_	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed un		1065 of the Employee Re	etireme	ent	2014
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (EF	RISA), and sections 605 evenue Code (the Code		Interna	This F	orm is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in acc	ordance with the instr	ructions to the Form 55	500-SF.		lic Inspection
Part I		dentification Information cal plan year beginning 01/01/2014		and anding 12	/31/201	4	
FOI Calenda	ar plan year 2014 of its	cal plan year beginning 01/01/2014 X a single-employer plan	a multiple-employer p	and ending 12/ lan (not multiemployer) (			ox must attach a list
	urn/report is for: ırn/report is	a one-participant plan       the first return/report       an amended return/report	of participating employ a foreign plan the final return/report	n/report (less than 12 me	dance v	-	
C Check	box if filing under:	Form 5558	automatic extension		[	DFVC progra	am
		special extension (enter description					
Part II		mation—enter all requested inform	nation		46	<b>-</b>	
1a Name ST. MARKS		TAL CASH BALANCE PLAN				Three-digit plan number	
						(PN) •	002
					10	Effective date o 01/01	f plan /2006
	oonsor's name and add VETERINARY HOSPIT	Iress; include room or suite number (e AL	employer, if for a single-	-employer plan)			fication Number
348 EAST 91	'H STREET				2c 3	Sponsor's telep 212-47	hone number 7-2688
NEW YORK,	NY 10003				2d	Business code 5419	(see instructions) 40
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor.			3b /	Administrator's	EIN
		plan sponsor has changed since the ber from the last return/report.	last return/report filed fo	or this plan, enter the	4b	EIN	telephone number
	or's name	and the structure of the subscription			4c		
		at the beginning of the plan year at the end of the plan year			5a 5b		20
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined bene	efit plans do not	50		23
•	,	ticipants at the beginning of the plan y			5d(1	)	196
<b>d(2)</b> Tot	al number of active par	ticipants at the end of the plan year			5d(2		16
e Numbe	r of participants that ter	minated employment during the plan	year with accrued bene	efits that were	5e		0
Caution: A	penalty for the late o	r incomplete filing of this return/re	port will be assessed	unless reasonable cau	ise is e	established.	
SB or Sche	alties of perjury and oth edule MB completed an true, correct, and comp	er penalties set forth in the instructior d signed by an enrolled actuary, as w lete.	ns, I declare that I have rell as the electronic ver	examined this return/report sion of this return/report	oort, ind , and to	cluding, if applic the best of my	able, a Schedule knowledge and
SIGN		alid electronic signature.	10/13/2015	SARAH HADDOCK, D	MV		
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	ual sigr	ning as plan adr	ninistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individe			
	name (mouuung mm ha	ame, if applicable) and address (inclue	ae room or suite humbe	α , (οριιοπαι)			number (optional)

	Were all of the plan's assets during the plan year invested in eligibl 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 If you answered "No" to either line 6a or line 6b, the plan canne	an indeper and condit	ndent qualified public accountations.)	int (IQ	PA)		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	9768	895			1085402
b	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	9768	895			1085402
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(1)	900	000			
	(1) Employers	8a(1)		0	_		
	(2) Participants	8a(2)		0	_		
	(3) Others (including rollovers)	8a(3)	408	-			
	Other income (loss)	8b			_		130839
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_		130039
	to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g	223	332			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					22332
i	Net income (loss) (subtract line 8h from line 8c)	8i					108507
j	Transfers to (from) the plan (see instructions)	8j		0			
Par	t IV Plan Characteristics						
b	If the plan provides pension benefits, enter the applicable pension in 1A 1C 3D If the plan provides welfare benefits, enter the applicable welfare fe						
Part					Yes	Na	• •
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions withi	n the time period described in		res	No	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cori	rection Program)	10a		Х	
<u> </u>	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х	
С	Was the plan covered by a fidelity bond?			10c		Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x	
e	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		1160
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (	See instru	ictions and 29 CFR				
	2520.101-3.)			10h			
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
<u>11</u> a	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a	0
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection :	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
<b>b</b> Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
<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 negative amount)	'а	12d		
e 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?		י 🗌 י	res X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder the	control		Yes 🗙 No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	N(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information (optional)				1
14a Name of trust		<b>14b</b> ⊺⊧	rust's EIN	

