

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>K & K VETERINARY SUPPLY, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1990</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>71-0659150</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>479-361-1516</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>453910</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1990</u>		2b Employer Identification Number (EIN) <u>71-0659150</u>		2c Plan Sponsor's telephone number <u>479-361-1516</u>		2d Business code (see instructions) <u>453910</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>06/01/1990</u>											
2b Employer Identification Number (EIN) <u>71-0659150</u>											
2c Plan Sponsor's telephone number <u>479-361-1516</u>											
2d Business code (see instructions) <u>453910</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>K & K VETERINARY SUPPLY, INC.</u> <u>P. O. BOX 1090</u> <u>TONTITOWN, AR 72770-1090</u>											

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	JENNIFER STEWART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	161
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	135
a(2) Total number of active participants at the end of the plan year		6a(2)	131
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	17
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	153
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	150
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan K & K VETERINARY SUPPLY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 K & K VETERINARY SUPPLY, INC.	D Employer Identification Number (EIN) 71-0659150

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP65404-ID#F27C	138	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 85060	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NWA BENEFIT COUNSELORS, LLC
179 N. CHURCH AVENUE
SUITE 201
FAYETTEVILLE, AR 72702-0731

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85060			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	30645315
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ NOT APPLICABLE		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	4689276
c	Additions: (1) Contributions deposited during the year	7c(1)	310772
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	49573
	(4) Transferred from separate account.....	7c(4)	769632
	(5) Other (specify below)	7c(5)	19497
	▶ MAY INCLUDE - LOAN REPAY/FORF/TAKEOVER/ ADJUSTMENTS		
	(6) Total additions	7c(6)	1149474
d	Total of balance and additions (add lines 7b and 7c(6))	7d	5838750
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	934322
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	243692
	(4) Other (specify below)	7e(4)	45645
	▶ MAY INCLUDE - LOAN REPAY/FORF/TAKEOVER/ ADJUSTMENTS		
	(5) Total deductions	7e(5)	1223659
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4615091

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan K & K VETERINARY SUPPLY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 K & K VETERINARY SUPPLY, INC.	D Employer Identification Number (EIN) 71-0659150	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STADION MONEY MANAGEMENT

1061 CLIFF DAWSON ROAD
WATKINSVILLE, GA 30677

58-2099805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	103234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>K & K VETERINARY SUPPLY, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>K & K VETERINARY SUPPLY, INC.</u>	D Employer Identification Number (EIN) <u>71-0659150</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LINCOLN LIFE SEPARATE ACCOUNT 4K</u>				
b Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INSURANCE</u>				
c EIN-PN <u>35-0472300-402</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13391698</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SATC STADION MANG CONSERVATIVE</u>				
b Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INSURANCE</u>				
c EIN-PN <u>35-0472300-705</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2084848</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SATM STADION MANG MODERATE</u>				
b Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INSURANCE</u>				
c EIN-PN <u>35-0472300-706</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3726208</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SATG STADION MANG GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INSURANCE</u>				
c EIN-PN <u>35-0472300-707</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5946940</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SATB STADION MANG BALANCED</u>				
b Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INSURANCE</u>				
c EIN-PN <u>35-0472300-722</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3383633</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SATP STADION MANG CAP PRESERV</u>				
b Name of sponsor of entity listed in (a): <u>THE LINCOLN NATIONAL LIFE INSURANCE</u>				
c EIN-PN <u>35-0472300-723</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1239694</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NL SATP STADION MANG CAP PRESERV</u>				
b Name of sponsor of entity listed in (a): <u>LNL SATT STADION MANG MAX GROWTH</u>				
c EIN-PN <u>35-0472300-724</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>872294</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>K & K VETERINARY SUPPLY, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>K & K VETERINARY SUPPLY, INC.</u>	D Employer Identification Number (EIN) <u>71-0659150</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1402215	2235013
(2) Participant contributions.....	1b(2)	62482	71347
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14350	14386
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	257075	330443
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	26155142	30645315
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4689276	4615091
(15) Other.....	1c(15)	1027557	1122126

