Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

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

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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit ALL CREATURES ANIMAL HOSPITAL, LLP CASH BALANCE PLAN plan number (PN) ▶ 002 Effective date of plan 01/01/2012 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number ALL CREATURES ANIMAL HOSPITAL, LLP (EIN) 56-2449764 Sponsor's telephone number 716-636-3600 6429 TRANSIT ROAD EAST AMHERST, NY 14051 Business code (see instructions) 541940 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 30 Total number of participants at the end of the plan year..... 5b 29 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 22 d(2) Total number of active participants at the end of the plan year..... 5d(2) 22 e Number of participants that terminated employment during the plan year with accrued benefits that were 3 5e less than 100% vested.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

beliet, it is t	true, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.			
HERE	Signature of plan administrator	Date	Enter name of individ	ual signing as plan administrator
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)

	Form 5500-SF 2014		Page 2				
b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cannot be a contracted to the plan cannot are the plan cannot be a contracted to the plan cannot	an indeper and condit ot use Fo	ndent qualified public accounta iions.) irm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par	t III Financial Information		ı				
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a 	1478	0			240223
	Fotal plan liabilities	7b	1478				240223
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	7c		,20	-		
	Contributions received or receivable from:		(a) Amount				(b) Total
	1) Employers	8a(1)	1039	909			
	2) Participants	8a(2)					
	3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	-115	515			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					92394
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					
i	Net income (loss) (subtract line 8h from line 8c)	8i					92394
j ·	Fransfers to (from) the plan (see instructions)	8j		0			
Par	IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension to A 1C 3B	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Chara	-tariet	ic Cod	les in t	he instructions:
	4B	ature coc	ics from the List of Flam offara	otorist	10 000	103 111 0	ne manuchona.
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribut					Х	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'			10a		^	
D	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		45000
d	Did the plan have a loss, whether or not reimbursed by the plan's			100			
	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X		5443
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of vear	end.)	10g		X	
	If this is an individual account plan, was there a blackout period? (·	iog			
	2520.101-3.)			10h			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i			
Part	<u> </u>						1
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	······		· 	·····		X Yes No
	Enter the unpaid minimum required contribution for current year fro					11a	0
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is bein			rtions	and a	nter #	ne date of the letter ruling
a	granting the waiver	-			, and 6	Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EII	V(s)	13c(3)	PN(s)
			1				

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110 2014

This Form is Open to Public

Inspection

	. 0.10.011 2	onom oddramy oorporation	File as	an attac	chment to Form	5500 or	5500-SF.			
For	calenda	r plan year 2014 or fiscal pl	an year beginning 0	1/01/20	14		and endi	ng 12/3	31/2014	
)	Round o	off amounts to nearest do	llar.							
•	Caution:	: A penalty of \$1,000 will be	e assessed for late filing of	of this re	port unless reas	onable ca	use is establishe	ed.		
	lame of p			DL ANI			B Three-dig	jit		002
ALL	CREAT	URES ANIMAL HOSPITAL	., LLP CASH BALANCE I	LAN			plan num	ber (PN)	•	
C F	lan snon	nsor's name as shown on lir	ne 2a of Form 5500 or 55	00-SF			D Employer	Identifica	tion Number (E	IN)
		URES ANIMAL HOSPITAL		00 01			Employer	56-2449		
Ет	ype of pla	an: X Single Multiple	e-A Multiple-B		F Prior year pla	an size: 🔀	100 or fewer	101-5	00 More th	an 500
Pa	rt I	Basic Information		•						
1		he valuation date:	Month 01	Day(O1 Year	2014				
2	Assets:						_			
	a Mark	et value						2a		147261
	h Actua	arial value						2b		147261
3		g target/participant count br					Number of		ted Funding	(3) Total Funding
	i arranı	g targot participant count of	ioditao IIII			par	rticipants	. ,	arget	Target
	a For re	etired participants and bene	eficiaries receiving payme	ent			0		0	3
	b For to	erminated vested participar	nts				8		1509	1509
	C For a	active participants					22		86355	88052
	d Total	L					30		87864	89569
4		lan is in at-risk status, chec					П			
•		ling target disregarding pres						4a		
		ling target disregarding pres ding target reflecting at-risk	•							
		-risk status for fewer than fi						4b		
5	Effectiv	e interest rate						5		6.58%
6	Target	normal cost						6		37849
Stat	ement b	y Enrolled Actuary								
		of my knowledge, the information su with applicable law and regulations.								
C	ombination	, offer my best estimate of anticipate	ed experience under the plan.							•
S	IGN									
Н	ERE								05/22/20	115
		S	ignature of actuary						Date	
STE	VE J. PE	ERSON, MSPA					_		14-0385	51
		Туре	or print name of actuary					Most r	ecent enrollme	nt number
CRE	ATIVE E	BENEFIT STRATEGIES, IN	IC.						440-717	-1600
			Firm name				Te	elephone	number (includ	ling area code)
		ADVIEW ROAD, SUITE 6 W HEIGHTS, OH 44147-329	96							
		2 2, 211 111 11 02								
			Address of the firm				_			
1 6 41	0.0tu			lastl	undou the state to	in normali	sting this sales it:	اعداما	the hear and -	
ıı ıne	actuary	has not fully reflected any r	egulation of ruling promu	ngated t	inder the statute	iii comple	eung uns schedu	ie, cneck	the box and se	

