

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
<b>B</b> This return/report is	<input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information</b> —enter all requested information													
<b>1a</b> Name of plan <u>ST. MARKS VETERINARY HOSPITAL CASH BALANCE PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/2006</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>002</u>	<b>1c</b> Effective date of plan <u>01/01/2006</u>									
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<b>1c</b> Effective date of plan <u>01/01/2006</u>													
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ST. MARKS VETERINARY HOSPITAL</u>  <u>348 EAST 9TH STREET</u> <u>NEW YORK, NY 10003</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>2b</b> Employer Identification Number (EIN) <u>13-3384512</u></td> <td style="width:40%;"></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>212-477-2688</u></td> <td></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>541940</u></td> <td></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>13-3384512</u>		<b>2c</b> Sponsor's telephone number <u>212-477-2688</u>		<b>2d</b> Business code (see instructions) <u>541940</u>							
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<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>3b</b> Administrator's EIN</td> <td style="width:40%;"></td> </tr> <tr> <td><b>3c</b> Administrator's telephone number</td> <td></td> </tr> </table>	<b>3b</b> Administrator's EIN		<b>3c</b> Administrator's telephone number									
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<b>3c</b> Administrator's telephone number													
<b>4</b> 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. <b>a</b> Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>4b</b> EIN</td> <td style="width:40%;"></td> </tr> <tr> <td><b>4c</b> PN</td> <td></td> </tr> </table>	<b>4b</b> EIN		<b>4c</b> PN									
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<b>4c</b> PN													
<b>5a</b> Total number of participants at the beginning of the plan year .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>5a</b></td> <td style="width:40%; text-align: right;"><u>20</u></td> </tr> <tr> <td><b>5b</b> Total number of participants at the end of the plan year.....</td> <td style="text-align: right;"><u>23</u></td> </tr> <tr> <td><b>5c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....</td> <td></td> </tr> <tr> <td><b>5d(1)</b> Total number of active participants at the beginning of the plan year.....</td> <td style="text-align: right;"><u>196</u></td> </tr> <tr> <td><b>5d(2)</b> Total number of active participants at the end of the plan year.....</td> <td style="text-align: right;"><u>16</u></td> </tr> <tr> <td><b>5e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....</td> <td style="text-align: right;"><u>0</u></td> </tr> </table>	<b>5a</b>	<u>20</u>	<b>5b</b> Total number of participants at the end of the plan year.....	<u>23</u>	<b>5c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....		<b>5d(1)</b> Total number of active participants at the beginning of the plan year.....	<u>196</u>	<b>5d(2)</b> Total number of active participants at the end of the plan year.....	<u>16</u>	<b>5e</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<u>0</u>
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<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>			
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 belief, it is true, correct, and complete.			
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2015	SARAH HADDOCK, DVM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☒ No ☐ Not determined

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets .....	<b>7a</b>	976895	1085402
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	976895	1085402
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	90000	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	40839	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		130839
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ....	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	0	
<b>g</b> Other expenses .....	<b>8g</b>	22332	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		22332
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		108507
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
1A 1C 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	10a	X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	10b	X	
<b>c</b> Was the plan covered by a fidelity bond? .....	10c	X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	10d	X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	10e	X	1160
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	10f	X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....	10g	X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	10h		
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	10i		

**Part VI Pension Funding Compliance**

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ..... ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 ..... **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

<b>b</b> Enter the minimum required contribution for this plan year.....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	<b>12d</b>	
<b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>13a</b> Has a resolution to terminate the plan been adopted in any plan year? .....		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," enter the amount of any plan assets that reverted to the employer this year .....		<b>13a</b>	
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

14a Name of trust	14b Trust's EIN

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2014</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan ST. MARKS VETERINARY HOSPITAL CASH BALANCE PLAN	<b>B</b> Three-digit plan number (PN) ▶ 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ST. MARKS VETERINARY HOSPITAL	<b>D</b> Employer Identification Number (EIN) 13-3384512
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month 12 Day 31 Year 2014	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 995402
<b>b</b> Actuarial value .....	<b>2b</b> 995402
<b>3</b> Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	0 0 0
<b>b</b> For terminated vested participants.....	7 15253 15253
<b>c</b> For active participants.....	16 932821 932821
<b>d</b> Total.....	23 948074 948074
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> 5.46%
<b>6</b> Target normal cost .....	<b>6</b> 105709