SCHEDULE SB			ег ренне	a ser	nefit Plan			lo. 1210-0110
(Form 5500)	_		rial Inform				2	2014
Department of the Treasury Internal Revenue Service						_		
Department of Labor	_ This schedule is rec Retirement Income S							is Open to Public spection
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	-   In	nternal Re	evenue Code (th	ne Code).				spectren
			hment to Form	5500 or			4/2244	
For calendar plan year 2014 or fiscal Round off amounts to nearest of		01/01/201	4		and endi	ng 12/3	1/2014	
Caution: A penalty of \$1,000 will		of this rep	oort unless reas	onable ca	ause is establish	ed.		
A Name of plan					B Three-dig			
ST. MARKS VETERINARY HOSPITA	L CASH BALANCE PLAN				plan num	ber (PN)	•	002
C Plan sponsor's name as shown on	line 2a of Form 5500 or 55	500-SE			<b>D</b> Employer	Identificat	ion Number (E	INI)
ST. MARKS VETERINARY HOSPITA					Employer	13-3384		
E Type of plan: X Single Multi	ole-A Multiple-B		<b>F</b> Prior year pl	on cizo:	100 or fewer	101-5	00	an 500
	ле-А Мишре-В			an size. /	100 of lewel	101-5		
Part I Basic Information	Month 12	Day 2	1 Voor	2014				
<ol> <li>Enter the valuation date:</li> <li>Assets:</li> </ol>	Month <u>12</u>	Day <u>3</u>	1 Year_	2014				
a Market value						2a		995402
<b>b</b> Actuarial value						2b		995402
<b>3</b> Funding target/participant count				(1)	Number of rticipants		ted Funding arget	(3) Total Funding Target
a For retired participants and be	eneficiaries receiving payme	ent			0		0	0
<b>b</b> For terminated vested particip	ants				7		15253	15253
<b>C</b> For active participants					16		932821	932821
<b>d</b> Total					23		948074	948074
4 If the plan is in at-risk status, che	eck the box and complete I	lines (a) a	and (b)					
<b>a</b> Funding target disregarding p	rescribed at-risk assumptio	ons				4a		
<b>b</b> Funding target reflecting at-ris at-risk status for fewer than						4b		
5 Effective interest rate	,	0	0 0			5		5.46%
6 Target normal cost						6		105709
Statement by Enrolled Actuary To the best of my knowledge, the information accordance with applicable law and regulation combination, offer my best estimate of anticip	ns. In my opinion, each other assum							
SIGN								
HERE	Circulture of active at						10/11/20	115
	Signature of actuary						Date	- 4
HARLAN W. RICHARDSON	e or print name of actuary					Most r	14-0298 ecent enrollme	
RICHARDSON ACTUARIAL SERVIC						West	530-759	
221 LUZ PLACE DAVIS, CA 95616-0241	Firm name				Te	elephone		ling area code)
	Address of the firm				_			
If the actuary has not fully reflected any instructions	y regulation or ruling promu	ulgated u	nder the statute	in comple	eting this schedu	ile, check	the box and se	ee
								_