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Schedule SI	D /Farm	EEOO	201	,
Schedule Si	B (Form	ລວບບ	1 / () [4

	S	chedule S	SB (Form 5500) 20	014		Page	2 - 1						
Pa	rt II	Begin	ning of Year	Carryove	er and Prefunding Ba	alances							
				•			(a) C	Carryover balance		(b) F	Prefundir	ng balar	ice
7		•	0 , ,		able adjustments (line 13 f	•			0				0
8				•	ınding requirement (line 35				0				0
9	Amoun	t remainir	ng (line 7 minus lir	ne 8)					0				0
10	Interest	t on line 9	using prior year's	actual retu	ırn of <u>-56.03</u> %				0				0
11	Prior ye	ear's exce	ess contributions t	o be added	to prefunding balance:								
	a Prese	ent value	of excess contrib	utions (line	38a from prior year)								88344
					a over line 38b from prior y e interest rate of6.34								0
	b(2) Ir	nterest on	line 38b from pri	or year Sch	edule SB, using prior year's	actual							0
													0
	_		0 0		ar to add to prefunding balar								88344
	d Porti	on of (c)	to be added to pre	funding bal	lance								0
12	Other re	eductions	s in balances due	to elections	or deemed elections				0				0
13	Balance	e at begir	nning of current ye	ear (line 9 +	line 10 + line 11d – line 12)			0				0
P	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age							14	164	4.42 %
15	Adjuste	ed funding	g target attainmen	t percentag	e						15	164	4.42 %
16					of determining whether car						16	170	5.82 %
17	If the cu	urrent val	ue of the assets o	f the plan is	s less than 70 percent of the	e funding ta	get, enter s	uch percentage			17		%
Pá	art IV	Con	tributions an	d Liquidi	ty Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan ye	ear by employer(s) and emp	oloyees:							
(M	(a) Dat IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount paid to employer(s)	ру	(0	Amoui emplo	•	у
01	/02/2014	4		5439	0	06/30/2	014		5439				0
01	/30/2014	4		5439	0	08/04/2	014	:	5439				0
02	2/28/2014	4		5439	0	09/03/2	014		5439				0
04	/01/2014	4		5439	0	10/01/2	014	:	5439				0
	/29/2014			5439	0	10/30/2	014	:	5439				0
06	5/03/2014	4		5439	0	11/28/2			5439		ı		0
						Totals ▶	18(b)		3909	18(c)			
19		•	•		ructions for small plan with								
	_				mum required contributions				e Pa				0
					justed to valuation date								0
					ired contribution for current y	ear adjusted	to valuation	date 19)C				99050
20		-	outions and liquidit	-								V-	V NI.
		•	•		ne prior year?						·····	Yes	X No
					installments for the current	-	-	manner?			·····L	Yes	No
	C It line	e 20a is "	res," see instructi	ons and co	mplete the following table a Liquidity shortfall as of e			n vear					
		(1) 1s	st		(2) 2nd	or quarte		3rd			(4) 4th		

