Designer of dot 2017 Designer of dot This form is required to be filed under sections 1 to H and 496s of the Exployee Retirement broome Security Act of 1974 (ERRSIN, and e3006s 0505(s) and the intermediate Provide beef durates Cosmital This Form is Open to Policie Designer Action 1017 (Filed Cost), and e3005 (s) of the intermediate Provide beef durates Cosmital This Form is Open to Policie Designer Action 1017 (Filed Cost), and e3005 (s) of the intermediate Provide beef durates Cosmital This Form is Open to Policie Designer Action 1017 (Filed Cost), and e3005 (s) of the intermediate Provide Designer Action 1017 (Filed Cost), and each of participating actions to the Form 5500 SF. This Form is Open to Policie Designer Action 1017 (Filed Cost), and each of participating Provide Designer Action 1017 (Filed Cost), and each of participating Provide Designer Action 1017 (Filed Cost), and each of the intervent/Popent is an amended return/report is the first strum/report is the first strum/report is an amended return/report is the first strum/report is procial strum/report is the first strum/report is procial strum/report is procial strum/report is an amended return/report is procial strum/report and requested information Dev C program 10 The Tree-dgi Iplan number (PK), Policy Cost, Policy Program Dev C program Dev C program 11 Basic Plan Information—return 2017 (Files Action Dev Cost, Policy Program is procial strum/report Plan (Files Policy Plan (Files Action Dev Cost, Policy Plan (Files Acti	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan						OMB Nos. 1210-0110 1210-0089					
Entry bertise bertise boars Administrator's name and address. Parena formal diameter of participants and the plan name and the plan number from the last return/report. This Porm is 0 gene to Policic Network (Participants) Part II A ministrator's name and address. I sangle-amployer plan. and ending. 12012/071 A This rotum/report is for: a single-amployer plan. a foreign plan. a foreign plan. a foreign plan. B This return/report is for: a single-amployer plan. a foreign plan. a foreign plan. b foreign plan. B This return/report is a single-amployer plan. in final return/report. a some-participant plan. a foreign plan. B This return/report is from final formation-on-metric all requested information. 1 Three-digit plan. 0 D DFVC program. Part II. Basic Plan Information-on-metric all requested information. 1 1 D Tree-digit plan. II. Name of plan. NLAND EMPIRE VETERINARY IMAGING, P.S. 401(K) PROFIT SHARING PLAN 10 D Tree-digit plan. II. Name of plan. manonal address. S ame as Plan Sponsor. 20 Engloperal tendination Number (EN). 24 Plan sponsor's name. Gradio sin induce controls. <			This form is required to be filed	1065 of the Employee Re	etirement	2017						
Part I Annual Report Identification Information For advance with the instructions to the Form 5500 SF. Part I Annual Report Identification Information For advance prime wear 2017 of facal play year tengining Official prime report is a one-participant plan a and ending a one-participant plan the final resum/report a plan one-participant plan the final resum/report a plan don one-participant don on	Employee Be	enefits Security Administration		Internal								
For call and applany year 2017 or fiscal plany set beginning 101/12017 and ending 123/12017 A This return/report is for: a single-employer plan Is of participating employer inform autionequery (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratch a list of participating employer) (Filers checking this hox must ratche list of partity employer) (Filers checking	Complete all entries in accordance with the instructions to the Form 5500-SF.											
A This return/report is for: a single-employer plan a multiple-employer plan (multimetyoen) (gives tacking this box must attach a later plan (gives information in accordance with the form instructions.) B This return/report is a one-participant plan a foreign plan B This return/report is an amendod return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form SSS a utomatic extension DFVC program Teal Name option The return/report is a short plan year return/report (less than 12 months) C Part II Basic Plan Information—enter all requested information 1 The reduit A month option INLAND EMPIRE VETERINARY IMAGING P.S. 401(%) PROPIT SHARING PLAN ID Three-digit plan number (PN) 001 12 Plan sponsor's name (employer, if for a single-employer plan) Making address (Incluse rown, as, suite no. and street, or P.O. Box) 2b Employer Letention Number (EN) (200 S) 21 ELAST MISSION AVENUE 2c Sponsor's latelphone number (S0 S) 20-S2B-S427 2c Sponsor's latelphone number (S0 S) 2B-S47 22 Exponsor's name and address (I) Same as Plen Sponsor. 3b Administrator's telephone number (S0 A) 2B-S5 541940 33 Plan administrator's name and address (I) Same as Plen spo												