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		10/11/2015
	Signature of actuary	Date
HARLAN W. RICHARDSON	Type or print name of actuary	14-02954
		Most recent enrollment number
RICHARDSON ACTUARIAL SERVICES	Firm name	530-759-9562
		Telephone number (including area code)
221 LUZ PLACE DAVIS, CA 95616-0241	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2014**  
**v. 140124**

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.75</u> % .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		2899
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>2.13</u> % .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		2899
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

Part III Funding Percentages		
<b>14</b> Funding target attainment percentage .....	<b>14</b>	95.49 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	104.99 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	90.89 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

Part IV Contributions and Liquidity Shortfalls					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/24/2015	30000	0			
04/21/2015	10000	0			
05/21/2015	10000	0			
06/23/2015	20000	0			
07/24/2015	10000	0			
08/21/2015	10000	0			
			<b>Totals ▶</b>	<b>18(b)</b>	90000
				<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	88148
<b>20</b> Quarterly contributions and liquidity shortfalls:		
<b>a</b> Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6).....	<b>31a</b>	105709	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	47326	
<b>32</b> Amortization installments:	Outstanding Balance		
<b>a</b> Net shortfall amortization installment.....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>	0	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	<b>34</b>	58383	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	58383	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	88148	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	29765	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

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[illegible]

# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

### St.Mark's Veterinary Hospital Cash Balance Plan

13-3384512 / 002

For the plan year 01/01/2014 through 12/31/2014

**Valuation Date:** 12/31/2014

**Funding Method:** As prescribed in IRC Section 430  
Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	1.20
Segment 2	6 - 20	4.10
Segment 3	> 20	5.20

Segment rates as of September 30, 2013 As permitted under IRC 430(h)(2)(C)(iv)(II) - HATFA

Segment #	Year	Rate %
Segment 1	0 - 5	4.99
Segment 2	6 - 20	6.32
Segment 3	> 20	6.99

Pre-Retirement - Mortality Table - None  
Turnover/Disability - None  
Salary Scale - None  
Interest Credit Rate - 5.00  
Expense Load - None  
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 14C - 2014 Funding Target - Combined - IRC 430(h)(3)(A)  
Cost of Living - None

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### **Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### **410(b)/401(a)(4) Testing:**

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefit service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits



**Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**

**St.Mark's Veterinary Hospital Cash Balance Plan**

13-3384512 / 002

For the plan year 01/01/2014 through 12/31/2014

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**401(a)(26) Testing:**

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

## Form 5500-SF

Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee  
Benefit PlanThis 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).OMB Nos. 1510-0110  
1510-0069

2014

This Form is Open to  
Public Inspection

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

## Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning		01/01/2014	and ending	12/31/2014
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)		
	<input type="checkbox"/> a one-participant plan	<input type="checkbox"/> a foreign plan		
B This return/report is	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> DFVC program	
	<input type="checkbox"/> special extension (enter description)			

## Part II Basic Plan Information—enter all requested information

1a Name of plan ST. MARKS VETERINARY HOSPITAL CASH BALANCE PLAN		1b Three-digit plan number (PN) ▶	002
		1c Effective date of plan	01/01/2006
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ST. MARKS VETERINARY HOSPITAL  348 EAST 9TH STREET  NEW YORK NY 10003		2b Employer Identification Number (EIN) 13-3384512	
		2c Sponsor's telephone number	212-477-2688
		2d Business code (see instructions)	541940
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN	
		3c Administrator's telephone number	
4 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. a Sponsor's name		4b EIN	
5a Total number of participants at the beginning of the plan year		4c PN	
b Total number of participants at the end of the plan year		5a	20
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)		5b	23
d(1) Total number of active participants at the beginning of the plan year		5c	
d(2) Total number of active participants at the end of the plan year		5d(1)	196
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		5d(2)	16
		5e	0

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 belief, it is true, correct, and complete.