Page	2	-	2
Page	2	-	2

Schedule SB (Form 5500) 2014

Pa	rt II	Begin	ning of Year	Carryov	er and Prefunding	Ва	lances						
7	Palance	o at boair	uning of prior year	after applie	cable adjustments (line 1	2 fr	om prior	(a) (Carryover balance		(b) F	refund	ing balance
		_			(iiiie i								
8			•	-	unding requirement (line								
9	Amoun	t remainir	ng (line 7 minus lir	ne 8)									
10	Interest	t on line 9	using prior year's	actual ret	urn of%								
11	Prior ye	ear's exce	ess contributions to	o be added	I to prefunding balance:								
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)								
					Ba over line 38b from price interest rate of								
	` '		•	•	edule SB, using prior ye								
					ear to add to prefunding ba								
	d Porti	on of (c)	to be added to pre	funding ba	lance								
12	Other r	eductions	in balances due	to elections	s or deemed elections								
13	Balance	e at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line	12)							
Pa	art III	Fun	ding Percenta	ages									
14	Funding	g target a	ttainment percent	age								14	%
15	Adjuste	ed funding	target attainmen	t percentag	je							15	%
16					of determining whether							16	%
17	If the co	urrent val	ue of the assets o	f the plan is	s less than 70 percent of	the	funding ta	rget, enter s	uch percentage			17	%
Pa	art IV	Con	tributions and	d Liquidi	ity Shortfalls								
18	Contrib	utions ma	ade to the plan for	the plan ye	ear by employer(s) and e	emp	loyees:						
(M	(a) Dat IM-DD-Y		(b) Amount pa employer((c) Amount paid by employees			Date D-YYYY)	(b) Amount paid employer(s)		(0	•	unt paid by lovees
,	2/24/2014	,	omployer	5439	omployees	0	(14114) 22	, , , , ,	omployer(e)			Omp	
	/28/201			33202		0							
							Totals ▶	18(b)			18(c)		
19	Discour	nted emp	loyer contributions	s – see inst	ructions for small plan w	ith a	a valuation	date after th	e beginning of the	year:			
	a Cont	ributions	allocated toward ι	unpaid mini	imum required contribution	ons	from prior	years		19a			
	b Cont	ributions	made to avoid res	trictions ad	ljusted to valuation date.					19b			
	C Cont	ributions a	allocated toward mi	nimum requ	uired contribution for curre	nt ye	ear adjuste	d to valuation	date	19c			
20		-	outions and liquidit	-									
	a Did t	he plan h	ave a "funding sh	ortfall" for t	he prior year?								Yes No
	b If line	e 20a is "	Yes," were require	ed quarterly	installments for the curr	rent	year made	in a timely	manner?				Yes No
	C If line	e 20a is "`	Yes," see instructi	ons and co	mplete the following tabl								
		(1) 1-	ot I		Liquidity shortfall as o	of en	nd of quarte		· .	1		(1) 1+	h
		(1) 1s	οι		(2) 2nd			(3)	3rd			(4) 4t	11