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	33608097 39033721
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	43626 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	43626 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	33564471 39033721

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2235013
	(B) Participants	2a(1)(B)	525517
	(C) Others (including rollovers).....	2a(1)(C)	13541
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2774071
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	36
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	32717
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	49574
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	82327
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		4368389
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		94569
d Total income. Add all income amounts in column (b) and enter total.....	2d		7319356
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1663682	
(2) To insurance carriers for the provision of benefits.....	2e(2)	82590	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1746272
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	600	
(3) Investment advisory and management fees.....	2i(3)	103234	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		103834
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1850106
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5469250
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PIERCE FIRM, PLLC

(2) EIN: 47-4595624

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>K & K VETERINARY SUPPLY, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>K & K VETERINARY SUPPLY, INC.</u>	D Employer Identification Number (EIN) <u>71-0659150</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0472300</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**K & K VETERINARY SUPPLY, INC.
401(k) PROFIT SHARING PLAN**

December 31, 2021 and 2020

**Financial Statements
And
Supplemental Schedules**

With

Independent Auditor's Report

Table of Contents

	Page
Financial Statements	
Independent Auditor's Report.....	1-4
Statements of Net Assets Available for Benefits.....	5
Statement of Changes in Net Assets Available for Benefits.....	6
Notes to the Financial Statements.....	7-15
Supplemental Schedules	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions.....	17
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18-20



Pierce Firm, PLLC

Certified Public Accountants

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Fayetteville, Arkansas 72703
479.249.9916

Taxation | Assurance Services | Business Services

Independent Auditor's Report

Plan Administrator and Those Charged with Governance
K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan
Tontitown, Arkansas

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern twelve months from the opinion date.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions and schedule of assets (held at end of year) for the year ended and as of December 31, 2021, is presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of K&K Veterinary Supply, Inc. 401(k) Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated April 30, 2021, we indicated that (a) because of the significance of the information we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Pierce Firm, PLLC

Fayetteville, Arkansas
October 14, 2022

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>Assets</u>		
Investments, at fair value	30,659,701	\$ 26,169,492
Fully benefit-responsive investment contract, at contract value	4,615,091	4,689,276
Receivables		
Employee contributions receivable	71,347	62,482
Employer contributions receivable	2,235,013	1,402,215
Notes receivable from participants	<u>330,443</u>	<u>257,075</u>
Total receivables	2,636,803	1,721,772
Cash surrender value of life insurance policies	<u>1,122,126</u>	<u>1,027,557</u>
Total net assets available for benefits	<u>\$ 39,033,721</u>	<u>\$ 33,608,097</u>

The accompanying notes are an integral part of these financial statements.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income	
Net appreciation in fair value of investments	4,368,389
Interest income	<u>49,610</u>
Total investment income	<u>4,417,999</u>

Change in cash surrender value of life insurance policies	94,569
---	--------

Interest income on notes receivable from participants	32,717
---	--------

Contributions	
Participants	525,517
Employer	2,235,013
Rollovers	<u>13,541</u>
Total contributions	<u>2,774,071</u>

Total additions	<u>7,319,356</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	1,707,308
Administrative expenses	103,834
Life insurance premiums paid	<u>82,590</u>

Total deductions	<u>1,893,732</u>
------------------	------------------

Increase in net assets available for benefits	5,425,624
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Net assets available for benefits:

Beginning of the period	<u>33,608,097</u>
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Net assets available for benefits:

End of the period	<u><u>\$ 39,033,721</u></u>
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The accompanying notes are an integral part of these financial statements.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

1. Summary of Significant Plan Provisions

The following description of the K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreements for a more complete description of the Plan’s provisions.

- a. **General** – The Plan is a defined contribution plan for the benefit of employees of K & K Veterinary Supply, Inc. (the “Company” or “Employer”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Lincoln National Life Insurance Company (“Lincoln”) holds the Plan assets and maintains the records of the participant data.

