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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2015 or fiscal plan year beginning and ending x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) **A** This return/report is for: a one-participant plan a foreign plan x the final return/report B This return/report is the first return/report an amended return/report X a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information Part II 1b Three-digit 1a Name of plan plan number ALL CREATURES ANIMAL HOSPITAL 401(K) PLAN 001 (PN) • 1c Effective date of plan 01/01/2004 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 56-2449764 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number ALL CREATURES ANIMAL HOSPITAL, LLP 716-636-3600 2d Business code (see instructions) 6429 TRANSIT ROAD EAST AMHERST, NY 14051 541940 3b Administrator's EIN **3a** Plan administrator's name and address XSame as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 26 5a Total number of participants at the beginning of the plan year..... 5b n **b** Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c n complete this item) 0 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) n d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 5e than 100% vested..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a 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 t	rue, correct, and complete.	1	T		
SIGN HERE	Filed with authorized/valid electronic signature.	07/16/2016	JAMES ALBERT		
	Signature of plan administrator	Enter name of individual signing as plan administrator			
SIGN					
HERE	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include r	Preparer's telephone number			

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b ,	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility f you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit not use Fo	ndent qualified public a tions.) orm 5500-SF and mus	ccount t instea	ant (IQ ad use	PA) Form	5500.			X Ye	
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	program (see ERISA se	ection 4	021)? .		Yes	No	N	ot dete	rmined
Par	t III Financial Information	1	1								
<u>7</u>	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	_		(b) Eı	nd of	Year	
	Total plan assets	. 7a		1274	140						0
	Fotal plan liabilities	. 7b		4074	14.40	-					0
	Net plan assets (subtract line 7b from line 7a)	7c		1274	140						0
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	unt				(b) Tota	al	
	1) Employers	. 8a(1)			0						
(2) Participants	8a(2)			0						
	3) Others (including rollovers)	8a(3)			0						
b (Other income (loss)	8b		35	679						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								35	679
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	. 8d		1308	3402						
	Certain deemed and/or corrective distributions (see instructions)	. 8e			0						
	Administrative service providers (salaries, fees, commissions)	8f		1	417						
g	Other expenses	. 8g			0						
h -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1309	819
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								-1274	140
<u>j</u> .	Transfers to (from) the plan (see instructions)	8j									
Part	IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3B 3D	feature co	odes from the List of Plant	an Cha	racteris	stic Co	des in t	he inst	ructio	ns:	
В	If the plan provides welfare benefits, enter the applicable welfare fr	eature cod	les from the List of Pla	n Char	acterist	ic Coc	les in th	e instri	uction	s.	
	in the plant provided we have benefite, either the applicable we have t	catare ood	aco from the Elot of Flat	ii Onait	20101101		100 111 11	ic mour	2011011	J.	
Part	V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Α	mount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest										
	reported on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	X						45000
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 oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under			X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e							
-	· · · · · · · · · · · · · · · · · · ·			10f		X					
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g		X					
h	If this is an individual account plan, was there a blackout period? 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							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance			•	•			•			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Ye	s X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection (302 of E	RISA?	·	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι		
b	Enter ti	he minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo		
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part		Trust Information						
14a	Name o	f trust		14b 1	rust's Ell	N		
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
				telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No		
	10 110			_ D	esign-			
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		based safe ADP/ACP harbor test method				
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye				
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				No		
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section		Ratio			Average benefit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No		
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No		
19	9 Were in-service distributions made during the plan year?					No		
	If "Yes	," enter amount	·····	19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Banafit Guarenty 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 6067(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	1		
For calend	der plen year 2015 or f	fiscal plan year beginning 01/01/201	116 and ending (06/30/2016	
	return/report is for:	a single-employer plan	a multiple-employer plan (not multiemploy list of participating employer information in	yer) (Filers checking this	s box must attach a
		a one-participant plan	a foreign plan	// 900000000000000000000000000000000000	JITTI III BU UUUUNU
B This re	eturn/report is	the first return/report	X the final return/report		
		en amended return/report	X a short plan year return/report (less than 12	2 months)	
C Check	k box If filling under:	Form 5558 special extension (enter descri	automatic extension	DFVC pro	ogram
Part II	Rasic Plan Infe	ormation—enter all requested info			
1a Neme	^ Af plan	· CHICA SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP	ormation	# # # ####	
	е от ріап es Animal Hospital 401(1/k/ plan	•	1b Three-digit plan number	
Mi sper was	25 Atminut i september 1	(K) Plan		plan number (PN) ▶	001
				1c Effective date 01/01/2004	of plan
2a Plan s	sponsor's name (emple	oyer, if for a single-employer plan)		2b Employer Iden	-tification Number
Mailin	ng address (include roon	om, apt., suite no, and street, or P.O.	. Box)	(EIN) 56-2449	КПСАКОП Мигно в л 1764
Il Creature	or town, state or province es Animal Hospital, LLP	ce, country, and ZIP or foreign posts	al code (if foreign, see Instructions)	2c Sponsor's tele	
the shee problems	5 rummar rasprant	•			ephone number 6) 636-3600
		•		2d Business code	<u>. /</u>
429 Transl				541940	/ food mended and
	rst, NY 14051				4
3a Plana	idministrator's name an	nd address XSame as Plan Sponso	or.	3b Administrator's	s EIN
				3c Administrator	s telephone number
	, 				
, name,	∍, ⊵IN, and the plan num	e plan sponsor has changed since the mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN	
	sor's name			4c PN	
5a Total	number of participants	at the beginning of the plan year		5a	26
b Total r	number of participants a	at the end of the plan year		5b	. 0
C Numb	per of participants with a	account balances as of the end of th	he plan year (defined benefit plans to not		
¢ompl	olete this item)	-72331.5712727272711			0
d(1) Tota	tal number of active part	rticipants at the beginning of the plan	an year	5d(1)	0
d(2) Tota	tal number of active part	rticipants at the end of the plan year	r	5d(2)	0
• Numb	ber of participants that to 100% vested	terminated employment during the p	plan year with accrued benefits that were less	5e	0
- AUBOU: W	A penalty for the late of	Or incomplete filing of this return/:	frenort will be appeared unless researching.	cause is established.	
nings bette	raines of bedraty 800 othe	ner benaities set forth in the instruction	tions. I declare that I have examined this veture /s	Junior and to the court of the	icable, a Schedule
22 0. 00110	edule MB completed and true completed and	na signed by an enrolled acidary, as	B well as the electronic version of this return/repo	ort, and to the best of m	y knowledge and
₃ign		Area Company	7-16-7016 James Albert		
JERE	alan a			•	
	Signature of plan ad	Iministrator	Date Enter name of indivi	vidual signing as plan adr	ministrator
IGN IERE	-		7-16-7-1A	<u></u>	•
:	Signature of employ	yer/plan sponsor	Date Enter name of Indivi	vidual signing as employe	ar ar alon coongor
reparer's r	name (including firm na	ame, if applicable) and address (incl	lude room or suite number)	Preparer's telephone	a number
		•		1	
		•			

