no. and street, or P	.O. Box)	<b>2b</b> Employer Ide (EIN) 01 - 0	entification Number 719198
City or town, state or provi Fairmount Animal H		stal code (if foreign, see instructions)	<b>2c</b> Sponsor's to 315-468-	
4101 West Genesee	Street		2d Business coo 541940	de (see instructions)
	NY 13219			
Fairmount  3a Plan administrator's name	NY 13219 and address ☒ Same as Plan Sp	onsor.	3b Administrato 3c Administrato	r's EIN r's telephone number
3a Plan administrator's name	and address ⊠ Same as Plan Sp	onsor.  be the last return/report filed for this plan, enter the	3c Administrato	
<ul><li>3a Plan administrator's name</li><li>4 If the name and/or EIN of name, EIN, and the plan in</li></ul>	and address ⊠ Same as Plan Sp		3c Administrato	
Plan administrator's name      If the name and/or EIN of name, EIN, and the plan is a Sponsor's name.	and address 🗵 Same as Plan Sp the plan sponsor has changed sinc	e the last return/report filed for this plan, enter the	3c Administrato 4b EIN 4c PN	r's telephone number
<ul> <li>Ja Plan administrator's name</li> <li>If the name and/or EIN of name, EIN, and the plan of a Sponsor's name</li> <li>Total number of participar</li> </ul>	and address	e the last return/report filed for this plan, enter the	3c Administrato 4b EIN 4c PN 5a	r's telephone number
<ul> <li>Ja Plan administrator's name</li> <li>If the name and/or EIN of name, EIN, and the plan of a Sponsor's name</li> <li>Total number of participar b Total number of participar c Number of participants wi</li> </ul>	and address Same as Plan Sp  the plan sponsor has changed since number from the last return/report.  Into at the beginning of the plan year at the end of the plan year the account balances as of the end of	e the last return/report filed for this plan, enter the	3c Administrato  4b EIN  4c PN  5a  5b  5c	r's telephone number
<ul> <li>4 If the name and/or EIN of name, EIN, and the plan of a Sponsor's name</li> <li>5a Total number of participar b Total number of participar c Number of participants will complete this item)</li> </ul>	and address Same as Plan Sp the plan sponsor has changed sinc number from the last return/report.  Into at the beginning of the plan year into at the end of the plan year The account balances as of the end of	e the last return/report filed for this plan, enter the	3c Administrato  4b EIN  4c PN  5a  5c  5c	r's telephone number 51 4
<ul> <li>4 If the name and/or EIN of name, EIN, and the plan of a Sponsor's name</li> <li>5a Total number of participart</li> <li>b Total number of participants with complete this item)</li></ul>	and address Same as Plan Sp  the plan sponsor has changed sinch number from the last return/report.  Into at the beginning of the plan year the account balances as of the end of participants at the beginning of the	e the last return/report filed for this plan, enter the  f	3c Administrato  4b EIN  4c PN  5a  5c  5c	r's telephone number  58 44 4
4 If the name and/or EIN of name, EIN, and the plant a Sponsor's name  5a Total number of participar b Total number of participar c Number of participants with complete this item)	and address Same as Plan Sp the plan sponsor has changed since number from the last return/report.  Into at the beginning of the plan year that at the end of the plan year that account balances as of the end of the plan year participants at the beginning of the participants at the end of the plan year terminated employment during the	re the last return/report filed for this plan, enter the  f	3c Administrato  4b EIN  4c PN  5a  5b  5c  5d(1)  5d(2)  5e	r's telephone number  5 4 4 4 4
4 If the name and/or EIN of name, EIN, and the plant a Sponsor's name  5a Total number of participar b Total number of participants with complete this item)	and address Same as Plan Sp  the plan sponsor has changed since number from the last return/report.  Into at the beginning of the plan year that at the end of the plan year that account balances as of the end of participants at the beginning of the participants at the end of the plan year terminated employment during the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instraint and signed by an enrolled actuary implete.	te the last return/report filed for this plan, enter the  r	3c Administrato  4b EIN  4c PN  5a  5c  5c  5d(1)  5d(2)  5e  cause is established freport, including, if apport, and to the best of	r's telephone number  5 4 4 4 4 poplicable, a Schedule
4 If the name and/or EIN of name, EIN, and the plant a Sponsor's name  5a Total number of participar b Total number of participants with complete this item)	the plan sponsor has changed since number from the last return/report.  Into at the beginning of the plan year must at the end of the plan year must at the end of the plan year the account balances as of the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction of the plan year and signed by an enrolled actuary implete.	the last return/report filed for this plan, enter the return filed for this plan, enter the return filed for this plan, enter the return filed for this plan, enter the plan year (only defined contribution plans plan year management filed fi	3c Administrato  4b EIN  4c PN  5a  5c  5c  5d(1)  5d(2)  5e  cause is established freport, including, if apport, and to the best of	r's telephone number  5: 4 4 4 2 poplicable, a Schedule f my knowledge and
4 If the name and/or EIN of name, EIN, and the plant a Sponsor's name  5a Total number of participar b Total number of participars c Number of participarts with complete this item)	the plan sponsor has changed since number from the last return/report.  Into at the beginning of the plan year that at the end of the plan year that account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instrational and signed by an enrolled actuary employment.	the last return/report filed for this plan, enter the formula to the plan year (only defined contribution plans plan year	3c Administrato  4b EIN  4c PN  5a  5b  5c  5d(1)  5e  cause is established report, including, if aport, and to the best of the serice vidual signing as plan	t's telephone number  58 4 4 4 pplicable, a Schedule f my knowledge and
4 If the name and/or EIN of name, EIN, and the plant a Sponsor's name  5a Total number of participare b Total number of participare c Number of participants with complete this item)	the plan sponsor has changed since number from the last return/report.  Into at the beginning of the plan year must at the end of the plan year must at the end of the plan year the account balances as of the end of the plan year terminated employment during the or incomplete filling of this return other penalties set forth in the instruction of the plan year and signed by an enrolled actuary implete.	the last return/report filed for this plan, enter the formula of the plan year (only defined contribution plans plan year	3c Administrato  4b EIN  4c PN  5a  5c  5c  5d(1)  5d(2)  5e  cause is established dreport, including, if aport, and to the best of the serice.	t's telephone number  5: 4 4 4 4 0-policable, a Schedule f my knowledge and administrator