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	t Normal Cost					
21	Discou	nt rate:								
	a Seg	ment rates:	1st segment: 4.99%	2nd segment: 6.32 %	3rd segment: 6.99 %		N/A, fu	ıll yield	curve	e used
	b Appl	licable month (enter code)			21b				0
22	Weight	ted average ret	irement age			22				65
23	Mortali	ty table(s) (see	e instructions) X Pre	escribed - combined Pres	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24				uarial assumptions for the current	plan vear? If "Yes." see	instructions	regarding re	eauired		
		-							Yes	X No
25	Has a r	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		X	Yes	No
26	Is the p	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment			Yes	X No
27	If the p	lan is subject t	o alternative funding rules, ent	ter applicable code and see instruc	tions regarding	27				
	attachn	ment				. 21				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years					
28	Unpaid	l minimum requ	uired contributions for all prior	years		28				0
29	Discou	nted employer	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29				0
30				ntributions (line 28 minus line 29)		30				0
			Required Contribution	i		J				
31			nd excess assets (see instruct							
			*			31a				27940
	_		·	line 31a		31b				37849 37849
32		zation installme	<u> </u>	IIIIC 514	Outstanding Bala		lı	nstallm	ent	37049
02					Outstanding Bail	0		- Iotaliiii	Ont	0
						0				0
33				ter the date of the ruling letter grar	ting the approval					0
33) and the waived amount		33				0
34	Total fu			er/prefunding balances (lines 31a -		34				0
		<u> </u>	Ů,	Carryover balance	Prefunding bala	nce	To	tal bala	ance	
35	Ralanc	es elected for i	use to offset funding	,	3 1 1 3					
00				0		0				0
36	Additio	nal cash requir	rement (line 34 minus line 35).			36				0
37				ontribution for current year adjusted		37				99050
38	•		ess contributions for current ye			1				
	a Total	(excess, if any	y, of line 37 over line 36)			38a				99050
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0
39	Unpaid	l minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0
40	Unpaid	l minimum requ	uired contributions for all years)		40				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)				
41	If an ele		de to use PRA 2010 funding re			<u> </u>				
	a Sche	dule elected					2 plus 7 yea	ırs	15	years
	b Eligib	ole plan year(s) for which the election in line	41a was made		200	8 2009	2010	$\overline{\Box}$	2011
42			•			42			<u> </u>	
				d over to future plan years		43				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Repo	rt Identification Information	n			
For calendar plan year 2014 or		01/01/2014	and ending	12/31/201	.4
A This return/report is for:	a single-employer plan	a multiple-employer p of participating emplo a foreign plan	lan (not multiemployer yer information in acco) (Filers checking the	nis box must attach a lis m instructions)
B This return/report is:	the first return/report	the final return/report			
	an amended return/report		rn/report (less than 12	months)	
Check box if filing under:	☐ Form 5558	automatic extension		☐ DFVC pi	
	special extension (enter desc			☐ proc b	ogram
Part II Basic Plan In	formation enter all requested				
a Name of plan	TOTTIALION enter all requested	information		4h Thursday	
	mal Hospital, LLP Cash 1	Balance Plan		1b Three-digit plan number (PN) ▶	on 002
				1c Effective da 01/01/20	ate of plan
Plan sponsor's name and All Creatures Ani	address; include room or suite num mal Hospital, LLP	ber (employer, if for a single	-employer plan)	2b Employer Id	dentification Number -2449764
6429 Transit Road				2c Sponsor's t (716) 63	elephone number 36-3600
US East Amherst NY 140				2d Business of 541940	ode (see instructions)
a Plan administrator's name	and address X Same as Plan Sp	oonsor Name		3b Administrat	or's EIN
If the name and/or EIN of	the plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN	
name, EIN, and the plan n a Sponsor's name	umber from the last return/report.			4c PN	
	ts at the beginning of the plan year			5a	30
b Total number of participant	ts at the end of the plan year	***************************************	•••••	5b	29
Number of participants with	h account balances as of the end of	the plan year (defined bene	fit plans do not	5c	
	articipants at the beginning of the pl		***************************************	5d(1)	22
	articipants at the end of the plan yea			5d(2)	22
1 11 1000/ 1-1	t terminated employment during the			5e	3
Caution: A penalty for the lat	e or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	use is established	
Under penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I have	examined this return/r	eport including if a	policable a Schedule
SIGN			Dr. James Alber	t	
HERE Signature of plan ad	ministrator	Date (0/3/15)	Enter name of individu	al signing as plan a	dministrator
SIGN			Dr. James Alber		
HERE Signature of employ	er/plan sponsor	Date (21)	Enter name of individu	al signing as emplo	ver or plan sponsor
Preparer's name (including firm	name, if applicable) and address;	include room or suite number	r (optional)		one number (optional)
					The first of the second

_	Form 5500-SF 2014		Page 2					
6a	Were all of the plan's assets during the plan year invested in eligible	le assets? (S	ee instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of						*****	ET 162 LIVO
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						••••	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	ot use Form	5500-SF and must instead					
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 402	21)?	[Yes	X No	Not determine
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r	Т	()	o) End o	f Year
a	Total plan assets	. 7a	147,8		+		, Liid C	240,223
b	Total plan liabilities		211/0	0				0
	Net plan assets (subtract line 7b from line 7a)		147,8					240,223
_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	
a	Contributions received or receivable from:							
	(1) Employers		103,9	09				
AND STREET	(2) Participants	8a(2)			200			
-	(3) Others (including rollovers)				200			
-	Other income (loss)	-	(11,51	5)				Market Comment
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						92,394
	to provide benefits)	. 8d						46人1000
3178-217957	Certain deemed and/or corrective distributions (see instructions)					MA.T.	4.75	
f	Administrative service providers (salaries, fees, commissions)	8f				100		Maria Carlos
g	Other expenses	8g			建			Grand Molecul
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
i	Net income (loss) (subtract line 8h from line 8c)	8i						92,394
i	Transfers to (from) the plan (see instructions)	8j		0				
	4B							
	rt V Compliance Questions				V	N-		
0	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions within t	he time period described in		Yes	No		mount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		x		
C	Was the plan covered by a fidelity bond?	*************	***************************************	10c	x			45,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or other	ner persons t	by an insurance carrier,					
	insurance service, or other organization that provides some or all			10e	x			5,44
•	Has the plan failed to provide any benefit when due under the plan			10f				3/11
f				101		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	1.)	10g		Х	5047000 S 2007 F 200	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				
Par	t VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)							X Yes No
11:	Enter the unpaid minimum required contribution for current year fi			-				
12	Is this a defined contribution plan subject to the minimum funding					02 of EP	ISA2	Yes X No
12				0, 300	Zion 3	OZ OI EN	<u> </u>	
_	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei			tione	and o	nter the	tate of the	e letter ruling
a	granting the waiver					_	Jake Of th	