Effective January 1, 2021, the Plan was restated, which included the adoption of the Cares and Secure Act. Also, the Plan was amended in this restatement to discontinue the discretionary Employer match.

- b. **Eligibility** – Employees, who are not a nonresident alien or collective bargaining employee, are eligible to participate in the Plan upon attaining age 21 and completing one year of service with 1,000 hours. Plan entry dates are the first day of the first month and seventh month of the Plan year following the date the eligibility requirements are met.
- c. **Contributions** – Participants may contribute through pre-tax and Roth deferrals, as well as rollover contributions. Participants can defer up to the limits set forth by the Internal Revenue Service (“IRS”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan permits participants to invest in life insurance policies.

The Plan provides a safe-harbor employer contribution at 3% of compensation.

Additional amounts may be contributed by the Company under the Plan’s profit-sharing contributions provisions at the discretion of the Company’s board of directors. Participants who complete 1,000 hours are eligible to receive profit-sharing contributions unless the participant has reached death, disability or normal retirement. Allocations of profit-sharing contributions is based on a new comparability approach based on one group per participant. During the year ended December 31, 2021, the Company approved \$1,858,841 in profit-sharing contributions.

Employer Contributions are subject to certain limitations.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

1. Summary of Significant Plan Provisions (cont.)

- d. **Participant accounts** – Each participant's account is credited with the participant's contributions, safe-harbor employer contributions, and allocation of profit-sharing contributions and Plan earnings. Participant accounts are charged with applicable withdrawals and an allocation of any administrative expenses. Allocations are based on participant contributions, compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- e. **Vesting** – Participants are fully vested in their own contributions and safe-harbor employer contributions, plus actual earnings thereon. Discretionary employer matching contributions and profit-sharing contributions shall be fully vested upon death, disability, and upon reaching normal retirement age of 65. If participants terminate employment for any other reason, they are entitled to the portion of discretionary contributions made by the Employer according to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

- f. **Notes receivable from participants** – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of the vested account balance or \$50,000. Note terms cannot exceed five years unless the note is for the purchase of a primary residence. The note is secured by the participant's vested account balance and bears interest based on prime rate plus 1% on the date of origination. Participants are limited to only three outstanding notes at any given time. Principal and interest are paid through payroll deductions.
- g. **Payment of benefits** – Upon retirement, termination of employment or disability, a participant or his or her beneficiary in the event of death, may elect to receive the value in a lump sum amount equal to the value of the participant's vested interest in his or her account. Additionally, a participant may receive an in-service withdrawal from any portion of their account upon the age 59 ½. If the participant's account balance is equal to or less than \$5,000, the balance will be automatically distributed. Any distribution greater than \$1,000 that is made to a participant without the participant's consent before the participant's normal retirement age will be rolled over to an individual retirement plan designated by the Plan administrator.

The Plan allows hardship withdrawals, subject to account balance limits and applicable laws.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

1. Summary of Significant Plan Provisions (cont.)

- h. **Forfeitures** – The portion of a participant's account to which they are not entitled, as a result of being less than fully vested shall be forfeited by the participant. Forfeitures shall be used to restore forfeitures, reduce Company contributions or reallocate as Company contributions, or to pay plan expenses. During the year ended December 31, 2021, no forfeitures were used. The Plan had unallocated forfeitures of \$16,856 and \$17,966 as of December 31, 2021 and 2020, respectively.
- i. **Termination of the Plan** – Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

- a. **Basis of accounting** – The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.
- b. **Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- c. **Investment valuation and income recognition** – Investments are reported at fair value, except for the fully benefit-responsive investment contracts which are reported at contract value. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors and Lincoln. See Note 4 for discussion on fair value measurements and Note 6 for contract value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

