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)

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

		Identification Information									
For calendar p	lan year 2017 or fis	scal plan year beginning 01/01/2	2017		and ending	12/31/2017					
A This return,	report is for:	X a single-employer plan			olan (not multiemployer) employer information in a						
		a one-participant plan	a f	oreign plan							
B This return/	eport is	the first return/report	=	final return/repor							
		an amended return/report	a s	hort plan year ret	urn/report (less than 12 r	months)					
C Check box	if filing under:	Form 5558 special extension (enter descr	ш	tomatic extension		DFVC prog	ram				
Part II B	asic Plan Info	rmation—enter all requested inf									
1a Name of p		imation—enter all requested in	iomalio	л		1b Three-di	ait				
		L.L.C. 401(K) PLAN				plan nun	-				
	,					(PN) •		001			
						1c Effective		f plan 1/2005			
Mailing ad	dress (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C				2b Employe (EIN)		fication Number 463346			
	n, state or province RINARY CLINIC, P.	e, country, and ZIP or foreign post .L.L.C.	al code	(if foreign, see in:	structions)	2c Sponsor	r's telep 315-78				
						2d Business	s code	(see instructions)			
P. O. BOX 267	. O. BOX 267 P O BOX 267 ENEVA, NY 14456 GENEVA, NY 14456						541940				
GENEVA, NY 12	430	GENEVA,	, INT 144	400							
3a Plan admi	nistrator's name an	nd address X Same as Plan Spor	neor			3b Administ	rator's	FIN			
oa i iaii adiiii	nistrator 3 riame an	d address Modifie as Flair oper	11301.			OD / tarriirilot	Tator 5	EIIV			
						3c Administ	rator's	telephone number			
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b EIN					
a Sponsor's		ioor o riamo, Envi, mo pian riamo a	ao	pian nambor nom	and last rotally roport.	4d PN					
C Plan Nam	е										
5a Total num	ber of participants	at the beginning of the plan year				5a		8			
		at the end of the plan year				5b		7			
		account balances as of the end of				5c		7			
d(1) Total n	umber of active par	rticipants at the beginning of the pl	lan year	,				8			
		rticipants at the end of the plan yea				. 5d(2)		6			
than 100	% vested	terminated employment during the				5e		0			
		or incomplete filing of this return						aabla a Cabadula			
SB or Schedul		ner penalties set forth in the instructed signed by an enrolled actuary, a blete.									
		valid electronic signature.		10/01/2018	BRENDA CARTER	_					
HERE	gnature of plan a	dministrator		Date	Enter name of indivi	dual signing as p	olan ad	ministrator			

10/01/2018

Date

BRENDA CARTER

Filed with authorized/valid electronic signature.

SIGN

HERE

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

Part III Financial Information Financial Information		Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the content of the plan's assets.	an indeper and condit	ndent qualified public a	account	ant (IC	QPA) 		_	Yes No
Part III Financial Information Financial Informa	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes N	_	ot determined
7 Plan Assets and Liabilities		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See	instructions.)
a Total plan assets	Pa	rt III Financial Information		-						
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Ye	ar
C Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a	6	90430				81	9639
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants	<u>b</u>	Total plan liabilities	7b							
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (3) Others (including rollovers). (4) Bad(3) (5) Other (including rollovers). (6) Other income (loss). (7) Other income (loss). (8) Bad(3) (8) Bab 140716 (8) Total income (loss). (8) Bab 140716 (9) Bad(1) Bad(2), 8a(3), and 8b). (8) Bab 140716 (9) Bad(1) Bad(1) Bad(2), 8a(3), and 8b). (9) Bad(1) Bad(1) Bad(2), 8a(3), and 8b). (18) Bad(1)	С	Net plan assets (subtract line 7b from line 7a)	7c	6	90430				81	9639
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(1	b) Total	
(3) Others (including rollovers)	а		8a(1)		20385					
b Other income (loss)		(2) Participants	8a(2)		26741					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8	b	Other income (loss)	8b	1-	40716					
to provide benefits)	C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						18	7842
f Administrative service providers (salaries, fees, commissions)	d		. 8d		58608					
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g		25					
Transfers to (from) the plan (see instructions) 8j	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5	8633
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? d 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? 25 Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10f X 10g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10h X	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						12	9209
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E	<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pai	t IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: a 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)	9a		feature co	des from the List of Pl	an Cha	racteri	stic C	odes in the	instructio	ns:
10 During the plan year: a 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)	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ir	structions	5:
10 During the plan year: a 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)	Par	t V Compliance Questions								
a 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)		· ·				Yes	No		Amou	nt
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	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	oluntary F	Fiduciary Correction	10a		X			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	С				10c	Χ				60000
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan?	d				10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
2520.101-3.)	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
	h 				10h		X			
exceptions to providing the notice applied under 29 CFR 2520.101-3	i				10i					