b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann lf the plan is a defined benefit plan, is it covered under the PBGC in	an independ and conditio ot use Forn	ent qualified public accountant (IQPA) ns.) n 5500-SF and must instead use Fort	∑ Yes ☐ No n 5500.
Pa	art III   Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,518,606	1,817,784
b	Total plan liabilities	7b	0	0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,518,606	1,817,784
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	119,589	
	(2) Participants	8a(2)	88,779	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	145,171	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		353,539
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	51,816	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	2,545	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		54,361
i	Net income (loss) (subtract line 8h from line 8c)	8i		299,178
j	Transfers to (from) the plan (see instructions)	8)	0	
Pa	art IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D	feature cod	es from the List of Plan Characteristic C	Codes in the instructions:

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ		
C	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 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		Х		
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			3,49
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 the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	Х			

Form 5500-SF 2016 Page <b>3</b> -				
Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below).			В	Yes
11a 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 ERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			f	Yes 2
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.		nd enter		of the letter rulin Year
If you completed 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		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N
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 bro control of the PBGC?		е		] Yes ⊠ No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)	ntify the plan(	s) to		
13c(1) Name of plan(s):	13c(	2) EIN(s)		<b>13c(3)</b> PN(
Part VIII Trust Information			<u> </u>	
14a Name of trust		14b	Trust's E	IN
14c Name of trustee or custodian				or custodian's e number
Part IX IRS Compliance Questions				
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b	Yes			] No
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	cofe	ign-base harbor	d E	"Prior year" A test

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

service?.

letter

18

year? Check all that apply:

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? ......

"Current year"

percentage

Yes

ADP test

Ratio

test

Yes

N/A

Average

benefit test

☐ No

No

No

☐ N/A