- d. **Life insurance policies** – The Plan has recorded the life insurance policies at the amount it could realize under the insurance policy, which is the cash surrender value. The cash surrender value uses the discounted cash flows with yield rates of similar instruments with comparable durations. As of December 31, 2021, and 2020, all policies were recorded at cash surrender value, which is the value the participant will receive if they withdrawal from the contract. The change in the cash surrender value during the year ended December 31, 2021, is recognized as income.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

2. Summary of Significant Accounting Policies (cont.)

- e. **Notes receivable from participants** – Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. There was no allowance for credit losses as of December 31, 2021 and 2020. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan documents.
- f. **Payment of benefits** – Benefits are recorded when paid.
- g. **Administrative expenses** – The Plan allows certain administrative expense to be paid from Plan assets.

3. Investments Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by Lincoln as complete and accurate, and was not subject to any audit procedures, except for comparing the information with the related information included in the financial statements and supplemental schedule of assets held:

- a. Investments from participants as shown in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020.
- b. Net appreciation in fair value of investments as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.
- c. Interest from investments as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.
- d. All the investment information included in the footnotes and supplemental schedule of assets held as of December 31, 2021.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

4. Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is categorized based on a hierarchy that gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets, unrestricted assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the asset or liabilities

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2021 and 2020. During the year ended December 31, 2021, there were no transfers of financial instruments into or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value:

Cash equivalent: This investment is valued at cost, plus accrued interest.

Pooled Separate Accounts: These investments are stated at fair value as determined by the issuer of the pooled separate accounts based on the fair market value of the underlying investments, which is valued at Net asset value (NAV) of units of the pooled separate accounts. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the investments for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

4. Fair Value Measurements (cont.)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumption to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis consisted of the following instrument as of December 31, 2021 and 2020:

	Fair Value Measurements as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Cash equivalent and total investment in fair value hierarchy	<u>\$ -</u>	<u>\$ 14,386</u>	<u>\$ -</u>	<u>\$ 14,386</u>
Investments measured at NAV*				<u>\$ 30,645,315</u>
Total investments at fair value				<u>\$ 30,659,701</u>

	Fair Value Measurements as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Cash equivalent and total investment in fair value hierarchy	<u>\$ -</u>	<u>\$ 14,350</u>	<u>\$ -</u>	<u>\$ 14,350</u>
Investments measured at NAV*				<u>\$ 26,155,142</u>
Total investments at fair value				<u>\$ 26,169,492</u>

*In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation for the fair value hierarchy to the line items presented on the statements of net assets available for benefits.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

5. Investments Measured Using NAV per Share as a Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2021 and 2020:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>December 31, 2021</u>				
Pooled separate accounts	\$ 30,645,315	None	Daily	None
<u>December 31, 2020</u>				
Pooled separate accounts	\$ 26,155,142	None	Daily	None

6. Fully Benefit-Responsive Investment Contracts

The Plan holds a traditional guaranteed investment contract issued by Lincoln. The contract meets the fully benefit-responsive investment contract criteria, and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

Lincoln is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated to receive contract value.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contraction obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following:

- Amendments to the Plan documents including complete or partial Plan termination merger with another plan, consolidation, spinoff or any other program instituted by the Plan sponsor.
- Changes to the Plan's prohibition on competing investment options.
- Discontinuance of the contract.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

6. Fully Benefit-Responsive Investment Contracts (cont.)

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. These events include the following:

- Unpaid charges;
- The Plan's failure to meet the requirements of the Internal Revenue Code

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the Participants.

7. Related Party and Party-in-Interest Transactions

Certain administrative expenses, totaling \$40,283, were paid by the Company on behalf of the Plan for the year ended December 31, 2021. The Company does not expect reimbursement from the Plan for these expenses. Certain administrative functions are performed by officers and employees of the Company. No officer or employee receives compensation from the Plan for these services.

All the Plan's pooled separate accounts and fully benefit-responsive investment contract accounts are issued by Lincoln and managed by Stadion, the Plan's investment advisor. The Plan's interest-bearing cash is issued by Signature Bank of Arkansas ("Signature Bank"). These transactions qualify as party-in-interest transactions. Certain fees incurred by the Plan are included in net appreciation in fair value of investments.