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No
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 ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling
lf y	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			
С	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			
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	s X N	0
	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 X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

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 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

P	art Annual Report	Identification Information				
For	calendar plan year 2017 or fi	scal plan year beginning	01/01/2017	and ending	12/31/201	
A	This return/report is for:	x a single-employer plan	a list of participating	lan (not multiemployer) employer information in	(Filers checking the accordance with the	s box must attach e form instructions.)
		a one-participant plan	a foreign plan			
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 r	months)	
С	Check box if filing under:	x Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descri	otion)			
P	art II Basic Plan Info	ormation enter all requested in	nformation			
-	Name of plan				1b Three-digit plan number	ar l
	Keseca Veterinary	Clinic, P.L.L.C. 401(k)	Plan		(PN) ►	001
					1c Effective da 01/01/20	•
2a	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C). Box)		2b Employer lo (EIN) 20-	dentification Number
	City or town, state or provin	ce, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)		elephone number
	Keseca Veterinary	Clinic, P.L.L.C.			(315) 7	31-1378
						ode (see instructions)
	P. O. Box 267	P O	Вож 267		541940	
	US Geneva NY 14456		eneva NY 14456		26	I. FINI
3a	Plan administrator's name	and address X Same as Plan Spo	nsor		3b Administrati	ors EIN
						or's telephone number
4	If the name and/or EIN of the this plan, enter the plan spe	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	is changed since the last nd the plan number from	return/report filed for the last return/report.	4b EIN	
а	Sponsor's name				4d PN	
C	Plan Name					
					,	
52	Total number of participant	s at the beginning of the plan year	102240200000000000000000000000000000000	50004444665900055500444444550009951165500	. 5a	8
b	Total number of participant	s at the end of the plan year		*************************	. 5b	7
c	Number of participants with	account balances as of the end of	the plan year (only define	d contribution plans	5c	7
d	complete this item)	articipants at the beginning of the pla	an year	******************************	. 5d(1)	8
	• •	articipants at the end of the plan yea		***********************************	. 5d(2)	6
e	Number of participants who	terminated employment during the	plan year with accrued be	enefits that were	5e	0
_	less than 100% vested .					ad .
C	aution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assesse	uniess reasonable (report including if	annlicable a Schedule
S	Inder penalties of perjury and B or Schedule MB completed elief, it is true, correct, and co	other penalties set forth in the instru and signed by an enrolled actuary, mplete.	ctions, I declare that I have as well as the electronic v	version of this return/rep	port, and to the best	of my knowledge and
	IV Produ W	Mark	10-1-18	BRENDA CARTER		
200000	HERE Signature of plan ad	ministrator	Date	Enter name of individ	ual signing as plan	administrator
	V2 and u V	ncarl	10-1-18	BRENDA CARTER		
000000	HERE Signature of employ	er/plan sponsor	Date	Enter name of individ	lual signing as emp	oyer or plan sponsor

7	- 2	
Page	2 6	

2500	20 C C C C	- FI 200	00/2
East of Mindre	-5500	- In-	24 1 7
1 1 14 1 1 1		- 21	4411

6a	Were all of the plan's assets during the plan year invested in eligible	assets?	(See instructions.)	*******				Х Ү	es No
	Are you claiming a waiver of the annual examination and report of a			untan	t (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)					X Ye	es No
	If you answered "No" to either line 6a or line 6b, the plan cannot								
С	If the plan is a defined benefit plan, is it covered under the PBGC in								t determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pi	remium filing for this year					(See ins	tructions.)
P	ert III Financial Information						,	a namanan namanan araban a	
7	Plan Assets and Liabilities		(a) Beginning of	Yea	-		(1	b) End of Year	
а	Total plan assets	7a	69	0,4	30			81	.9,639
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	69	0,4	30			81	9,639
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				S	(b) Total	**************************************
а	Contributions received or receivable from:	90(4)	2	0,3	85				
	(1) Employers	8a(1)		6,7					
	(2) Participants	8a(2)	-						
	(3) Others (including rollovers)	8a(3) 8b	1.4	0,7	16				
<u>b</u>	Other income (loss)	8c	1.3	0,7		+		10	17,842
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	- OC				+			17,042
u	to provide benefits)	8d	5	8,6	80				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g			25	+			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8,633
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				4		12	9,209
لم	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	les from the List of Plan Cl	harac	teristi	ic Cod	les in the	instructions:	
	2E 2F 2G 2J 2K 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	eristic	Code	s in the i	nstructions:	
	ert V Compliance Questions	9				Ma	NIZA	Amoun	
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	n the time period		Yes	No	N/A	Amour	11
а	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo								
	Program)		i	10a		x			
b									
	reported on line 10a.)		*****************************	10b		X			
				10c	X	-			60,000
C	by fraud or dishonesty?	************	************************	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	er person	s by an insurance the benefits under						
	the plan? (See instructions.)		***************************************	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	1?	*****************************	10f		Х			
Q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instru	uctions and 29 CFR	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 2520.101	e required	d notice or one of the	10i					

