Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

| Р | art I | Annual Report | t Identification Information | | | | | | | | | |
|--|--|-----------------------|--|---|---|---|---|-------------------------------------|-----------------|--|--|--|
| For | calenda | r plan year 2015 or f | iscal plan year beginning 01/01/2 | 2016 | | and ending 06 | /29/20 |)16 | | | | |
| Α | This retu | urn/report is for: | a single-employer plan | | | | (Filers checking this box must attach a ccordance with the form instructions) | | | | | |
| | | | a one-participant plan | a foreign plan | | | | | | | | |
| В | This return/report is the first return/report | | | | | | onths) | | | | | |
| С | Check b | ox if filing under: | Form 5558 | | a short plan year return/report (less than 12 months) | | | | | | | |
| | | | special extension (enter descr | ☐ automatic extension ☐ DFVC program cription) | | | | | | | | |
| Pa | art II | Basic Plan Info | ormation—enter all requested inf | formation | | | | | | | | |
| 1a | Name o | of plan | PITAL, LLP CASH BALANCE PLAN | | | | | Three-digit plan number (PN) | 002 | | | |
| | | | | | | | 1c Effective date of plan 01/01/2012 | | | | | |
| 2a | | | oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O | D. Box) | | | 2b Employer Identification Number (EIN) 56-2449764 | | | | | |
| ALL (| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LL CREATURES ANIMAL HOSPITAL, LLP | | | | | | 2c Sponsor's telephone number 716-636-3600 | | | | | |
| | | | | | | | | 2d Business code (see instructions) | | | | |
| EAST AMHERST, NY 14051 | | | | | | | | 541940 | | | | |
| 3a | Plan ad | lministrator's name a | and address XSame as Plan Spons | sor. | | | 3b | 3b Administrator's EIN | | | | |
| | | | | | | | 3c | Administrator's te | elephone number | | | |
| 4 | | | ne plan sponsor has changed since sumber from the last return/report. | the last retu | rn/report filed fo | or this plan, enter the | 4b | EIN | | | | |
| а | | or's name | amber nom the last return/report. | | | | 4c | PN | | | | |
| 5a | Total n | umber of participants | s at the beginning of the plan year | | | | 5a | 3 | 26 | | | |
| b | Total n | umber of participants | s at the end of the plan year | | | | 5k |) | 0 | | | |
| С | | | account balances as of the end of | | ` | • | 50 | | | | | |
| d | (1) Tota | I number of active pa | articipants at the beginning of the pla | lan year | | | 5d(| | 22 | | | |
| d(2) Total number of active participants at the end of the plan year | | | | | | <u> </u> | 5d(| 2) | 0 | | | |
| е | | | t terminated employment during the | | | | 5€ | • | 0 | | | |
| | | | or incomplete filing of this return | | | | | | | | | |
| SB | or Sched | | ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete. | | | | | | | | | |
| SIG | | Filed with authorized | d/valid electronic signature. | 07/ | 19/2016 | JAMES ALBERT | | | | | | |
| HE | RE | Signature of plan | administrator | Dat | e | Enter name of individual signing as plan administrato | | | | | | |
| SIG | SN S | • | | | | | | <u>.</u> | | | | |

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second or the plan cannot be | an indepen and condition | dent qualified public a | ccount | ant (IQ | PA) | | | X Yes | |
| C If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pr | ogram (see ERISA se | ection 4 | 021)? . | X | Yes | No | Not dete | rmined |
| Part III Financial Information | | | | | | | | | |
| 7 Plan Assets and Liabilities | | (a) Beginning | of Ye | ar | | | (b) End c | f Year | |
| a Total plan assets | . 7a | | 263 | 894 | | | | | 0 |
| b Total plan liabilities | . 7b | | | 0 | | | | | 0 |
| C Net plan assets (subtract line 7b from line 7a) | . 7с | | | 894 | | | | | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: | | (a) Amou | ınt | | | | (b) To | tal | |
| Contributions received or receivable from: (1) Employers | . 8a(1) | | | | | | | | |
| (2) Participants | . 8a(2) | | | | | | | | |
| (3) Others (including rollovers) | . 8a(3) | | | | | | | | |
| b Other income (loss) | . 8b | | | 680 | | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | | (| 680 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | . 8d | | 264 | 574 | | | | | |
| Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | | | | | | | |
| g Other expenses | . 8g | | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | . 8h | | | | | | | 264 | 574 |
| i Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | | | -263 | 894 |
| j Transfers to (from) the plan (see instructions) | . 8i | | | 0 | | | | | |
| Part IV Plan Characteristics | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension | feature cod | des from the List of Pl | an Cha | racteris | stic Co | des in th | ne instruct | ions: | |
| B If the plan provides welfare benefits, enter the applicable welfare f | | (o the Liet - (Die | . 01 | | | la a Carolla a | | | |
| B If the plan provides welfare benefits, enter the applicable welfare f | eature code | es from the list of Pia | n Chara | acterist | ic Coo | ies in the | nstructio | ons: | |