Form 5500-SF 2014	Page 3-		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500	and skip to line 13		
b Enter the minimum required contribution for this plan year	manuscript to the 10.	12b	
C Enter the amount contributed by the employer to the plan for this plan year	***************************************	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the Left of	12d	
e will the minimum funding amount reported on line 12d be met by the funding deadli	ne?	Yes	
Part VII Plan Terminations and Transfers of Assets		···· L Tes	L No L N/A
Has a resolution to terminate the plan been adopted in any plan year?		□ v [₩	1
If "Yes," enter the amount of any plan assets that reverted to the employer this year	•••••	Yes X	I No
b Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?	other plan or brought and all	13a ontrol	
C If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan(s) to	**********	Yes X No
13c(1) Name of plan(s):	130	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			1
4a Name of trust	14b Trust's EIN		

All Creatures Animal Hospital, LLP Cash Balance Plan EIN: 56-2449764 Plan Number: 002

Schedule SB, line 25 Change in Actuarial Cost Method

The following change in funding method occurred during the Plan Year ending 12/31/2014, and is entitled to automatic approval pursuant to Announcement 2010-3.

There has been both a change in the enrolled actuary for the plan and a change in the business organization providing actuarial services to the plan.

The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method on the prior Schedule SB. The funding target and target normal cost, as determined by the new enrolled actuary (using the actuarial assumption of the prior enrolled actuary) are both within 5% of those values as determined by the prior enrolled actuary.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

Age (yrs): Definition of years: Hours worked

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes:

Two year eligibility: N_0

Earnings

Total compensation excluding : 403(b)

Cafeteria Other

Retirement Normal Early Subsidized Early Disability Death

Age: 65 Service: 0 Participation: 0

Defined:1st of month following

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%

Vesting Schedule: 3 year cliff Pre-retirement death benefit

Vesting Definition: Hours Worked **Percentage of accrued benefit:** 100.00% **Death Benefit Payment method:** PVAB

Annuity Percent Years

Normal:Life only0.00%0QJSA:Joint and contingent50.00%0

Benefit Formula

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are 25% of compensation for Group One, 0% of compensation for Group Two, 24% of compensation for Group Three and 3% of compensation for Group Four.

Significant Changes in Plan Provisions Since Last Valuation

None

Name of Plan: All Creatures Animal Hosptial, LLP Cash Balance Plan

Plan Sponsor's EIN: 56-2449764

Plan Number: 002

Schedule SB, line 22 Description of Weighted Average Retirement Age All Creatures Animal Hospital, LLP Cash Balance Plan Plan Sponsor EIN: 56-2449764 Plan Number: 002

Age	Assumed Rate	Weighted Age
60	0.00%	0.0
61	0.00%	0.0
62	0.00%	0.0
63	0.00%	0.0
64	0.00%	0.0
65	100.00%	65.0
66	0.00%	0.0
67	0.00%	0.0
68	0.00%	0.0
69	0.00%	0.0
70	0.00%	0.0
71	0.00%	0.0
		65.0

The assumed rate of retirement is adjusted for the assumed prior retirements and multiplied by the expected retirement age. The resulting amounts are summed to develop the weighted average.