Page 2 - 1	
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Pa	art II	Begin	ning of Year	Carryove	er and Prefunding Ba	alances								
								(a)	Carryover balance	)	(b)	Prefundir	ng balan	се
7		-			able adjustments (line 13 f					0				0
	<u> </u>									Ŭ				<u> </u>
8			•	,	Inding requirement (line 35					0				0
9	Amount	remainir	ng (line 7 minus lin	ne 8)						0				0
10	Interest	on line 9	using prior vear's	actual retu	urn of <u>0.75</u> %					0				0
11					to prefunding balance:									
	,				38a from prior year)					Ē				2899
					a over line 38b from prior y e interest rate of2.13									
	<b>b(2)</b> Int	terest on	line 38b from pric	or year Sche	edule SB, using prior year's	actual								0
														0
	<b>C</b> Total a	available	at beginning of cur	rent plan ye	ar to add to prefunding balar	ICe	•							2899
	<b>d</b> Portio	on of (c) f	o be added to pre	funding bal	lance									0
12	Other re	ductions	in balances due t	o elections	or deemed elections					0				0
13	Balance	at begir	ining of current ye	ar (line 9 +	line 10 + line 11d – line 12	)				0				0
Pa	art III	Fun	ding Percenta	iges										
14	Funding	target a	ttainment percenta	age								14	95	5.49 %
			target attainment									15	104	1.99 %
16					of determining whether car							16		
47													9(	).89 %
17	If the cu	rrent val	ue of the assets of	f the plan is	s less than 70 percent of the	e funding t	arge	t, enter	such percentage			17		%
Pa	art IV	Con	tributions and	d Liquidi	ty Shortfalls									
18					ear by employer(s) and emp						-1			
(M	<b>(a)</b> Date וM-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	<b>(a)</b> (MM-D	Date D-Y		(b) Amount p employer		(	c) Amour emplo	•	у
03	8/24/2015			30000	0									
04	/21/2015			10000	0									
05	5/21/2015			10000	0									
06	5/23/2015			20000	0									
	/24/2015			10000	0									
80	8/21/2015			10000	0							1		
						Totals		18(b)		90000	18(c)			0
19			-		ructions for small plan with									
	_				mum required contributions		-			19a				0
				-	justed to valuation date					19b				0
	C Contri	butions a	llocated toward mi	nimum requ	ired contribution for current y	ear adjuste	ed to	valuatio	n date	<b>19c</b>				88148
20	Quarterl	y contrib	utions and liquidit	y shortfalls:	:									_
	a Did th	e plan h	ave a "funding sho	ortfall" for th	ne prior year?							X	Yes	No
	<b>b</b> If line	20a is "`	Yes," were require	d quarterly	installments for the current	t year mad	e in	a timely	manner?				Yes	× No
	C If line	20a is "`	Yes," see instruction	ons and cor	mplete the following table a	s applicab	le:							
		(4)	i		Liquidity shortfall as of e	nd of quar	ter o					(4)		
		(1) 1s	T		(2) 2nd			(3)	3rd	_		(4) 4th		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	et Normal Cost		
21	Disco	ount rate:						
	<b>a</b> Se	gment rates:	1st segment: 4.99%	2nd segment: 6.32 %		3rd segment: 6.99%		N/A, full yield curve used
	<b>b</b> Ap	plicable month (	enter code)				21b	0
22	Weigl	hted average ret	tirement age				22	65
23		lity table(s) (see		escribed - combined		scribed - separate	Substitu	te
Pa	rt VI	Miscellane	ous Items	<b>_</b>				
24			nade in the non-prescribed act	uarial assumptions for the cu	irrent	plan year? If "Yes," see	instructions	regarding required
		•		·				
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes 🗙 No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see in	nstruc	tions regarding required	attachment	Yes 🗙 No
27			o alternative funding rules, ent			0 0	27	
_	rt VII		ation of Unpaid Minimu	•				
28			uired contributions for all prior				28	0
29			contributions allocated toward	•			29	0
30	Rema	aining amount of	f unpaid minimum required cor	tributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year				
31			nd excess assets (see instruct					
	a Tar	get normal cost	(line 6)				31a	105709
	<b>b</b> Exc	cess assets, if ap	oplicable, but not greater than	line 31a			31b	47326
32	Amor	tization installme	ents:			Outstanding Bala	nce	Installment
	<b>a</b> Net	shortfall amortiz	zation installment				0	0
	<b>b</b> Wa	iver amortization	n installment				0	0
33	If a w (Mont		approved for this plan year, en Day Year	ter the date of the ruling lette ) and the waived amo	-		33	0
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	58383
				Carryover balance		Prefunding balar	nce	Total balance
35			use to offset funding		0		0	0
36	Additi	ional cash requir	rement (line 34 minus line 35).				36	58383
37			ed toward minimum required co	•	•		37	88148
38	Prese	ent value of exce	ess contributions for current ye	ar (see instructions)				
	<b>a</b> Tota	al (excess, if any	y, of line 37 over line 36)				38a	29765
	<b>b</b> Por	tion included in	line 38a attributable to use of	prefunding and funding stand	lard c	arryover balances	38b	0
39	Unpa	id minimum requ	uired contribution for current ye	ear (excess, if any, of line 36	over	line 37)	39	0
40	Unpa	id minimum requ	uired contributions for all years				40	0
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2	2010	(See Instructions)		
41	lf an e	election was mad	de to use PRA 2010 funding re	lief for this plan:				
_	a Sch	nedule elected						2 plus 7 years 15 years
	<b>b</b> Elig	jible plan year(s	) for which the election in line	41a was made			200	8 2009 2010 2011
42	Amou	nt of acceleratio	on adjustment				42	
			celeration amount to be carrie				43	