| Part V Compliance Questions | | | | | | | | | • |
| 10 During the plan year: | | | | Yes | No | N/A | | Amount | |
| a Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \Program) | /oluntary Fi | duciary Correction | 10a | | X | | | | |
| b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | t? (Do not ir | nclude transactions | 10b | | X | | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | Χ | | | | | 45000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's | | | 100 | ^ | | | | | 45000 |
| by fraud or dishonesty? | | | 10d | | X | | | | |
| Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) | ne or all of t | he benefits under | 10e | | X | | | | |
| f Has the plan failed to provide any benefit when due under the plan | | | | | X | | | | |
| | | | 10f | | | | | | |
| g 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 | | | | | | |
| · | 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 | | | | | | | | |
| j Did the plan trust incur unrelated business taxable income? | | | 10i | | Χ | | | | |
| Part VI Pension Funding Compliance | | | . •, | 1 | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) | | | | | | | | Yes | 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 | | | | | | | RISA? | Yes | 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 Trust's EIN | | | | | | |
| | | | | | | | | | | |
| 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 | | | | | | |
| 15c | | DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c | | Yes No | | | | | | |
| | | method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))? | | | | | | | | |
| 16a | | the box to indicate the method used by the plan to satisfy the coverage requirements under section | | ⊔ р∈ | Ratio percentage 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 | Were in | n-service distributions made during the plan year? | | Ye | s | 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

Dependent of Labor Employee Benefits Security Administration Pension Banefit 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 section 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. Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| For calendar plan year 2015 o | or fiecel plan year beginning | A. 101 (BAC) | | | | | | | | |
|--|---|---|---|--------------------|--------------|--|--|--|--|--|
| · or oakwitedij platit yezi 2010 C | | 01/01/2016 | and ending | 06/29/20 | | | | | | |
| A This return/report is for: | 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) | | | | | | | | |
| B This return/report is: | — — — — — — — — — — — — — — — — — — — | a foreign plan the final return/repo | . | | | | | | | |
| · | 一 | | | | | | | | | |
| | | a short plan year return/report (less than 12 months) | | | | | | | | |
| C Check box if filing under: | Form 5558 [special extension (enter descript |) | DFVC program | | | | | | | |
| Basic Plan Ir | nformation - enter all requested inf | , | | | | | | | | |
| 1a Name of plan | enter all requested inf | ormation | | 1 46 | | | | | | |
| | mal Hospital, LLP Cash Bal | | 1b Three-digi | | | | | | | |
| 26 DI | | | 1c Effective date of plan 01/01/2012 | | | | | | | |
| Plan sponsor's name (em Mailing Address (include a City or town, state or prov | structions) | 2b Employer Identification Number (EIN) 56-2449764 | | | | | | | | |
| All Creatures Ani | City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) All Creatures Animal Hospital, LLP | | | | | | | | | |
| 6429 Transit Road | | (716) 636-3600 2d Business code (see instructions) 541940 | | | | | | | | |
| US East Amherst NY 140 | 51 | | | | | | | | | |
| 33 Plan administrator's name | and address X Same as Plan Spons | or Name | | 3b Administra | tor's EIN | | | | | |
| | | | | | | | | | | |
| If the name and/or EIN of t name, EIN, and the plan n | for this plan, enter the | 3c Administrator's telephone number 4b EIN | | | | | | | | |
| 8 Sponsor's name | | | | 4c PN | | | | | | |
| a Total number of participant | is at the beginning of the plan year | *************************************** | | 5a | 26 | | | | | |
| u i otal number of participant | is at the end of the plan year | 000 NT 70+27 1 4+4 444 | | 5b | 0 | | | | | |
| complete this item) | 1 account palances as of the end of the | lan year (defined ben | efit plans do not | 5c | | | | | | |
| d(1) Total number of active pa | articipants at the beginning of the plan ye | 18F | 547949N4501N24 44 444441 | 5d(1) | 22 | | | | | |
| d(2) Total number of active pa | | | 1 | | | | | | | |
| Number of participants that | terminated employment during the olen | veer with seemed has | nation in the second | 5d(2) | 0 | | | | | |
| . Day on the transfer . | *************************************** | **************** | | 5e | 0 | | | | | |
| Caution: A penalty for the lat | e or incomplete filing of this return/re | port will be assessed | l unless reasonable cau | sa le actablichad | | | | | | |