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates:

Effective: 6.58% Late Quarterly: 11.58%

Effective Date	Amount	Contribution Year End Date	Effective Interest	Quarterly Interest	Discounted
04/28/2015	\$33,202	12/31/2014	-2,680	0	\$30,522
12/24/2014	\$5,439	12/31/2014	-328	0	\$5,111
11/28/2014	\$5,439	12/31/2014	-305	0	\$5,134
10/30/2014	\$5,439	12/31/2014	-279	0	\$5,160
10/01/2014	\$5,439	12/31/2014	-253	0	\$5,186
09/03/2014	\$5,439	12/31/2014	-227	0	\$5,212
08/04/2014	\$5,439	12/31/2014	-200	0	\$5,239
06/30/2014	\$5,439	12/31/2014	-168	0	\$5,271
06/03/2014	\$5,439	12/31/2014	-143	0	\$5,296
04/29/2014	\$5,439	12/31/2014	-110	0	\$5,329
04/01/2014	\$5,439	12/31/2014	-84	0	\$5,355
02/28/2014	\$5,439	12/31/2014	-54	0	\$5,385
01/30/2014	\$5,439	12/31/2014	-27	0	\$5,412
01/02/2014	\$5,439	12/31/2014	-1	0	\$5,438
Total:	\$103,909				\$99,050

Name of Plan: All Creatures Animal Hosptial, LLP Cash Balance Plan

Plan Sponsor's EIN: 56-2449764

Plan Number: 002

Plan Sponsor's Name: All Creatures Animal Hospital, LLP

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2014

OMB No. 1210-0110

This Form is Open to Public Inspection

	File a	s an attachment to Form	5500 or	5500-SF.			
For calendar plan year 2014 or fiscal p	an year beginning	01/01/2014		and endi	ng	12/3	1/2014
Round off amounts to nearest do							
Caution: A penalty of \$1,000 will be	e assessed for late filing	of this report unless reas	onable ca	use is establishe	ed.	· · · · · · · · · · · · · · · · · · ·	
A Name of plan				B Three-dig		.	
				plan num	ber (PN)	<u> </u>	002
All Creatures Animal Ho	spital. LLP Ca	sh Balance Plar	ì				
C Plan sponsor's name as shown on li				D Employer I	dentificati	on Number (E	IN)
All Creatures Animal Ho	spital, LLP			56-2449			7-10-4-A
E Type of plan: ☑ Single ☐ Multiple	e-A Multiple-B	F Prior year p	lan size: $\overline{\mathbb{X}}$	100 or fewer	101-50	00 More th	an 500
Part I Basic Information							
1 Enter the valuation date:	Month1	Day 1 Year	2014				
2 Assets:							- 100 mg/s
a Market value	***************************************				2a		147,261
b Actuarial value		***************************************		***************************************	. 2b		147,261
3 Funding target/participant count be	reakdown		, ,	lumber of ticipants	. ,	ed Funding Irget	(3) Total Funding Target
a For retired participants and bene	eficiaries receiving payr	nent		0		0	
b For terminated vested participar	nts			8		1,509	1,509
c For active participants				22		86,355	88,052
d Total	*******************	*** * * * * * * * * * * * * * * * * * *		30		87,864	89,561
4 If the plan is in at-risk status, chec	k the box and complete	lines (a) and (b)					
a Funding target disregarding pre-	scribed at-risk assumpti	ions			. 4a		
b Funding target reflecting at-risk at-risk status for fewer than fi	assumptions, but disreg ve consecutive years a	garding transition rule for p nd disregarding loading fa	olans that I	have been in	4b		
5 Effective interest rate					. 5		6.58 %
6 Target normal cost	***************************************				. 6		37,849
Statement by Enrolled Actuary To the best of my knowledge, the information su accordance with applicable law and regulations. combination, offer my best estimate of anticipate	In my opinion, each other assu	ompanying schedules, statements imption is reasonable (taking into a	and attachme	ents, if any, is complet perience of the plan a	e and accura	ite. Each prescribe le expectations) a	ed assumption was applied in nd such other assumptions, in
SIGN HERE	<u></u>					05/22/20	15
/ s	gnature of actuary					Date	
Steve J. Persons, MSPA				-		14-0385	1
Туре с	r print name of actuary	•			Most rea	cent enrollme	nt number
Creative Benefit Strateg	ies, Inc.				(4	40) 717-	1600
	Firm name			Tel	ephone n	umber (includ	ing area code)
10155 Broadview Road, Su	te 6						
Broadview Heights	Address of the firm	ОН 44147-3296	<u> </u>				
If the actuary has not fully reflected any reinstructions	egulation or ruling prom	ulgated under the statute	in complet	ting this schedul	e, check t	he box and se	е