A This return/report is for: Is of panicipaning employer information in accordance with the form instructions.) B This return/report is the first return/report the first return/report	For calenda	ar plan year 2017 or fisc	cal plan year beginning 01/01/20									
B This return/report is In the first return/report In the first return/report In the first return/report In the first return/report C Check box if filing under: Form \$558 automatic extension DFVC program special extension (enter description) Special extension (enter description) In the first return/report is In the first return/report Part II Basic Plan Information—enter all requested information In the first return/report In the first return/report 1a Name of plan Instance of plan Intermediation (enter description) Intermediation 2a Plan sponsor's name (employer, if for a single-employer plan) Multipadition Number (eN) 001 1b Three-digit plan sponsor's name (employer, if for a single-employer plan) Multipadition Number (eN) 004 2b Sponsor's telephone number Sponsor state or province, country, and ZI for foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 2b SPOKANE, WA 98202 Same as Plan Sponsor. 3b Administrator's name and address [) Same as Plan Sponsor. 3b Administrator's telephone number 3a Plan administrator's name and address [) Same as Plan sponsor or the plan name and the plan number (entit vertice) 4d PN Field Name 5a Total number of participants with execount balances as of the end of the plan ye	A This ret	urn/report is for:		•								
Image: Second Secon			a one-participant plan	a foreign plan								
C Check box if tiling under:	D I his retu	irn/report is	the first return/report	the final return/report								
Part II Basic Plan Information—enter all requested information 13 Nama of plan 1b Three-digit plan number INLAND EMPIRE VETERINARY IMAGING, P.S. 401(K) PROFIT SHARING PLAN 1b Three-digit plan number 24 Plan sponsor's name (employer, if for a single-employer plan) 2b Employed Identification Number Milling address (include room, apt. suite no. and street, or P.O. Box) 2b Employed Identification Number City of tows, state or province, country, and 2D or foreign postal code (if foreign, see instructions) 2c Sponsor's tale or province, country, and 2D or foreign postal code (if foreign, see instructions) SPOCAME, WA 98202 2c Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, and the plan year 5a 7 5a Total number of participants at the beginning of the plan year 5b 6 6 C Number of participants with account balances as of the end of the plan year 5d(1) 6 6 C Number of participants with account balances as of the end of the plan year 5d(2) 5 <	an amended return/report a short plan year return/report (less than 12 months)											
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) ▶ 001 1a Name of plan 1c Effective date of plan (PN) ▶ 001 1c Effective date of plan (PN) ▶ 001 1c Effective date of plan (PN) ▶ 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) # 1216739 2c Sponsor's talephone number 500-265-3427 2d Anno State or province, country, and 2IP or foreign postal code (if foreign, see instructions) 2c Sponsor's talephone number 500-265-3427 2d Business code (see instructions) 5d 1940 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 500-326-3427 3d If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan vear 5b 6 5a Total number of participants at the end of the plan year 5b 6 6 6	C Check b	oox if filing under:	Form 5558	automatic extension	[DFVC p	rogram					
1a Name of plan 1b Three-digit plan number (PN) > 001 2a Plan sponsor's name (employer, if for a single-employer plan) 1c Effective date of plan outbook 0101/2006 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) > 2b Employer Identification Number (EIN) > 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) > 2c Sponsor's telephone number (SO) > 202-326-3427 2d Business code (see instructions) SSPCAKE WA 99202 2d Business code (see instructions) (SO) > 541940 3a Plan administrator's name and address [] Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number (SP) and Name 5d [] PN 5a Total number of participants at the beginning of the plan year. 5a 7 b Total number of participants at the beginning of the plan year. 5b 6 6 C Number of participants with account balances as of the end of the plan year. 5c 3 7 b Total number of active participants at the beginning of the plan year. 5c 3 0 6 Number of participants with account balances as of the end of the plan year. 5c 3 0 6 Number of participants at the end of the plan year. 5c 3 0 0 7 b Total number of active participants at the e			special extension (enter descri	otion)								