## Schedule SB, line 26 -Schedule of Active Participant Data

St.Mark's Veterinary Hospital Cash Balance Plan 13-3384512/002 For the plan year 01/01/2014 through 12/31/2014

## Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25		2								
25 to 29			1							
30 to 34			2	1						
35 to 39		2								
40 to 44		1		1	1					
45 to 49			1			1				
50 to 54				1						
55 to 59					1					
60 to 64						1				
65 to 69										
70 & up										

## 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 IR	C Section 43	0				
Age	<ul> <li>Eligibility age at las</li> </ul>	t birthday and	d other ages	at nearest birthday	y		
Detroppetive Componentian	Current component	ion					
Retrospective Compensation	<ul> <li>Current compensation</li> <li>Assumed form of p</li> </ul>		ndina is lum	o sum which is the	Hypothetical		e Eunding Target
r onn or r dymon	for lump sum is the Interest Credit Rate will not exceed 415 interest and the Ap or 417(e) Minimum	current Hypo discounted u maximum all	othetical Acc using approp lowable distr	ount Balance proje priate segment rate ibution, which is th	ected to the as a. Lump sum o ne lesser amou	sumed retireme n plan actuarial ant computed us	ent date using the equivalence rates sing a) 5.5%
Interest Rates	- Segment rates for permitted under IR		ate as	Segment rates as permitted under IF HATFA			
	Segment #	Year	Rate %	Segment #	Year	Rate %	
	Segment 1	0 - 5	1.20	Segment 1	0 - 5	4.99	
	Segment 2	6 - 20	4.10	Segment 2	6 - 20	6.32	
	Segment 3	> 20	5.20	Segment 3	> 20	6.99	
Pre-Retirement -	Mortality Table - Turnover/Disability Salary Scale - Interest Credit Rate	None - 5.00					
Post-Retirement -	Expense Load - Ancillary Ben Load Mortality Table - Cost of Living -		)14 Funding	Target - Combined	d - IRC 430(h)	(3)(A)	
Asset Valuation Method:	Fair market value o	f assets adju	sted for cont	ributions under IR	C 430(g)(4)		
Discrimination Test Assumption	ns:						
HCE Determination -	Based on all emplo	yees					
Otherwise Excludable -	Otherwise Excluda	ble HCEs are	included wit	h the Not Otherwis	se Excludable	employees	
410(b)/401(a)(4) Testing: Pre-Retirement -	Interest -	8.5%					
Post-Retirement -	Interest - Mortality Table -	8.5% G83M - 198	3 Group Anr	nuity (male)			
Permissively Aggregated Plans -	Tested as a Single	Plan					
Compensation -	Use current compe	nsation to cal	culate the b	enefit accrual rate	(annual metho	od)	
Testing Age -	Normal retirement	age or attaine	d age, if old	er			
Testing Service -	Separate benefiting	service for D	DC and for D	B for Accrued-to-D	ate Method		
Normal Form for MVAR -	Joint with 50% Sur	vivor 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