P	ane	2	_	

Schedule	SR	(Form	5500	2014
Scriedule	00	LLOHII	SOUG	12014

Pa	art II Begi	nning of Year Carryov	er and Prefunding Ba	lances					
					(a) C	Carryover balance	(b)	Prefunc	ling balance
7		nning of prior year after appli				0			
8	Portion elected	for use to offset prior year's for	Inding requirement /line 35 f	rom		0			
		ioi use to offset prior year s i	• • •			0			
9	Amount remain	ing (line 7 minus line 8)				0			
10	Interest on line	9 using prior year's actual ret	urn of <u>-56.03</u> %	•••••		0			
11	Prior year's exc	ess contributions to be added	to prefunding balance:						
	a Present value	of excess contributions (line	38a from prior year)						8834
		n the excess, if any, of line 38 SB, using prior year's effectiv							
	• •	n line 38b from prior year Sch							(
	C Total available	at beginning of current plan ye	ar to add to prefunding baland	e					88344
	d Portion of (c)	to be added to prefunding ba	lance		1.0000000000000000000000000000000000000		180000000000000000000000000000000000000		
12	Other reductions	s in balances due to elections	or deemed elections						(
		nning of current year (line 9 +				0			(
0.02800.080		ding Percentages	ine to sine tra mie izj			U			(
	/# 00 00 00 00 00 00 00 00 00 00 00 00 00	ittainment percentage						14	4 6 4 4 0 94
	•	g target attainment percentag						15	164.42 %
		ling percentage for purposes				ces may be used to redu			164.42 %
	current year's fu	nding requirement	gg					16	176.82 %
17	If the current val	ue of the assets of the plan is	less than 70 percent of the	funding ta	rget, enter sı	uch percentage		17	%
Pa	art IV Con	tributions and Liquidi	ty Shortfalls						
18	Contributions ma	ade to the plan for the plan ye	ear by employer(s) and empl	oyees:					
(M	(a) Date M-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) [(MM-DD		(b) Amount paid by employer(s)	(0		int paid by oyees
01	/02/2014	5,439		06/30	/2014	5,43	9		
01	/30/2014	5,439		08/04	/2014	5,43	9		
02	/28/2014	5,439		09/03	/2014	5,43	9		
04	/01/2014	5,439		10/01	/2014	5,43	9		
04	/29/2014	5,439		10/30	/2014	5,43	9		
06	/03/2014	5,439		11/28		5,43	9		
		5,0750 5,000		Totals ▶	18(b)	103,90	9 18(c)		0
19		loyer contributions – see instr				· · · 			
		allocated toward unpaid mini	•						0
		made to avoid restrictions adj							0
		Illocated toward minimum requ		ar adjusted	to valuation	date 19c			99,050
20	=	utions and liquidity shortfalls:							1 🗇
		ave a "funding shortfall" for th						<u></u>	Yes X No
		Yes," were required quarterly			•	nanner?		L	Yes No
	C If line 20a is "	es," see instructions and cor				114.5			
	(1) 1s	t I	Liquidity shortfall as of end (2) 2nd	i oi quarte		year Brd		(4) 4th)
					(-)			(1) -10	•
				1		·			