INLAND EMPIRE VETERINARY IMAGING, P.S. 401(K) PROFIT SHARING PLAN plan number (PN) > 01 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, county, and 21P or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 91-2195739 2c Sponsor's telephone number SpOKANE, WA 99202 2c Sponsor's telephone number SpOKANE, WA 99202 2d Business code (see instructions) 841940 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number SpOKANE, WA 99202 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for a Sponsor's name C Plan Name 5a 7 5a Total number of participants at the beginning of the plan year. 5a 7 5b Cotal number of participants at the beginning of the plan year. 5b 6 c Number of participants with account balances as of the end of the plan year. 5d 5c 6 6 c Number of acticipants at the beginning of the plan year. 5d(1) 6 c Number of acticipants with account balances as of the relan year with accrued benefits that were less tomplete his item). 5d(2) 5 6 Scole 0 5d(2) 5 0 c Number of acticipants with account balances as of the plan year with accrued benefits that were less tom 100% veed <td>Part II</td> <td>Basic Plan Infor</td> <td>mation—enter all requested info</td> <td>ormation</td> <td></td> <td></td> <td></td>	Part II	Basic Plan Infor	mation—enter all requested info	ormation								
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 (EN) 0 12195739 2ct AST MISSION AVENUE SPOCKARE, WA 98202 2c Sponsor's telephone number 509-326-3427 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. a Sponsor's name 3b Administrator's telephone number 560-326-327 5a Total number of participants at the beginning of the plan year. 5a 7 5b 5a Total number of participants at the beginning of the plan year. 5a 7 5b 6 Number of participants at the beginning of the plan year. 5a 7 5b 6 Number of participants at the end of the plan year. 5a 7 5b 6 Number of participants at the end of the plan year. 5a 0 0 6 Number of participants at the end of the plan year. 5a 0 0 6 Number of participants at the end of the plan year. 5a 0 0 6 Number of participants at the end of the plan year. 5a 0 0 7 b Total number of participants at the end of the plan year. 5a 0 0 6 Number of participants with account bal		•										
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 (leful(calion Number (EIN) 91-2196739 INLAND EMPIRE VETERINARY IMAGING, P.S. 2c Sponsor's telephone number Sobs326-3427 2d Business code (see instructions) 2c Sponsor's telephone number Sobs326-3427 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan plan number from the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan plan number from the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan plan number from the last return/report filed for this plan, sponsor's name. 4d PN 5a Total number of participants at the beginning of the plan year. 5b 6 6 Number of participants at the beginning of the plan year. 5b 6 6 Number of participants at the beginning of the plan year. 5d(1) 6 6 Number of participants with account balances as of the end of the plan year.	INLAND EM	PIRE VETERINARY IM	AGING, P.S. 401(K) PROFIT SHA	RING PLAN		•						
2a Plan sponsor's name (employer, if for a single-employer plan) Maling 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) of 12:195739 2c Sponsor's telephone number SPOKANE, WA 99202 2c Sponsor's telephone number 509-328:3427 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 509-328:3427 2d Business code (see instructions) SPOKANE, WA 99202 Same as Plan Sponsor. 3b Administrator's EIN 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number for this plan, enter the plan sponsor or the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year. 5a 7c 5b 6 6 c(1) Total number of participants at the end of the plan year. 5d (2) 5c 6 Number of participants with account balances as of the end of the plan year. 5d (2) 5c 6 c Number of participants at the beginning of the plan year. 5d (2) 5c 6 0 c Number of participants with account balances as of the end of the plan					-	()						
Mailing address (include room, act, suite no. and ZIP or foreign postal code (if foreign, see instructions) IEIN 91-2195739 INLAND EMPIRE VETERINARY IMAGING, P.S. 2C Sponsor's telephone number 21 EAST MISSION AVENUE Sof9-326-32427 2d Business code (see instructions) 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 5a Total number of participants at the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report filed for this plan, enter the plan of participants at the end of the plan year 5a 7 5a Total number of participants at the end of the plan year 5b 6 C Number of participants at the end of the plan year 5d(1) 6 C101 number of participants with account balances as of the end or the plan year 5d(2) 5 5e 0 C102 number of participants with account balances as of the end or the plan year 5d(2) 5 5e 0 C103 number of participants with account balances as of the end or the plan year 5d(1) 6 5b 6 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>01/01/2005</td>							01/01/2005					