SIGN HERE	<i>Sarah Haddock, DVM</i>	10/13/15	SARAH HADDOCK, DVM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Sarah Haddock, DVM</i>	10/13/15	SARAH HADDOCK, DVM
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2014)  
v. 140124



**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

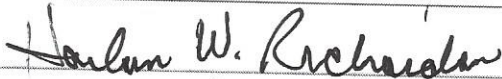
OMB No. 1210-0110

**2014****This Form is Open to Public  
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of planST. MARKS VETERINARY HOSPITAL CASH BALANCE PLAN**B** Three-digit

plan number (PN)

002**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SFST. MARKS VETERINARY HOSPITAL**D** Employer Identification Number (EIN)13-3384512**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 12 Day 31 Year 2014**2** Assets:**a** Market value**2a**995402**b** Actuarial value**2b**995402**3** Funding target/participant count breakdown(1) Number of  
participants(2) Vested Funding  
Target(3) Total Funding  
Target**a** For retired participants and beneficiaries receiving payment000**b** For terminated vested participants71525315253**c** For active participants16932821932821**d** Total23948074948074**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions**4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor**4b****5** Effective interest rate**5**5.46%**6** Target normal cost**6**105709**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

HARLAN W. RICHARDSON

Type or print name of actuary

RICHARDSON ACTUARIAL SERVICES

Firm name

221 LUZ PLACEDAVIS CA 95616-0241

Address of the firm

10/11/2015

Date

1402954

Most recent enrollment number

530-759-9562

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014  
v. 140124



	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8).....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.75%</u> .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year).....		2899
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>2.13%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		2899
<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b> Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

14	Funding target attainment percentage .....	14	95.49%
15	Adjusted funding target attainment percentage .....	15	104.99%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	16	90.89%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:

[illegible]

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	Totals ▶	18(b)	90000	18(c)	0
a	Contributions allocated toward unpaid minimum required contributions from prior years.....				19a	0
b	Contributions made to avoid restrictions adjusted to valuation date .....				19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....				19c	8814

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Liquidity Shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

21 Discount rate:

a Segment rates:

1st segment:  
4.99%2nd segment:  
6.32%3rd segment:  
6.99%☐ N/A, full yield curve used

b Applicable month (enter code)

21b

0

22 Weighted average retirement age

22

65

23 Mortality table(s) (see instructions)



Prescribed - combined



Prescribed - separate



Substitute

**Part VI Miscellaneous Items**

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment



Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment



Yes



No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment



Yes



No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment

27

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

28 Unpaid minimum required contributions for all prior years

28

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)

29

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)

30

0

**Part VIII Minimum Required Contribution For Current Year**

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)

31a

105709

b Excess assets, if applicable, but not greater than line 31a

31b

47326

32 Amortization installments:

a Net shortfall amortization installment

Outstanding Balance

Installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount

33

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)

34

58383

35 Balances elected for use to offset funding requirement

Carryover balance

Prefunding balance

Total balance

0

0

0

36 Additional cash requirement (line 34 minus line 35)

36

58383

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)

37

88148

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)

38a

29765

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances

38b

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)

39

0

40 Unpaid minimum required contributions for all years

40

0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected

☐ 2 plus 7 years☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made

☐ 2008☐ 2009☐ 2010☐ 2011

42 Amount of acceleration adjustment

42

43 Excess installment acceleration amount to be carried over to future plan years

43

**Schedule SB, line 19 -**  
**Discounted Employer Contributions**  
**St.Mark's Veterinary Hospital Cash Balance Plan**  
**13-3384512 / 002**  
**For the plan year 01/01/2014 through 12/31/2014**  
**Valuation Date: 12/31/2014**