8. Tax Status

The Company adopted a Non-standardized Profit Sharing Plan with CODA (the "Prototype Plan") sponsored by CCH Incorporated, DBA ftwilliam.com. The Internal Revenue Service has informed the Prototype Plan sponsor by a favorable opinion letter dated June 30, 2020, that the Prototype Plan is designed in accordance with the applicable sections of the Internal Revenue Code (the "Code"). The Prototype Plan's opinion letter is being relied on by the Plan. Plan management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported on the statements of net assets available for benefits.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

10. Concentration of Credit Risk

As of December 31, 2021, and at various times throughout the year, the Plan's cash deposits and short-term investment at the financial institution exceeded federally insured limits. The Company manages the risk through maintaining cash deposits and the short-term investment in a high-quality financial institution. The Plan had no uninsured balances as of December 31, 2021 and 2020.

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 39,033,721	\$ 33,608,097
Less: benefit claims payable	<u>-</u>	<u>(43,626)</u>
Net assets available for benefits per Form 5500	<u>\$ 39,033,721</u>	<u>\$ 33,564,471</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2021:

Increase in net assets available for benefits per financial statements	\$ 5,425,624
Benefit claims payable as of December 31, 2021	<u>43,626</u>
Net income per Form 5500	<u>\$ 5,469,250</u>

12. Subsequent Events

Management of the Plan evaluated the events and transactions subsequent to its December 31, 2021, statement of net assets available for benefits date and determined there were no significant events to report through October 14, 2022, which is the date the Plan issued its financial statements.

SUPPLEMENTAL SCHEDULES

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN**PLAN # 001
EIN 71-0659150****Schedule H, Line 4a – Schedule of Delinquent Participant Contributions****For the Year Ended December 31, 2021**

		Total that constitute nonexempt prohibited transactions						Total fully corrected under VFCP and PTE 2002-51
Date withheld	Participant contributions transferred late to plan	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP				
2018	\$ 10,000 (a)	-	\$ 10,000 (a)	-				-
2020	\$ 200 (b)	-	\$ 200 (b)	-				-
2020	\$ 202 (c)	-	\$ 202 (c)	-				-

- (a) Participant contribution was not remitted timely for the year ended May 31, 2018. The Company remitted the late contribution on June 1, 2018. The Company filed Form 5330 and paid the lost earnings in 2021.
- (b) Participant contribution was not remitted timely for the year ended May 31, 2020. The Company remitted the late contribution on June 13, 2019. The Company filed Form 5330 and paid the lost earnings in 2021.
- (c) Participant contribution and loan repayment was not remitted timely for the year ended December 31, 2020. The Company remitted the late contribution on July 15, 2020. The Company filed Form 5330 and paid the lost earnings in 2021.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