Form	5500-	SF	201	7

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i age e	

Part	VI	Pension Funding Compliance						
11	Is this	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c	omplete So	chedule	SB	☐ Ye	s X	No
11a		he unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	Is this ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Co				☐ Ye	s X	No
	(If "Ye	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	leustiono o	nd onto	r the date	of the let	tor rulir	
а		iver of the minimum funding standard for a prior year is being amortized in this plan year, see inst g the waiver	iructions, a nth	na enter Da	i tile uate v	Year	ilei ruin	ıg
I£ v	grantin	g the waiver	3.		<i>J</i>			
b		he minimum required contribution for this plan year		12b				
C		he amount contributed by the employer to the plan for the plan year		12c				
d	Subtra	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
е		e 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						
		resolution to terminate the plan been adopted in any plan year?	********	. [Yes	X N	10	
		," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug	ht under th	e		Yes X	No	
С	If, durir	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- assets or liabilities were transferred. (See instructions.)	fy the plan((s) to				
		ame of plan(s):	13c(2) E	N(s)		13c(3) PN(s)	
1.	oc(i) No	and of plantoy.						

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	t I Identification			-		-						
	Name of filer, plan administrator, or plan sponsor (see instructions) Keseca Veterinary Clinic, P.L.L.C.	В									tructions))(9 digits X	X-XXXXXX
	Number, street, and room or suite no. (If a P.O. box, see instructions)		2	0-1	46	334	6					
	P. O. Box 267		s	ocia	l se	ecuri	ty nu	ımber (S	SN)	9 digi	ts XXX-XX	-XXXX)
	City or town, state, and ZIP code	1					•					
	Geneva NY 14456											
			F	Plar	1		T		Pla	n ye	ar endin	g
	Plan name			mb			L	MM			DD	YYYY
:	Keseca Veterinary Clinic, P.L.L.C. 401(k) Plan	0	1	0		1		12			31	2017
Parl	Extension of Time To File Form 5500 Series, and/or Form 8955	-SSA										
1	Check this box if you are requesting an extension of time on line 2 to file t in Part 1, C above.	he first l	Fo	rm :	55	00 s	seri	es retur	n/re	port	for the p	lan listed
2	I request an extension of time until 10 / 15 / 2018 to file Form Note. A signature IS NOT required if you are requesting an extension to file F	5500 s form 550	eri 00	es (ser	(se	ee ir s.	nstr	uctions)	١.			
3	I request an extension of time until 10 / 15 / 2018 to file Form Note. A signature IS NOT required if you are requesting an extension to file F					ins	tru	ctions).				
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which the and/or line 3 (above) is not later than the 15th day of the third month after the	ns exter	ISI	on i	SI	equ	a) ti est	ne Form ed, and	n 55 (b)	58 is	filed on date on l	or before ine 2
art 4	III Extension of Time To File Form 5330 (see instructions) I request an extension of time until / / to file Form						of I	E2	20			
	You may be approved for up to a 6 month extension to file Form 5330, after the	ne norm	aı	aue	; u	ale	UI F	01111 55	,50.			
	Enter the Code section(s) imposing the tax		L	a	1							
а												
a b	Enter the payment amount attached		•	•	•	•	•	, 1	>	b		
	Enter the payment amount attached	n/amen	• dm	• nent	• t d	ate	•	, 1	 	b c		
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	n/amen	dm	• nent	• t d	ate	•		>			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	n/amen	dm	• nent	t d	ate	•	, !	>			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	in/amen	dm	nent	t d	ate	•		>			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	in/amen	dm	nent	t d	ate		, 1	>			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	in/amen	dm	nent	t d	ate		, 1				
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	in/amen	dm	nent	t d	ate			>			
b	For excise taxes under section 4980 or 4980F of the Code, enter the reversion	in/amen	dm	nent	t d	ate		,				

E-SIGNATURE AUTHORIZATION

for

Keseca Veterinary Clinic, P.L.L.C. 401(k) Plan 20-1463346/001

For Plan Year 01/01/2017 through 12/31/2017

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Tierney Pension Administration, LLC to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to Tierney Pension Administration, LLC before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - Tierney Pension Administration, LLC will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures
 will be included in the electronic filing and will be posted by the EBSA to the Internet for public
 disclosure.
- Tierney Pension Administration, LLC will maintain a copy of this written authorization in its records.
- Tierney Pension Administration, LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Tierney Pension Administration, LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.

Plan Administrator

Data

K Brinda M Cart
Plan Sponsor
10/1/18

Date