### 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

Department of the Treasury Internal Revenue Service Dapartment of Labor Employee Beirefits Security Administration Pension Benefit Guaranty Corporation Complete all an	Annual Return/Report Benefit Plan	of Small Employee	
Department of Lebor Employee Benefits Socurity Administration Pension Banefit Guaranty Corporation Complete all ar			OMB Not. 1210-0110 1210-0089
Pension Benañt Guaranty Corporation > Complete añ an	to be filed under sections 104 and 4	065 of the Employee Retirement	2014
P Complete an al	t of 1974 (ERISA), and sections 605 Revenue Code (the Code)		This Form is Open to Public inspection
Part I. Annual Report Identification Infon	tries in accordance with the instru-	ctions to the Form 5500-SF.	
Part I Annual Report Identification Infon or calendar plan year 2014 or fiscal plan year beginning	01/01/2014	and ending 12/	/31/2014
X a single-employer pla	(****),	and	
This return/report is for:	or participating employ	er information in accordance with t	he form instructions)
This return/report is I the first return/report	the final return/report		
an amended return/ra	Second 1	lan - A B Al AM	×
		report (less than 12 months)	
Check box if filing under: X Form 5558	automatic extension	· [] o	FVC program
Part II Basic Plan Information enter all requ	ested information		۲۰۳ <sup>-</sup> Charlen and San
a Name of plan I. MARKS VETERINARY HOSPITAL CASH	BALANCE PLAN	1b Three plan	edigit number 002
		(PN)	and the second se
Plan sponsor's name and reference include		01/1	tive date of plan 01/2006
Plan sponsor's name and address; include room or suit C. MARKS VETERINARY HOSPITAL	e number (employer, if for a single-e	Contraction and Contraction of Contr	byer Identification Number 13-3384512
18 EAST 9TH STREET		2c Spon	sor's telephone number
			477-2688
	0003	5419	ess code (see instructions) 140
Plan administrator's name and address XSame as Pla	n Sponsor.	3b Admir	histrator's EIN
	£	2	
If the name and/or EIN of the plan sponsor has change	d since the last return/report filed for	his plan option the Alternation	-
If the name and/or EIN of the plan sponsor has changed name, EIN, and the plan number from the last return/re	d since the last return/report filed for port.	this plan, enter the 4b EIN	
Sponsor's name	pon, ·	4- 54	
Sponsor's name Totel number of participants at the beginning of the plan	роп, уевг	4c PN	
Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year	port.	4c PN 5a 5b	and a second
Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item)	port, year end of the plan year (defined benefit	4c PN 5a 5b plans do not 5c	<u>20</u> 23
Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item) (1) Total number of active participants at the beginning of	port, year end of the plan year (defined benefit vi the plan year,	4c PN 5a 5b plans do not 5c 5d(1)	and a second
Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item) (1) Total number of active participants at the beginning of (2) Total number of active participants at the end of the p	port, - year - of the plan year (defined benefit if the plan year, 	4c PN 5a 5b plans do not 5c 5d(1) 5d(2)	23