**PLAN # 001
EIN 71-0659150**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, <u>lessor or similar party</u>	Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>		<u>Cost</u>	<u>Current Value</u>
Investments				
* Lincoln	Stadion Managed Growth SATG		** \$	5,946,940
* Lincoln	Stadion Managed Moderate SATM		**	3,726,209
* Lincoln	Stadion Managed Balanced SATB		**	3,383,633
* Lincoln	Stadion Mgd Conservative SATC		**	2,084,848
* Lincoln	AmerFunds Growth America SA48		**	2,079,107
* Lincoln	Fed Hermes Gov Ultsht Dur SA14		**	1,828,239
* Lincoln	BlackRock Adv LrgCapGr Fd SA83		**	1,349,765
* Lincoln	Stadion Mgd Cap Pres SATP		**	1,239,694
* Lincoln	BR Energy Opportunities SA77		**	1,205,016
* Lincoln	LVIP Del Social Awareness SA33		**	1,149,520
* Lincoln	AmerFunds Invest Co Amer SA49		**	1,062,265
* Lincoln	LVIP Vanguard Domestic Eq SA19		**	1,012,970
* Lincoln	Stadion Mgd Max Growth SATT		**	872,294
* Lincoln	Fidelity VIP ContraFund SA35		**	344,260
* Lincoln	ColumbiaSM Acr Fd Inst Cl SA17		**	281,830
* Lincoln	Invesco Growth & Income SA28		**	260,273
* Lincoln	AmerFunds New Perspective SA34		**	247,865
* Lincoln	LVIP DimensionalUSCoreEq1 SA11		**	232,860
* Lincoln	LVIP SSGA S&P 500 Index SA27		**	181,578
* Lincoln	AB VPS Small Mid Value SA39		**	177,165
* Lincoln	Allspring Discovery Inst SA63		**	169,550
* Lincoln	LVIP BlackRock Inflation Protected Bond Fund SA		**	142,195
* Lincoln	SSR SmMid Cap Inx NonLnd SA24		**	134,304
* Lincoln	JH VIT Entprs Portfolio SA64		**	132,829
* Lincoln	SS Russ LC Gr Ix Non-Ln SAL9		**	102,996
* Lincoln	LVIP Dim US Equity Mgd SA57		**	102,312
* Lincoln	VG LifeStrategy Cons Grw SA30		**	102,235
* Lincoln	VG LifeStrategy Mod Grw SA21		**	96,874
* Lincoln	MFS VIT Utilities Series SA67		**	96,168

*Represents a party-in-interest.

**Column (d) cost information is not required for participant directed investments.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

**PLAN # 001
EIN 71-0659150**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
* Lincoln	MFS VIT Growth SA65	**	89,632	
* Lincoln	LVIP SSgA Small-Cap Index SA36	**	79,795	
* Lincoln	AmerFunds SMALLCAP World SA46	**	74,681	
* Lincoln	Delaware VIP SmCap Value SA56	**	61,880	
* Lincoln	VG LifeStrategy Growth SA32	**	60,031	
* Lincoln	AmerFunds EuroPac Growth SA54	**	58,830	
* Lincoln	BR Cap App Fnd Investor SA81	**	57,307	
* Lincoln	SSR All Cap Index NonLnd SA23	**	50,240	
* Lincoln	SS S&P MidCp Index Non-Ln SALA	**	46,887	
* Lincoln	PIMCO Total Rtn Fnd Admin SALM	**	44,784	
* Lincoln	Franklin High Income SA20	**	41,126	
* Lincoln	JPMorgan Emerging Market Equity R6 SAP1	**	31,670	
* Lincoln	LVIP SSgA International Index SAL5	**	31,288	
* Lincoln	LVIP Bar GR SA1X	**	26,682	
* Lincoln	Delaware VIP Value SA61	**	22,514	
* Lincoln	LVIP Delaware Bond SA12	**	20,953	
* Lincoln	LVIP Frank Temp GlEqMg VI SA62	**	20,581	
* Lincoln	AmerFunds Bond America SA1E	**	16,612	
* Lincoln	Invesco SmallCap Growth A Share SA76	**	15,704	
* Lincoln	Franklin Growth SA58	**	15,291	
* Lincoln	Signature Bank Cash	**	14,386	
* Lincoln	SS Russ LC VI Ix Non-Ln SAL8	**	12,270	
* Lincoln	Templeton Global Bond VIP SA86	**	11,804	
* Signature Bank	Invesco Emging Mkt All Cp SA94	**	5,856	
* Lincoln	AmerFunds Amer High-Inc SA1C	**	3,070	
* Lincoln	LVIP BRGlobal Real Estate SA55	**	33	
Total investments			\$ 30,659,701	

*Represents a party-in-interest.