Pa	rt V Assumptio	ns Used to Determine I	Funding Target and Ta	rget Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment : 4 . 9 9 %	2nd segment : 6.32 %	3rd segmen 6.99	t: %	N/A, full yield curve use	ed
	b Applicable month (enter code)			. 21b		0
22	Weighted average ret	irement age	***************************************		. 22		65
23	Mortality table(s) (see	e instructions) 🐰 Pre	scribed - combined	Prescribed - separate	Substitu	ute	
Pa	rt VI Miscellane	ous Items					
24	Has a change been mattachment	nade in the non-prescribed actu	uarial assumptions for the cur	ent plan year? If "Yes," see	instruction	s regarding required	No
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruc	ions regarding required atta	chment	Yes	No
		provide a Schedule of Active					No
27		alternative funding rules, ente			27		
Pa	rt VII Reconcilia	ntion of Unpaid Minimu	m Required Contribut	ons For Prior Years			
28	Unpaid minimum requ	ired contributions for all prior y	ears		28		0
29		contributions allocated toward			29		0
30	Remaining amount of	unpaid minimum required cont	ributions (line 28 minus line 2	9)	30		0
Pa	rt VIII Minimum I	Required Contribution	For Current Year				
31	Target normal cost an	nd excess assets (see instruction	ons):				
	a Target normal cost (line 6)	***************************************		31a	37,8	849
	b Excess assets, if ap	plicable, but not greater than li	ne 31a		31b	37,8	
32	Amortization installme	nts:		Outstanding Bala	ance	Installment	
	a Net shortfall amortiz	zation installment			0		0
	b Waiver amortization	n installment		,	0		0
33		pproved for this plan year, ente Day Year			33		
34	Total funding requirem	nent before reflecting carryover	/prefunding balances (lines 3	la - 31b + 32a + 32b - 33)	34		0
			Carryover balance	Prefunding bala	nce	Total balance	
35	Balances elected for u requirement	se to offset funding		0	n		0
36	Additional cash require	ement (line 34 minus line 35)			36		0
		d toward minimum required cor			37		
	(line 19c)				3/	99,0)50
38	Present value of exces	ss contributions for current yea	r (see instructions)		,		
		, of line 37 over line 36)			38a	99,0	150
		ne 38a attributable to use of pr			38b		0
		ired contribution for current yea	· · · · · · · · · · · · · · · · · · ·		39		0
CONTRACTOR	00040.00000000000000000000000000000000	ired contributions for all years.			40		0
Par	t IX Pension F	unding Relief Under Pe	ension Relief Act of 20	10 (See Instructions))		
41	If an election was made	e to use PRA 2010 funding reli	ef for this plan:				
	a Schedule elected	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2 plus 7 years 15 years	
	b Eligible plan year(s)	for which the election in line 4	la was made		200	8 2009 2010 2011	
42	Amount of acceleration	adjustment			42	-	
43	Excess installment acco	eleration amount to be carried	over to future plan years		43		

Continuation of 2014 Form 5500 Schedule SB, line 18 - Contributions Made to the Plan for the Plan Year

Plan Name	<u> All</u>	Creature	s Animal	Hospital,	LLP Cash	Balance	Plan	EIN:	56-2449764
Plan Spons	or's N	Name <u>A</u>]	l Creatu	res Animal	Hospital,	LLP		PN:	002

(a) Date	(b) Amount paid	(c) Amount paid	(a) Date	(b) Amount paid	(c) Amount paid
(MM-DD-YYYY)	by employer(s)	by employees	(MM-DD-YYYY)	by employer(s)	by employees
12/24/2014	5,439				
04/28/2015	33,202				
					· · · · · · · · · · · · · · · · · · ·
		l		<u> </u>	

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions: Options:

Male Nonannuitant: 2014 Nonannuitant Male Use optional combined mortality table for small plans: Yes

Female Nonannuitant: 2014 Nonannuitant Female No Use discount rate transition:

2014 Annuitant Male Lump sums use proposed regulations: **Male Annuitant:** Yes

Female Annuitant: 2014 Annuitant Female **Actuarial Equivalent Floor**

Applicable months from valuation month: Stability period: plan year

Lookback months: 3 100.00% Probability of lump sum:

Nonannuitant: None Use pre-retirement mortality: No

2014 Applicable **Annuitant:**

<u>3rd</u> 2nd <u>1st</u> <u>2nd</u> <u>1st</u> <u>3rd</u> **Current:** 1.24 4.47 5.52 1.25 4.06 5.08 **Segment rates:** Override: 0.00 0.00 0.00 N/A **High Quality Bond rates:** N/A N/A

Final rates: 4.99 6.32 6.99 Override: 0.00 0.00 0.00

Salary Scale **Late Retirement Rates**

0.00% Male: None Male: Female: 0.00% Female: None

Withdrawal **Marriage Probability Setback**

Male: Male: 0 None 0.00%

Female: Female: None 0.00% **Expense loading:** 0.00% Withdrawal-Select

Male: None **Disability Rates**

Female: None Male: None

Early Retirement Rates None Female:

Male: None **Mortality Setback** Female: None 0 Male:

None

Subsidized Early Retirement Rates 0 None Female: Male: None

Female: None **Asset Valuation Method:**

Fair Market Value

Name of Plan: All Creatures Animal Hosptial, LLP Cash Balance Plan 56-2449764 Plan Sponsor's EIN:

Plan Number: 002