## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		Identification Information							
For calend	lar plan year 2017 or fi	scal plan year beginning 01/01/	2017	and ending 1	2/31/2017				
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) ( employer information in ac					
		a one-participant plan	a foreign plan						
<b>b</b> This ret	urn/report is								
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	X Form 5558	automatic extension	ı	DFVC progra	ım			
		special extension (enter desc	• ,						
Part II	Basic Plan Info	<b>rmation</b> —enter all requested ir	formation						
1a Name FAIRMOUN	•	PC 401(K) PROFIT SHARING PL	AN AND TRUST		1b Three-digingly plan number (PN) ▶				
					1c Effective of	date of plan 07/08/2002			
		yer, if for a single-employer plan)	2 Paul			Identification Number			
		m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		structions)	(EIN) 01-0719198				
-	T ANIMAL HOSPITAL		······································	,	<b>2c</b> Sponsor's telephone number 315-468-3446				
					2d Business code (see instructions)				
4101 WEST GENESEE STREET FAIRMOUNT, NY 13219					541940				
PAIRWOON	1, N1 13219								
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	nsor.		<b>3b</b> Administra	ator's EIN			
					3c Administra	otor'o tolonhono numbor			
					3C Administra	ator's telephone number			
		e plan sponsor or the plan name h			4b EIN				
•	sor's name	risor's fiame, Life, the plan fiame	and the plan number nom	the last return/report.	4d PN				
C Plan N	Name								
		at the beginning of the plan year.			. 5a	45			
		at the end of the plan year			. 5b	52			
		account balances as of the end of			. 5c	48			
<b>d(1)</b> Tot	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	38			
d(2) Total number of active participants at the end of the plan year					. 5d(2) 40				
Pe Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0			
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca					
SB or Scho		her penalties set forth in the instru nd signed by an enrolled actuary, plete.							
SIGN Filed with authorized/valid electronic signature.  10/15/2018 EILEEN FATCHERIC									
HERE	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	an administrator			
SIGN									
HERE	Signature of employer/plan sponsor Date Enter name of individe					dual signing as employer or plan sponsor			

Form 5500-SF 2017 Page **2** 

							X Yes	No		
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						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.									
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year		
а	Total plan assets	. 7a		17784			` '	2296044		
b	Total plan liabilities	. 7b		0						
С	Net plan assets (subtract line 7b from line 7a)	. 7c	181	1817784			2296044			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) <sup>-</sup>	Γotal		
а	Contributions received or receivable from:	90(4)	,	21001						
	(1) Employers	8a(1)		61881 20587						
	(2) Participants	8a(2)	12	0						
	(3) Others (including rollovers)	. 8a(3) . 8b	3,	14006						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u> </u>	14000				496474		
	Benefits paid (including direct rollovers and insurance premiums	. 60						430474		
	to provide benefits)	. 8d		1300						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) 8e 0									
f	Administrative service providers (salaries, fees, commissions) 8f 16914				_					
g	Other expenses									
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)						18214			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)									
	Transfers to (from) the plan (see instructions)									
	t IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2A 2E 2J 2K 2F 2G 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acteris	tic Coc	des in the instr	uctions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-	,	10a		X				
b	Were there any nonexempt transactions with any party-in-interest			IVa						
	reported on line 10a.)			10b		X				
C	C Was the plan covered by a fidelity bond?					22960	)4			
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 som									
	the plan? (See instructions.)			10e	X			1691	4	
f	f Has the plan failed to provide any benefit when due under the plan?									
g		-		10g	X			1243	35	
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
						•				

Form 5500-SF 2017	Page <b>3-</b> 1
-------------------	------------------

Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	Ye:	s 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 of		Ye	s X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter r Year	uling
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?		Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or 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	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3) F	PN(s)

## **FOIM 9900-9**F

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Snort Form Annual Hesp Fax: 4872357 Oct 15 201 Oct 15 2018 09:22am **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.