**Column (d) cost information is not required for participant directed investments.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

**PLAN # 001
EIN 71-0659150**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

<u>lessor or similar party</u>	<u>rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Value</u>
Fully benefit-responsive investment contracts			
* Lincoln	Stable Value Account	** \$	3,220,295
* Lincoln	Guaranteed Account	**	<u>1,394,796</u>
Total fully benefit-responsive investment contract			\$ 4,615,091
* Lincoln	Life insurance policies	** \$	1,122,126
* Notes receivable from participants	Interest rates between 4.25% and 6.50%, with various maturities.	- \$	330,443

*Represents a party-in-interest.

**Column (d) cost information is not required for participant directed investments.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	
☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information											
1a Name of plan K & K Veterinary Supply, Inc. 401(k) Profit Sharing Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 06/01/1990</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 71-0659150</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 479-361-1516</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 453910</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 06/01/1990		2b Employer Identification Number (EIN) 71-0659150		2c Plan Sponsor's telephone number 479-361-1516		2d Business code (see instructions) 453910	
1b Three-digit plan number (PN) ▶	001										
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2b Employer Identification Number (EIN) 71-0659150											
2c Plan Sponsor's telephone number 479-361-1516											
2d Business code (see instructions) 453910											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) K & K Veterinary Supply, Inc. P. O. Box 1090 Tontitown AR 72770-1090											

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/10/2022	Jennifer Stewart
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2021)
v. 201209**

5500 Tax Filing Authorization Form

Name of Plan: K & K Veterinary Supply, Inc 401(k) Profit Sharing Plan

Plan Year Ending: December 31, 2021

* * * * *

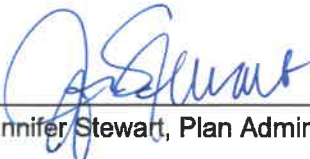
Part I Authorization of Practitioner to Electronically Sign and File

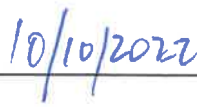
I hereby authorize Qualified Pension Services, Inc. (QPS) to electronically sign and file the Form 5500-EZ / Form 5500-SF / Form 5500 through EFAST2 and Form 8955-SSA (if applicable) through FIRE.

I understand that in granting this authority:

- I (we) must manually sign and date page 1 of the Form 5500 or Form 5500-SF and provide a scanned copy of that signature page to QPS before the electronic filing can be initiated;
- QPS will retain a copy of this written authorization in its records;
- QPS will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500 or Form 5500-SF, will be included with the return/report posted by the Department of Labor on the internet for public disclosure. Form 8955-SSA is not available for public inspection.
- QPS shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for the plan year end stated above.


Jennifer Stewart, Plan Administrator


Date

* * * * *

Part II Acknowledgement of Receipt of Authorization

Qualified Pension Services, Inc. ("QPS") certifies that the firm will use the authority granted only for the express purposes described above. The firm will not disclose confidential information to any parties other than the DOL; as required for EFAST filing and the IRS; as required for FIRE filing. The firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

**PLAN # 001
EIN 71-0659150**

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2021

		Total that constitute nonexempt prohibited transactions						Total fully corrected under VFCP and PTE 2002-51
Date withheld	Participant contributions transferred late to plan	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP				
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2020	\$ 200 (b)	-	\$ 200 (b)	-				-
2020	\$ 202 (c)	-	\$ 202 (c)	-				-

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K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

**PLAN # 001
EIN 71-0659150**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, <u>lessor or similar party</u>	Description of investment including maturity date, <u>rate of interest, collateral, par or maturity value</u>		<u>Cost</u>	<u>Current Value</u>
Investments				
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* Lincoln	VG LifeStrategy Mod Grw SA21		**	96,874
* Lincoln	MFS VIT Utilities Series SA67		**	96,168

*Represents a party-in-interest.

**Column (d) cost information is not required for participant directed investments.

K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

**PLAN # 001
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(a)	(b)	(c)	(d)	(e)
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K & K VETERINARY SUPPLY, INC. 401(k) PROFIT SHARING PLAN

**PLAN # 001
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

<u>lessor or similar party</u>	<u>rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Value</u>
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Total fully benefit-responsive investment contract			\$ 4,615,091
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