Sponsor's name Total number of participants at the beginning of the plan Total number of participants at the end of the plan year Number of participants with account balances as of the complete this item) (1) Total number of active participants at the beginning of (2) Total number of active participants at the end of the p Number of participants that terminated employment durin less than 100% vested.	port, end of the plan year (defined benefit if the plan year, plan year, ig the plan year with accrued benefit	4c         PN           5a         5b           plans do not         5c           5d(1)         5d(2)           s that were         5e	23 196 16
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SCHEDULE SB	Single-Employe	r Defined	d Benefit	t Plan	-	OMB	No. 1210-0110			
(Form 5500) Department of the Treasury Internal Revenue Service	This schedule is required to be	al Inform		)			2014			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Income Security Act	t of 1974 (ERIS enue Code (the	SA) and section e Code).	n 6059 of i	the		is Open to Public spection			
For calendar plan year 2014 or fiscal pl	File as an attachn	nent to Form	5500 or 5500-							
Round off amounts to nearest dol	lar.			and endi	**********************	12/31/2	014			
Caution: A penalty of \$1,000 will be	assessed for late filing of this repor	t unless reaso	nable cause is	octablich	Ы					
A Name of plan ST. MARKS VETERINARY H			B	Three-dig plan num	jit		002			
	A									
C Plan sponsor's name as shown on lin ST. MARKS VETERINARY H				Employer I 338451		tion Number (E	IN)			
E Type of plan: X Single Multiple-	A Multiple-B	Prior year plar								
Part I Basic Information		Filor year plar	1 SIZE: X 100	or fewer	101-5	00 More th	an 500			
1 Enter the valuation date:	Month <u>12</u> Day 31	Year	0.01.8		******					
2 Assets:	Bonas Day	Year	2014			r				
a Market value					2a		205400			
b Actuarial value					2b		995402 995402			
3 Funding target/participant count bre	akdown		(1) Numbe	r of	1	ted Funding	(3) Total Funding			
a For retired participants and benef			participan		(2) Ves T	(3) Total Punding Target				
<b>b</b> For terminated vested participant	S			7		15253	1525			
c For active participants				16		932821	932821			
d Total				23		948074	948074			
4 If the plan is in at-risk status, check	the box and complete lines (a) and	(b)	Π			Section 1				
a Funding target disregarding press	ribed at-risk assumptions		••••••		4a					
at-risk status for fewer than five	ssumptions, but disregarding transiti consecutive years and disregardin	ion rule for pla	ns that have b	een in	4b					
Checuve interest rate					5		5.46%			
6 Target normal cost					6		105709			
To the best of my knowledge, the information supp accordance with applicable law and regulations. In combination, offer my best estimate of anticipated	lied in this schedule and accompanying schedu my opinion, each other assumption is reasonab experience under the plan.	iles, statements and ble (taking into acco	d atlachments, if an ount the experience	y, is complete of the plan ar	and accura of reasonal	ite. Each prescribed le expectations) and	assumption was applied in d such other assumptions, in			
HERE Joulan W.	Richardow					10/11/201	5			
ARLAN W. RICHARDSON	nature of actuary					Date 1402954				
Type or ICHARDSON ACTUARIAL SERVI	Print name of actuary					Most recent enrol/ment number 530-759-9562				
21 LUZ PLACE	Firm name			Telephone number (including area code)						
	16-0241 dress of the firm		******							
he actuary has not fully reflected any registructions										
, see any ronociou dity regi										