| Mucr penames of behilds and a | Other penalties set forth in the instruction and signed by an enrolled actuary, as we | والمستملم المسالا سيملم أمام الم | | | ~~~~~ | | | | | |
| | | 7-19-2046 | | | 1 | | | | | |
| Signature of plan add | ninistrator | Date | Entar name of the state of the | | | | | | | |
| | | | Enter name of individual | signing as plan a | dministrator | | | | | |
| Signature of employe | printer endorm | 7-19204 | | V-54WW | | | | | | |
| reparer's name (including firm | name, if applicable) and address; includ | Date | Enter name of individual | | | | | | | |
| , , , , , , , , , , , , , , , , , , , | , « approaute) end address; includ | e 100IU OL SPICE NUMDA | 2F | Preparer's telepho | ne number | | | | | |
| | | | | | | | | | | |

| *************************************** | Form 5500-SF 2015 | | Page 2 | | | | | | | |
|---|--|---------------|---|--|-----------------------|----------|--------------------|---|-----------------------------|--|
| 6a | Were all of the plan's assets during the plan year invested in eligible | assete? (| See instructions) | | | | | (| · · | |
| b | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | | | | | | | | □No | |
| | under 29 CFR 2520,104-48? (See instructions on waiver eligibility and conditions.) | | | | | | | XYes | □No | |
| _ | if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500 | | | | | | | | | |
| Ç | If the plan is a defined benefit plan, is it covered under the PBGC in | surance pr | ogram (see ERISA seci | tion 4 | 021)? | ***** | X Yes 🗌 | No Note | determineç | |
| | Financial Information | | | | | | | | **** | |
| 7_ | Plan Assets and Liabilities | | (a) Beginning | of Y | ar | | (b) Er | d of Year | | |
| <u>a</u> b | Total plan assets | 7 a | | 263 | 894 | | | | 0 | |
| C | Total plan liabilities | 7b | | | 0 | | | | 0 | |
| 8 | Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year | 7c | | 263, | 894 | _ | | | 0 | |
| a | Contributions received or receivable from: | | (a) Amou | nt | | | d) |) Total | e and the same state of the | |
| | (1) Employers | 8a(1) | | | | | | | | |
| ******* | (2) Participants | 8a(2) | | ~~~~ | | | | | | |
| b | (3) Others (including rollovers) Other income (loss) | 8a(3) | | ······································ | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8b | | ero a dansar | 680 | | | | | |
| d | Benefits paid (including direct rollovers and insurance premiums | 8c | | | | | | MINISTER STATE OF THE STATE OF | 680 | |
| | lo provide benefits) | _ 8d | | 264, | 574 | | | | | |
| <u> </u> | Gertain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| <u> </u> | Administrative service providers (salaries, fees, commissions) | 8f | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| _g_ h | Other expenses | 8g | | william on a | THE AND STREET STREET | | | | | |
| | Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c) | 8h | | | | - | | 264, | 574 | |
| i | Transfers to (from) the plan (see instructions) | 8i | | | | | | (263,8 | 94) | |
| | Plan Characteristics | 8) | <u> </u> | | 0 | | | | | |
| 9a | | | A | ······ | ~ | | | | · | |
| | If the plan provides pansion benefits, enter the applicable pension fee 1A 1C 1H 3B | ature codes | Trom the List of Plan C | harad | teristi | ¢ Çod | les in the instruc | tions: | | |
| Ь | If the plan provides welfare benefits, onter the applicable welfare feet | | | | | | | | ···· | |
| | If the plan provides welfare benefits, enter the applicable welfare feati | ure codes i | rom the List of Plan Ch | aract | eristic | Code | s in the instructi | ons: | | |
| | Compliance Questions | | | | ···· | | | | | |
| 10 | During the plan year: | | | | Yes | NI. | | | | |
| а | Was there a failure to transmit to the plan any participant contribution | ns within t | he time period | | 165 | INO | | Amount | | |
| | described in 29 CFR 2510.3-102? (See instructions and DOL's Volu | ıntary Fidu | clary Correction | | | | | | | |
| ь | Program) | ************ | \$ rade a a a a war war war war a a a a a a a a | 10a | | Х | | | | |
| | Were there any nonexempt transactions with any party-in-interest? (reported on line 10a.) | (Do not inc | lude transactions | 106 | | x | | v. | | |
| C | Was the plan covered by a fidelity bond? | ********* | | 100 | x | | | 4 | 5,000 | |
| | Did the plan have a loss, whether or not reimbursed by the plan's fld by fraud or dishonesty? | ************ | *********************** | 10d | | × | | | | |
| 0 | Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some of the relation of the commissions and the commissions are considered. | nerenne h | V 9A İnguranaa | | | | | *************************************** | | |
| | the plan? (See instructions.) | or all of the | benefits under | 100 | | x | | | | |
| <u>f</u> | Has the plan failed to provide any benefit when due under the plan? | ******* | ***************************** | 10f | - | x | | | _ | |