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6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of 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	an indepe and condi	endent qualified public itions.)	accour	ntant (l	QPA)			. X	Yes N	
	If the plan is a defined benefit plan, is it covered under the PBGC in] Not d	etermined	
Pa	rt III Financial Information						-				
7	Plan Assets and Liabilities		(a) Beginnir	g of Y	ear	T		(b) End	of Yea	r	
a	Total plan assets	, 7a		16219	01			1274140			
b	Total plan liabilities				0			0			
_	Net plan assets (subtract line 7b from line 7a)	7¢		16219	01			1140			
8	Income, Expenses, and Transfers for this Plan Year		' (a) Amo	unt				(b) '	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		187	73					arining Marakari	
	(2) Participants	8a(2)		720		+			.		
	(3) Others (including rollovers)	8a(3)		70		(111,241)			,		
b	Other income (loss)	8b		-209	•	-			· , ·	111 0700	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				\dashv		76897			
d —	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4160	79				• .	:	
_e	Certain deemed and/or corrective distributions (see instructions)	8e			0			•	1' : ;		
	Administrative service providers (salaries, fees, commissions)	8f		85	79				- montaneolist a	,	
	Other expenses	8g			0				'		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					4246				
	Net income (loss) (subtract line 8h from line 8c)	8i					-347761				
	Transfers to (from) the plan (see instructions)	8]			0	<u> </u> :			·	4 10 10	
	t IV Plan Characteristics			,	-						
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3B 3D									<u> </u>	
В	If the plan provides welfare benefits, enter the applicable welfare fe	eture cod	es from the List of Pla	n Char	ecteris	tic Cod	ies in ti	ne instruct	ions:		
Parl	V Compliance Questions								`		
10	During the plan year:	· · · · · · · · · · · · · · · · · · ·			Yes	No	N/A		Amou	nf	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interesti	? (Do not i	nclude transactions			×	·				
	reported on line 10a.)			10b	· .					·····	
C	Was the plan covered by a fidelity bond?		***************************************	10c	Х					45000	
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	-		10d		х		733.1.			
e	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	the benefits under	10e		x	:". :				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х	•		·· · · · · · · · · · · · · · · · · · ·		
д	Did the plan have any participant loans? (If "Yes," enter amount as					×					
h	If this is an individual account plan, was there a blackout period? (52520.101-3.)	See instru	ctions and 29 CFR	10g 10h		×					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	The state of the s			IVJ	L I						
11	ls this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Y	'es," see instructions a	and con	nplete :	Sched	ule SB	(Form	Пү	es 🛭 No	
11a	Enter the unpaid minimum required contribution for all years from S								<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding r							RISA?	Π γ.	es X No	

	Form 5500-SF 2015 Page 3 - 1							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	enter the Day	date of	the letter ru Year	ling		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1					
<u>t</u>	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			·		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d					
0	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Ye	s No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***********************	., 13а			0 .		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughthe PBGC?	ght under the co	ontrol		Yes X	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	N(s)		
Pari	VIII					•		
	Name of trust		14b T	rust's EIN	1			
		•						
14c Name of trustae or custodian					14d Trustee's or custodian's telephone number			
Par	IRS Compliance Questions		***					
15a	is the plaл a 401(k) plan?		Yes		No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	ba:	sign- ed sefe bor thod	ADP/ACP test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(II))?		Yes	1	□No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ra per tes	centage	e Average benefit test			
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes		No			
17a	Has the plan been timely amended for all required tax law changes?		Yes		No	□N/A		
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	oplicable	code	(See ins	tructions		
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial r		to e fev	orable IR	S opinion o	or		
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	iter the date of t	he plan	s last fav	orable			
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(I)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	•	∏No ,			
19	Were in-service distributions made during the plan year?		Yes	·	No			
_=	If "Yes," enter amount		19					
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh retired), as required under section 401(a)(9)?		Yes		∏No	N/A		