City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 20 INLAND EMPIRE VETERINARY IMAGING, P.S. 22 Sop-326-3427 23 21 EAST MISSION AVENUE 24 SPORANE, WA 98202 34 3a Plan administrator's name and address 35 Same as Plan Sponsor. 3b 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b Sa Total number of participants at the beginning of the plan year 5a 7 5b 66 6 complete this item. 5d(1) 6 d(2) Total number of participants at the end of the plan year. 5d(1) 6 d(2) Total number of participants at the end of the plan year. 5d(1) 6 d(2) Total number of participants at the end of the plan year. 5d(1) 6 d(2) Total number of participants at the end of the plan year. 5d(1) 6 d(2) Total number of participants with account balances as of the plan year with accrued benefits that were less then infoX wested 5e 0 e Number of participants with acenominated employment during t				Box)								
21 EAST MISSION AVENUE SPOKANE, WA 99202 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 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4d PN 5 a Total number of participants at the beginning of the plan year. 5a 7 b Total number of participants at the beginning of the plan year. 5b 6 c Number of participants with account balances as of the end of the plan year. 5d(1) 6 d(1) Total number of active participants at the beginning of the plan year. 5d(1) 6 d(2) Total number of active participants at the beginning of the plan year. 5d(2) 5 e Number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0	City or	town, state or province	, country, and ZIP or foreign posta		ructions)	2c Sponsor's telephone number						
21 EAST MISSION AVENUE 541940 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5 Plan Name 5a 7 5 Total number of participants at the beginning of the plan year. 5a 7 5 Total number of participants at the beginning of the plan year. 5b 6 6 Number of participants at the beginning of the plan year. 5d(1) 6 6 Number of participants at the end of the plan year. 5d(2) 5 6 Number of participants at the end of the plan year. 5d(1) 6 6 (2) Total number of active participants at the beginning of the plan year. 5d(2) 5 6 Number of participants at the end of the plan year. 5d(1) 6 6 Number of active participants at the end of the plan year. 5d(2) 5 0 6 Number of aparticipant at the end of the plan year. 5d(2) 5 0 0 6 Number					-							
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's name and address Same as Plan Sponsor. 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 JI the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. 4b EIN 4 JI the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year. 5a 7 5b 6 6 c Number of participants at the od of the plan year. 5b 6 c Number of participants at the end of the plan year. 5c 6 d(1) Total number of active participants at the end of the plan year. 5d(1) 6 d(2) Total number of active participants at the end of the plan year. 5d(2) 5 e Number of participants at the end of the plan year. 5d(2) 5 e Number of participants at the end of the plan year. 5d(2) 5 e Number of participants at the end of the plan year. 5d(2) 5 e Number of participants at the end of the plan year with accrued benefits that were less 5e <t< td=""><td colspan="6">21 EAST MISSION AVENUE</td><td colspan="4"></td></t<>	21 EAST MISSION AVENUE											
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4 If the name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 5 Plan Name 4d PN 4d PN 5a Total number of participants at the beginning of the plan year 5a 7 5b 6 6 Number of participants at the end of the plan year 5b 6 6 c Number of participants with account balances as of the end of the plan year 5c 6 d(1) Total number of active participants at the end of the plan year 5d(1) 6 d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of active participants at the end of the plan year 5d(2) 5 d(2) Total number of active participants at the end of the plan year 5d(2) 5 0 d(2) Total number of active participants at the end of the plan year 5d(2) 5 0 d(2) Total number of active participants who	SPOKANE, V	VA 99202		541940								
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 7 5a Total number of participants at the beginning of the plan year 5a 6 c Number of participants at the end of the plan year 5b 6 c Number of participants with account balances as of the end of the plan year 5c 6 d(1) Total number of active participants at the beginning of the plan year 5d(1) 6 d(2) Total number of active participants at the beginning of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year 5d(2) 5 c Aumoir of participants who terminated employment during the plan year with accrued benefits that were less to an 100% vested 5e 0 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. 0 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. 07/26/2018 JEFF SIEMS Signature of plan admi	3a Plan ad	dministrator's name and		3b Administrator's FIN								
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN a Sponsor's name 4d PN c Plan Name 5a 7 5a Total number of participants at the beginning of the plan year					-							