| 9 | Did the plan have any participant loans? (If "Yes," enter amount as o | | | 10g | | | | | | |
| h | If this is an individual account plan, was there a blackout period? (Se 2520.101-3.) | a inetruetic | une and 00 CED | 10h | | | | | | |
| į | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3 | required no | tice or one of the | | • | | E 12 | | | |
| j | Did the plan trust incur unrelated business taxable income? | | ###################################### | 10i | | | | | | |
| | Pension Funding Compliance | | | 10j | 1 | X | <u> </u> | | | |
| 11 | is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) | ******** | | | ete So | shedu | ile SB (Form | Yes | | |
| 11a | Enter the unpaid minimum required contribution for current year from | Schedule | SB (Form 5500) line 40 |) | | | 11a | 1 E-3 (1954 | ON Les | |
| 12 | Is this a defined contribution plan subject to the minimum funding req | ulrements | of section 412 of the Co | ode o | r secti | DU 30 | Z of FRISA? | Yes | X N= | |
| | | | | | | | | I Fes I | ** 1 IAO | |

| ************************************** | Form 5500-SF 2015 | Page 3- | | | | | | | |
|--|---|--|-----------------|----------------|---|---|---|--|--|
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12a below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver. | s plan year, see inst | | | | | uling | | |
| | you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), | Mont | n |)ay | Yea. | | _ | | |
| ь | Enter the minimum required contribution for this plan year | | | 12b | I | | | | |
| c | Enter the amount contributed by the employer to the plan for this plan year | | | 120 12c | | | | | |
| ี ช | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a megative amount) | ninus sion to the lef | nfe | 12d | | | | | |
| 6 | Will the minimum funding amount reported on line 12d be met by the funding deadline | ? | | | Yes 🗍 | No [| N/A | | |
| | Plan Terminations and Transfers of Assets | | | - American | | | <u> </u> | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | A4A431 BAF412A4 &L441444 | | X Ye | es 🗌 No | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | *********** | | 13a | 23 | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to anot of the PBGC7 | under the co | | |] Yes [| □ No. | | | |
| | If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.) | er plan(ø), identify t | he plan(s) to | | | 1 140 <u>c</u> | | | |
| 1 | 3c(1) Name of plan(s): | · · · · · · · · · · · · · · · · · · · | 130 | (2) EIN(| s) | 13c(3) | PN(s) | | |
| Scarces Year | | | | | | | | | |
| | Trust Information | | | | | | | | |
| 14a I | lame of trust | | 14b Trust's EIN | | | | | | |
| 14c Name of trustee or custodian | | | | | | 14d Trustee or custodian's telephone number | | | |
| | IRS Compilance Questions | | | | | | | | |
| 15a | s the plan a 401(k) plan: | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | Yes | |] No | | | |
| 1 | if "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emplo natching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? |)) | nployer | ☐ base harb | Design- based safe ADP/ACP harbor test method | | | | |
| U | f ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the esting method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2((a)(2)(ii))? | 8)(2)(ii) and 1.401/n | 1)- | Yes No | | | | | |
| 16a (| Check the box to indicate the method used by the plan to satisfy the coverage requirem | ents under section | 10(b): | | Ratio Percentage Average Benefit Test | | | | |
| Lf | Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 4 is plan with any other plans under the permissive aggregation rules? | | ********** | Yes | |] No | | | |
| | las the Plan been timely amended for all required law changes? | | ****** | Yes | | No | □ N/A | | |
| ir. | Date of the last plan amendment/restatement for the required fax law changes was ado structions for tax law changes and codes). | | | | le code | | | | |
| 17 c ⊓ | the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume dvisory letter, enter the date of that favorable letter | submitter plan that i | s subject to : | a favorab | le IRS opin | ilon or | | | |
| 17d | the plan is an Individually-designed plan and recieved a favorable determination letter / / | from IRS, please er | ter the date | of plan's | last favoral | ole | *************************************** | | |
| 18 is m | the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA sec ade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or | otion 1022(i)(2) has the U.S. Virgin Islan | been ids)? | Yes | | No | | | |
| | ere in-service distributions made during the plan year? | | | Yes | | No | | | |
| | Yes, enter amount | ************ | ********** | 19 | <u></u> | | <u> </u> | | |
| 20 W | ere minimum required distributions made to 5% owners who have attained age 70 % (rot retired) as required under section 401(a)(9)? | egardless of whether | ror I | Yes | | No [| □ N/A | | |
| | | | | | | | | | |