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
<b>Deposited Contribution</b>	<b>03/24/2015</b>	<b>\$30,000</b>					
Applied to MRC	12/31/2014	30,000	29,640	0	0	5.46	0
<b>Deposited Contribution</b>	<b>04/21/2015</b>	<b>\$10,000</b>					
Applied to MRC	12/31/2014	10,000	9,840	0	0	5.46	0
<b>Deposited Contribution</b>	<b>05/21/2015</b>	<b>\$10,000</b>					
Applied to MRC	12/31/2014	10,000	9,797	0	0	5.46	0
<b>Deposited Contribution</b>	<b>06/23/2015</b>	<b>\$20,000</b>					
Applied to Additional Contribution	12/31/2014	10,662	10,395	0	0	5.46	0
Applied to MRC	12/31/2014	9,338	9,104	0	0	5.46	0
<b>Deposited Contribution</b>	<b>07/24/2015</b>	<b>\$10,000</b>					
Applied to Additional Contribution	12/31/2014	10,000	9,706	0	0	5.46	0
<b>Deposited Contribution</b>	<b>08/21/2015</b>	<b>\$10,000</b>					
Applied to Additional Contribution	12/31/2014	10,000	9,666	0	0	5.46	0
Totals for Deposited Contribution		\$90,000	\$88,148	\$0	\$0		

**Schedule SB, line 22 -  
Description of Weighted Average Retirement Age**

**St.Mark's Veterinary Hospital Cash Balance Plan**

**13-3384512 / 002**

**For the plan year 01/01/2014 through 12/31/2014**

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The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, Part V

## Summary of Plan Provisions

### St.Mark's Veterinary Hospital Cash Balance Plan

13-3384512 / 002

For the plan year 01/01/2014 through 12/31/2014

<b><u>Employer:</u></b>	St.Mark's Veterinary Hospital		
	Type of Entity -	C-Corporation	
	EIN: 13-3384512	TIN:	Plan #: 002 Plan Type: Cash Balance
<b><u>Dates:</u></b>	Effective - 01/01/2006 Year end - 12/31/2014 Valuation - 12/31/2014		
	Top Heavy Years - 2014		
<b><u>Eligibility:</u></b>	All employees excluding non-resident aliens, members of an excluded class and union		
	Minimum age - 21 Months of service - 12		
	Hours Required for -	Eligibility - 1000	Benefit accrual - 1000 Vesting - 1000
	Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction		
<b><u>Retirement:</u></b>	Normal - Attainment of age 65		
	Early - Not provided		
<b><u>Average Compensation:</u></b>	Current compensation		
	Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation		
<b><u>Plan Benefits:</u></b>	Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits.		
	Pay Credits -	Classification	Pay Credit Formula
		1	2% of compensation
		2	36.75% of compensation
	Accrued Benefit - Hypothetical Account Balance		
	Minimum Benefit - None		
	Maximum Benefit - None		
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum		
	Death Benefit - Face Amount minus Cash Value plus Present Value of Accrued Benefit		
<b><u>Top Heavy Minimum:</u></b>	2% of average compensation per top heavy year of participation excluding years prior to the adoption date of the plan and 1984 (if earlier), limited to 10 years		
<b><u>IRS Limitations:</u></b>	415 Limits - Percent: 100 Dollar: \$210,000		
	Maximum 401(a)(17) compensation - \$260,000		
<b><u>Normal Form:</u></b>	Life Annuity		
<b><u>Optional Forms:</u></b>	Lump Sum		
	Life Annuity Guaranteed for 10 Years		
	Joint with 50%, 75% or 100% Survivor Benefit		
<b><u>Vesting Schedule:</u></b>	100% vested in 3 years.		
	Service is calculated using all years of service		
<b><u>Present Value of Accrued Benefit:</u></b>	Based on the Hypothetical Account Balance.		



# Schedule SB, Part V

## Summary of Plan Provisions

### St.Mark's Veterinary Hospital Cash Balance Plan

13-3384512 / 002

For the plan year 01/01/2014 through 12/31/2014

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#### Actuarial Equivalence:

Pre-Retirement -	Interest -	5%
	Mortality Table -	None
Post-Retirement -	Interest -	5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)