v. 140124

Schedule SB (Form 5500) 2014

Page 2 -

	rt II	beyin	ning of Year Carryov	er and Prefunding	Balance	es					
7	Balance	e at begin	ning of prior year after appli	cable adjustments (line 1	3 from nriv	~	a) Carryover balance	:e	(b) Pre	fundin	g balance
	year)							0			
	prior ye	ar)	or use to offset prior year's f					0			
9	Amoun	remainin	g (line 7 minus line 8)					0			*****
10	Interest	on line 9	using prior year's actual ret	urn of 0.75%			******	0			*******
11	Prior ye	ar's exce	ss contributions to be added	I to prefunding balance:				dillant" (			
	a Prese	nt value o	of excess contributions (line	38a from prior year)	***********						2
	30	Tiednie 2	the excess, if any, of line 38 B, using prior year's effectiv	e interest rate of 2.13%							
	re	turn	line 38b from prior year Sch t beginning of current plan ye							*****	****
						2 Contraction of the second			***************************************		2
			be added to prefunding ba				g Tes Phillipping - Tes				
12	Other re	ductions	n balances due to elections	or deemed elections				0			
13	Balance	at beginr	ing of current year (line 9 +	line 10 + line 11d - line 1	2)			0		****	
Pa	rt III	Fund	ing Percentages					<u></u>	****		
4 1	unding	target att	ainment percentage					*****			~ <del>-</del> - ×
· ·	mjusice	i unung i	aryer attainment percentage	9							95.4
6 F	<sup>o</sup> rior yea current y	er's fundir ear's fund	g percentage for purposes	of determining whether ca	irryover/pr	efunding bal	lances may be used				104.9 90.8
7 1	f the cur	rent value	of the assets of the plan is	less than 70 percent of th	ne fundina	tarnot onto	r ciuch noroantana				20.0
Par	tIV	Conti	ibutions and Liquidi	ty Shortfalle		turgot, onto	such percentage.				
8 (	Contribui	ions mad	e to the plan for the plan ye	ar by omployor(c) and an						*********	
1	a) Uate		(b) Amount paid by	(c) Amount paid by		) Date	4.1.4.1	~			
	-DD-YY		employer(s)	employees		DD-YYYY)	(b) Amount p employer	aid by		nount j nplove	paid by
	21/20		30000	(	1			-/	GI	ipicye	303
			10000								
	21/20		10000	(							
	23/20		20000	(						***********	
		and the second second	10000						1		******
187	21/20	15	10000	Q							
			******							********	
*******									]		
					Totals I	► 18(b)		90000	18(c)		
De	Scounte	d employe	er contributions - see instru	ctions for small plan with	a valuation	n date after t	he beginning of the	year:			
~	CONTRIDU	auons and	caled toward unpaid minim	um required contributions	from prior	vears		19a			
0	Contribu	iuons mai	te to avoid restrictions adjust	sted to valuation date		*******		19b			
C	Contribu	tions alloc	ated toward minimum require	ed contribution for current y	ear adjuste	d to valuation	n date	19c			881
Jak Li	latterity (	contributio	ins and liquidity shortfalls:							******	
a	uid the	plan have	a "funding shortfall" for the	prior year?						X Ye	s 🗆 No
~	n mie zu	als tes	were required quarterly in	stallments for the current	vear made	in a timely	manner?				
C	f line 20	a is "Yes	" see instructions and comp	lete the following table as	applicabl	e:		[]]]		16	NI DI N
		1) 1st		Liquidity shortfall as of en (2) 2nd	d of quart	er of this pla	n year				