P002/005 OMB Nos. 1210-0110 1210-0089

2017 This Form is Open to

**Public Inspection** 

Part I	Annual Repor	t Identification Informatio	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
For calend	ar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/2			
A This re	turn/report is for:		☐ a multiple-employed list of participating ☐ a foreign plan	plan (not multiemployer) employer information in a	(Filers checking the accordance with the	is box must attach a form instructions.)		
<b>B</b> This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 r	nonths)			
C Check	box if filing under:	X Form 5558 special extension (enter des	automatic extensio		DFVC program	n		
Part II	Basic Plan Inf	ormation—enter all requested	nformation					
<b>1a</b> Name Tairmou	of plan	spital PC 401(k) Prof		and Trust	1b Three-digit plan numb (PN) ▶			
					1c Effective d			
Mailin City o	g address (include ro r town, state or provir	loyer, if for a single-employer plan orn, apt., suite no. and street, or P noe, country, and ZIP or foreign po	O. Box)	nstructions)	(EIN) 01-	dentification Number 0719198		
Fairmo	unt Animal Ho	ospital PC			2c Sponsor's telephone number 315–468–3446			
4101 W	est Genesee S	Street				ode (see instructions)		
Fairmou	ant	NY 13219						
3a Plana	idministrator's name	and address 🛚 Same as Plan Sp	onsor	<u> </u>	3b Administra	tor's EIN		
A real						or a teleprone number		
this p	lan, enter the plan sp	he plan sponsor or the plan name consor's name, EIN, the plan name	nas changed since the la: and the plan number from	st return/report filed for n the last return/report.	4b EIN			
a Spons C Plan	sor's name Vame				4d PN			
5a Total	number of participan	ts at the beginning of the plan year			5a	45		
	보통 사는 사용을 보고 있는 것 같아 나를 받아 있다.	ts at the end of the plan year			. 5b	52		
comp	lete this item)	h account balances as of the end o			5c	48		
		participants at the beginning of the			. 5d(1)	38		
		participants at the end of the plan y no terminated employment during t		henefits that were less	5d(2)	46		
than	100% vested				5e	0		
Under pen SB or Sch	alties of perjury and	e or Incomplete filing of this retu other penalties set forth in the instr and signed by an enrolled actuary holets	uctions. I declare that I ha	ive examined this return/r	eport including if	applicable a Schedule		
SIGN	100	20-15-18 Fileen Fatche		ric				
HERE	Signature of plan	admipistrator	Date	Enter name of indivi	dual signing as pla	lual signing as plan administrator		
SIGN HERE								
	Signature of emp	loyer/plan sponsor	Date	Enter name of indivi	dual signing as em	ployer or plan sponsor		

Oct 15 2018 09:23am

Page 2

D	Were all of the plan's assets during the plan year invested in eligil 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 can if the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the	an independ and condition not use Form insurance pro-	lent qualified public ans.). m 5500-SF and mus	account it instead	ant (IC a <b>d us</b> e 021)?	PA) Form	
Pa	rt III   Financial Information				<del></del>	J - → .	
7	Plan Assets and Liabilities	1,000	(a) Beginning	of Veer			(b) End of Year
a	Total plan assets	7a	The second secon	817,			2,296,044
b	Total plan liabilities	7b			0		2/230/044
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	817,	784		2,296,044
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	· · · · · · · · · · · · · · · · · · ·	7.0		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount (			(b) rocal	
<u> </u>	(2) Participants	8a(2)		120,	587	NEW Y	医皮肤性皮肤 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	(3) Others (including rollovers)	8a(3)		28 3 5 6 5 1	0		
<u> </u>	Other income (loss)	8b		314,	006		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	te de comment y de transport de la commentación de la commentación de la commentación de la commentación de la La commentación de la commentación	(\$184.42)EV	(30)		496,474
1 1	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1,300			
<u>е</u>	Certain deemed and/or corrective distributions (see instructions)	8e	andre skale in the second of t	0			
f_	Administrative service providers (salaries, fees, commissions)	8f	81 16,914				
	Other expenses	. 8g	0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				18,214	
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i					478,260
j	Transfers to (from) the plan (see instructions)	n Characteristics			0		
9a b	2A 2E 2J 2K 2F 2G 3D  If the plan provides welfare benefits, enter the applicable welfare						
Par					,		
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fid	uciary Correction	10a		х	
. b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		х	
C	Was the plan covered by a fidelity bond?	•••••		10c	Х		229,604
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	
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e	х		16,914
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year-en	d.)	10g	Х		12,435
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	tions and 29 CFR	10h	X		
İ	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the required i	notice or one of the	101	х		

Fairmount Animal Hosp Fax: 4872357

Oct 15 2018 09:24am

P004/005

Form 5500-SF 2017 Page 3-Part VI **Pension Funding Compliance** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB Yes 🗍 (Form 5500) and line 11a below) .... 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40...... Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of Yes X No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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. If 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 12c C Enter the amount contributed by the employer to the plan for this plan year 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 12d negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline? N/A Part VII **Plan Terminations and Transfers of Assets** 13a Has a resolution to terminate the plan been adopted in any plan year? Yes X No If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... 13a Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No control of the PBGC?. 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) EIN(s) 13c(3) PN(s)