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name 5a 7 c Plan Name 5a 7 b Total number of participants at the beginning of the plan year 5a 6 c Number of participants at the end of the plan year 5b 6 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 6 d(1) Total number of active participants at the beginning of the plan year 5d(1) 6 d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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. 07/26/2018 JEFF SIEMS Sign Filed with authorized/valid electronic signature. 07/26/2018 JEFF SIEMS						3c Administrator's telephone number						
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name 5a 7 c Plan Name 5a 7 b Total number of participants at the beginning of the plan year 5a 6 c Number of participants at the end of the plan year 5b 6 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 6 d(1) Total number of active participants at the beginning of the plan year 5d(1) 6 d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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. 07/26/2018 JEFF SIEMS Sign Filed with authorized/valid electronic signature. 07/26/2018 JEFF SIEMS												
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN a Sponsor's name 5a 7 c Plan Name 5a 7 b Total number of participants at the beginning of the plan year 5a 6 c Number of participants at the end of the plan year 5b 6 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 6 d(1) Total number of active participants at the beginning of the plan year 5d(1) 6 d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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. 07/26/2018 JEFF SIEMS Sign Filed with authorized/valid electronic signature. 07/26/2018 JEFF SIEMS												
C Plan Name 5a Total number of participants at the beginning of the plan year						4b EIN						
5a Total number of participants at the beginning of the plan year 5a 7 b Total number of participants at the end of the plan year 5b 6 c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 6 d(1) Total number of active participants at the beginning of the plan year 5d(1) 6 d(2) Total number of active participants at the beginning of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 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 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. 07/26/2018 JEFF SIEMS HERE Signature of plan administrator Date Enter name of individual signing as plan administrator	•			·		4d PN						
b Total number of participants at the end of the plan year	C Plan N	ame										
b Total number of participants at the end of the plan year	5a Total r	number of participants a	t the beginning of the plan year			5a	7					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	-					5b	6					
d(1) Total number of active participants at the beginning of the plan year	C Numbe	er of participants with a	ccount balances as of the end of th	ne plan year (only defined	contribution plans	5c	6					
d(2) Total number of active participants at the end of the plan year 5d(2) 5 e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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. 07/26/2018 JEFF SIEMS Signature of plan administrator Date Enter name of individual signing as plan administrator	•	,			F	5d(1)						
e Number of participants who terminated employment during the plan year with accrued benefits that were less 5e 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 0 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 HERE Filed with authorized/valid electronic signature. 07/26/2018 JEFF SIEMS Signature of plan administrator Date Enter name of individual signing as plan administrator						5d(2)	5					
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 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 HERE Filed with authorized/valid electronic signature. 07/26/2018 JEFF SIEMS SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator				5e	0							
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. 07/26/2018 JEFF SIEMS Signature of plan administrator Date Enter name of individual signing as plan administrator	than 1 Caution: A	penalty for the late o	r incomplete filing of this return	report will be assessed	unless reasonable cau		blished.					
belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/26/2018 JEFF SIEMS Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Filed with authorized/valid electronic signature. Date	Under pena	alties of perjury and othe	er penalties set forth in the instruct	tions, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule					
SIGN HERE Filed with authorized/valid electronic signature. 07/26/2018 JEFF SIEMS Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Image: Signature of plan administrator Date Image: Signature of plan administrator				s well as the electronic ver	sion of this return/report	, and to the	e best of my knowledge and					
Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE												
HERE	HERE	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing	as plan administrator					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SIGN											
	HERE	Signature of employer/plan sponsor Date Enter name of individual signing as employer or pla										