Page 3

	rt V Assumptio	ns Used to Determine	Funding Target and T	arget Normal Cost				
21	Discount rate;							
	a Segment rates:	1st segment 4.99%	2nd segment: 6.32%	3rd segme 6.9	ent: 9%	N/A, full yie	Id curve	used
~~~	D Applicable month (e	enter code)			21b			
22	Weighted average ret	irement age						6
~~~~~	mortality table(5) (See	Pre	escribed - combined	Prescribed - separate	Substitu	ite	a	
	rt VI Miscellaneo					No	*****	
		ade in the non-prescribed act						<b>C</b> 3
25	Thes a meanod change	been made for the current pla	an year? If "Yes," see instruc	tions renarding required at	toohmant	[***		X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes " see in	structions regarding required at			Yes	Ll
27	a are breat is suffect to	alternative funding rules, ente	or applicable code and and				<u> </u> Yes	X No
Pai	rt VII Reconcilia	tion of Unpaid Minimu	m Required Contribut	iopo Eor Drian Va				
28	Unpaid minimum requi	red contributions for all prior v	ears					······································
- V	Discontined authio/aLC	CONTRIDUTIONS allocated toward	connoise maintaine and the	6 N	and the second s			0
								0
	rearraining amount of t	in paid minimum required cont	ributions (line 28 minus line 2	(9)	30			0
rar		Required Contribution	For Current Year		LL_	***************************************		~
31	l arget normal cost and	d excess assets (see instruction	ons):		*********			****
ć 1	a Target normal cost (li	ne 6)		*****	31a		1	05709
	Cruess assers, il app	licable, but not greater than lin	ne 31a				*****	47326
52	Autoritzation installmen	ts:		Outstanding Bo		Installn		31020
د ا	a Net shortfall amortiza	tion installment			0	·····	10110	0
20	vvalver amortization i	nstallment		•••••	0			
		proved for this plan year, ente ay Year	) and the waived amour	t.	33	*****		
34	Fotal funding requireme	nt before reflecting carryover/	prefunding balances (lines 31	a 316 + 300 , 306 . 001	34			0
		1	Carryover balance	1				58383
35 E	alances elected for us	e to offset funding	yer a salance	Prefunding bala	ance	Total balance		
36 A	dditional cash requiren	nent (line 34 minus line 35)		<u> </u>	0			0
- · ·	vinimunous anocated t	OWard minimum required cont	with a stim of		36		5	8383
				sted to valuation date	37			
10 1	resent value of excess	contributions for current year	(see instructions)		<u>.</u>		8	8148
a	Total (excess, if any, o	f line 37 over line 36)			38a		~	0765
<u></u>	roruori included in line	38a attributable to use of pre	funding and funding standard	Carryover balances	38b	**********	. ۲.	9765
<b>10</b>	inpaid minimum require	d contribution for current year	(excess if any of line 36 out	or line 27)	39			0
	opaid minimum require	a contributions for all years	*****		10			0
anti	relision ru	naing Reliet Under Pei	nsion Relief Act of 20	0 (See Instructions				0
1 If	an election was made t	o use PRA 2010 funding relief	for this plan:	- (	1			******
а	Schedule elected						Y	
b	Eligible plan year(s) for	which the election in line 41a	was made	******		plus 7 years	15 year	S
2 An	nount of acceleration ad	ljustment		***************************************		2009 2010	201	1
3 Ex	cess installment accele	ration amount to be carried or	tor to futuro plea		42			
		and the second of the second o	ren to ruture 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
Deposited Contribution	03/24/2015	\$30,000					
Applied to MRC	12/31/2014	30,000	29,640	0	0	5.46	0
Deposited Contribution	04/21/2015	\$10,000					
Applied to MRC	12/31/2014	10,000	9,840	0	0	5.46	0
Deposited Contribution	05/21/2015	\$10,000					
Applied to MRC	12/31/2014	10,000	9,797	0	0	5.46	0
Deposited Contribution	06/23/2015	\$20,000					
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
Deposited Contribution	07/24/2015	\$10,000					
Applied to Additional Contribution	12/31/2014	10,000	9,706	0	0	5.46	0
Deposited Contribution	08/21/2015	\$10,000					
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

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

Employer: Type of Entity -	St.Mark's Veterinary Hospital         C-Corporation         EIN: 13-3384512       TIN:         Plan #: 002       Plan Type: Cash Balance					
<u>Dates:</u>	Effective - 01/01/2006 Year end - 12/31/2014 Valuation - 12/31/2014 Top Heavy Years - 2014					
Eligibility:	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					
	Attainment of age 65 Not provided					
Average Compensation: Top Heavy Minimum Benefit -	Current compensation Highest 5 consecutive top heavy years of participation					
Plan Benefits: 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					
Top Heavy Minimum:	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					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$210,000					
	Maximum 401(a)(17) compensation - \$260,000					
Normal Form:	Life Annuity					
Optional Forms:	Lump Sum Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit					
Vesting Schedule:	100% vested in 3 years. Service is calculated using all years of service					
Present Value of Accrued Benefit: 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

### 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)