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

(b) End of Year 1626783 1626783 (b) Total
1626783 1626783
(b) Total
453014
1243
451771
n the instructions:

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		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	X		162678
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	X		64031
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			

r

Г

Page 3- 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r 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 left of a 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	:(3) P	'N(s)

					•				
	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089			
Departr Interna	ment of the Treasury al Revenue Service	nent	2017						
Employee Ben	partment of Labor hefits Security Administration	 Income Security Act of 1974 (E) 		57(b) and 6058(a) of the Interr	This Form is Open to Public Inspection				
Pension Ben	efit Guaranty Corporation		cordance with the inst	ructions to the Form 5500-S		ine mapeetion			
Part I		Identification Information							
For calendar	r plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/31/201				
A This retu	rn/report is for:	X a single-employer plan ☐ a one-participant plan		lan (not multiemployer) (Filers nployer information in accorda					
B This retur	rn/report is								
	·	the first return/report an amended return/report	the final return/report	m/report (less than 12 months	N N				
C O									
	ox if filing under:	☐ Form 5558	automatic extension		VC program				
DetH		special extension (enter descrip							
Part II		rmation—enter all requested info	rmation	46					
1a Name o INLAND	empire veter	INARY		10	Three-digit plan number				
) PROFIT SHARING PLAN			(PN) 🕨	001			
	,	,		1c	Effective date of 01/01/200				
		over, if for a single-employer plan) m, apt., suite no. and street, or P.O.	Pox)	2b	• •	ification Number			
•	. 그는 것 같은 것 같	e, country, and ZIP or foreign postal		tructions)	(EIN)91-219				
	EMPIRE VETER	INARY	ana tama 1799 - Ngana atan kata tang dari 🗢 dari kata tang dari kata tang dari kata tang dari kata tang dari kata t	20	2c Sponsor's telephone number (509) 326-3427				
IMAGING	, P.S.			2d		(see instructions)			
21 EAST	MISSION AVE	NUE		24	Dusiness code				
SPOKANE				99202	541940				
3a Plan ad	ministrator's name a	nd address 🛛 Same as Plan Spons	or.	3b	Administrator's	EIN			
				3c	Administrator's	telephone number			
		e plan sponsor or the plan name has onsor's name, EIN, the plan name an			EIN				
a Sponso c Plan Na	or's name			4d	PN				
5a Total n	umber of participants	at the beginning of the plan year			a	7			
		at the end of the plan year			b	e			
		account balances as of the end of the		3	ic 🛛	6			
	•	articipants at the beginning of the pla			(1)	(
	 d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less 				(2)	5			
than 1	00% vested			¥	e	(
Under penal SB or Scheo	Ities of perjury and of	or incomplete filing of this return/ ther penalties set forth in the instruct and signed by an enrolled actuary, as plete.	ions, I declare that I have	e examined this return/report, i	including, if appl				
SIGN	Juli X	iems Mr	7/26/18	Jeff Siems					
HERE	Signature of plan a	administrator	Date	Enter name of individual sig	gning as plan ac	Iministrator			
SIGN									
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individual si	gning as employ	er or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

Form 5500-SF 2017

							Π Π		
	Were all of the plan's assets during the plan year invested in eligib						X Yes 🗌 No		
D	Are you claiming a waiver of the annual examination and report of an independent qualified public under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						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 in	nsurance pr	ogram (see ERISA se	ection 4	021)?		Yes No Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC pr	emium filing for this pl	an yea	r		. (See instructions.)		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Year		
a	Total plan assets	7a		175,0			1,626,783		
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	1,	175,	012		1,626,783		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) Total		
			(u) Anoun				(2) 100		
	(1) Employers	8a(1)		18,	146				
	(2) Participants	8a(2)		49,	544				
	(3) Others (including rollovers)	8a(3)			2				
b	Other income (loss)	8b		385,	324				
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					453,014		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,	243				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	ees, commissions) 8f							
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i	Net income (loss) (subtract line 8h from line 8c)						451,77		
j	Transfers to (from) the plan (see instructions)								
Pa	rt IV Plan Characteristics								
9a		feature coo	des from the List of PI	an Cha	racteri	stic Co	odes in the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Char	acteris	tic Coo	des in the instructions:		
Da	rt V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribution	utions within	the time period				Anount		
	described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary Fi	iduciary Correction						
	Program)			10a		Х			
t	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x			
				10c	Х		162,67		
- (Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bor	nd, that was caused						
	by fraud or dishonesty?			10d	<u> </u>	Х			
(Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	the benefits under	10e		x			
1				10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount	as of year-e	end.)	10g	X		64,03		
	 If this is an individual account plan, was there a blackout period? 2520.101-3.) 	(See instru	uctions and 29 CFR	10h		x			
i		the required	d notice or one of the	10i					

Form 5500-SF 2017

Page 3-

Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
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 Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
c	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	XI	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes	No				
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
	13c(1) Name of plan(s): 13c(2)				13c(3) PN(s)				