Form 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed		4065 of the Employee Reti	rement		2015
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the In e).	ternal		orm is Open to lic Inspection
	Complete all entries in ad dentification Information	ccordance with the inst	tructions to the Form 550	0-SF.		
For calendar plan year 2015 or fisc)15	and ending 12/3	31/2015		
A This return/report is for:	X a single-employer plan a one-participant plan		olan (not multiemployer)(F mployer information in acco		-	
B This return/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mon	iths)		
C Check box if filing under:	Form 5558	automatic extension		<u> </u>	DFVC prog	am
	special extension (enter descrip					
	mation—enter all requested info	ormation		<u> </u>		
1a Name of plan ALL CREATURES ANIMAL HOSPI	TAL, LLP CASH BALANCE PLAN			1b Thre plan (PN)	number	002
			ſ	1c Effect	tive date of 01/0	⁻ plan 1/2012
	, apt., suite no. and street, or P.O.			2b Emp (EIN)	-	ication Number 449764
City or town, state or province, ALL CREATURES ANIMAL HOSPIT	, country, and ZIP or foreign postal TAL, LLP	l code (if foreign, see ins	tructions)	2c Spor		hone number 36-3600
6429 TRANSIT ROAD				2d Busii	ness code (see instructions)
EAST AMHERST, NY 14051					5419	940
3a Plan administrator's name and	l address XSame as Plan Sponso	or.	:	3b Adm	nistrator's I	EIN
4 If the name and/or EIN of the	plan sponsor has changed since th	ne last return/report filed		3C Adm	nistrator's t	elephone number
	ber from the last return/report.			4c PN		
5a Total number of participants a	t the beginning of the plan year			5a		34
	It the end of the plan year			5b		26
	ccount balances as of the end of th			5c		
d(1) Total number of active parti	icipants at the beginning of the pla	n year		5d(1)		30
d(2) Total number of active part	icipants at the end of the plan year	r		5d(2)		22
	erminated employment during the p			5e		0
Caution: A penalty for the late of Under penalties of perjury and othe SB or Schedule MB completed and	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, I declare that I have	e examined this return/repo	rt, includi	ng, if applic	
belief, it is true, correct, and compl SIGN Filed with authorized/value	ete. alid electronic signature.	05/26/2016	DR. JAMES ALBERT			
HERE Signature of plan ad	ministrator	Date	Enter name of individua	I signing	as plan adn	ninistrator
SIGN HERE						
Preparer's name (including firm na		Date Clude room or suite numb	Enter name of individua er)		as employe telephone	
For Panerwork Reduction Act Notice	and OMB Control Numbers, see the	instructions for Form 550	D-SF.			Form 5500-SF (2015)

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit	ndent qualified public a ions.)	iccounta	ant (IQ	PA)		
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)? .	X	Yes	No Not determined
Par	t III Financial Information	•						
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
a	Total plan assets	7a		240	223			263894
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		240	223			263894
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt		_		(b) Total
	Contributions received or receivable from:	8a(1)		51	483			
	(1) Employers (2) Participants	8a(2)		0.				
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b		-6	581			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80 80		0	001			44902
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		21	231			+1002
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	-						21231
· · ·	Net income (loss) (subtract line 8h from line 8c)							23671
	Transfers to (from) the plan (see instructions)	8j			0			
Par	t IV Plan Characteristics				-			
	If the plan provides pension benefits, enter the applicable pension 1A 1C 3B	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f 4B	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported 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 by fraud or dishonesty?			10d		x		
е	 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.)						1846	
f	Has the plan failed to provide any benefit when due under the plan? 10f X							
g								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10g				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
j	Did the plan trust incur unrelated business taxable income?							
Part				10]	1		1	1

		······································				
11		ined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched ine 11a below)	lule SB (Form		X Yes	No
11a	Enter the u	npaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a			0
12	Is this a de	fined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 3	302 of ERISA	2	Yes	X No

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 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_			
b Enter the minimum required contribution for this plan year		12b			
		12c			
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 					
negative amount)		12d			1
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?			X Yes	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			(
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?		ontrol		Yes 🗙	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part VIII Trust Information					
14a Name of trust		14b ⊺	rust's EIN	l	
14c Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part IX IRS Compliance Questions		I			
15a Is the plan a 401(k) plan?		Ye:	S	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	esign- ised safe irbor ethod	ADI tes	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Ye	S	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		atio rcentage st		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No	
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	_ (See ins	structions
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial protocols and the letter's series and protocols		ct to a fa	vorable IF	RS opinion	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19 Were in-service distributions made during the plan year?		Ye	s	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A

SCHEDULE SB	Single-Em	nployer Defir	ned Ber	nefit Plan		OMB	No. 1210-0110
(Form 5500)		ctuarial Info					2045
Department of the Treasury Internal Revenue Service						4	2015
Department of Labor Employee Benefits Security Administration	Retirement Income S	juired to be filed unde Security Act of 1974 (I ternal Revenue Code	ERISA) and	section 6059 of			is Open to Public
Pension Benefit Guaranty Corporation		an attachment to Fo	,			IN	spection
For calendar plan year 2015 or fiscal p		1/01/2015		and endi	ng 12/31/2	2015	<u> </u>
Round off amounts to nearest do	ollar.						
• Caution: A penalty of \$1,000 will b	e assessed for late filing o	of this report unless re	easonable ca	ause is establish	ed.		
A Name of plan ALL CREATURES ANIMAL HOSPITA	L, LLP CASH BALANCE I	PLAN		B Three-dig plan num		•	002
C Plan sponsor's name as shown on li ALL CREATURES ANIMAL HOSPITA		00-SF		D Employer		n Number (E	IN)
ALL CREATORES ANIMAL HOSPITA	L, LLF				56-244976	54	
E Type of plan: X Single Multipl	e-A Multiple-B	F Prior year	r plan size:	X 100 or fewer	101-500	More th	an 500
Part I Basic Information		,	· L				
1 Enter the valuation date:	Month D	Day <u>01</u> Yea	ar <u>2015</u>				
2 Assets:				_			
a Market value					2a		239552
b Actuarial value					2b		239552
3 Funding target/participant count b	preakdown		· · ·	Number of articipants	(2) Vesteo Targ	-	(3) Total Funding Target
a For retired participants and ber	eficiaries receiving payme	ent		0		0	0
b For terminated vested participa	nts			4		1794	1794
C For active participants				30		151729	153011
d Total				34		153523	154805
4 If the plan is in at-risk status, chee	ck the box and complete li	ines (a) and (b)					
a Funding target disregarding pre	escribed at-risk assumptior	ns			4a		
b Funding target reflecting at-risk at-risk status for fewer than					4b		
5 Effective interest rate					5		6.38%
6 Target normal cost					6		0
Statement by Enrolled Actuary To the best of my knowledge, the information s accordance with applicable law and regulations combination, offer my best estimate of anticipat	In my opinion, each other assumption	npanying schedules, statemo ption is reasonable (taking ir	ents and attachr nto account the	ments, if any, is comple experience of the plan	ete and accurate and reasonable	e. Each prescribe expectations) a	ed assumption was applied in ind such other assumptions, in
SIGN HERE						05/24/20	016
	Signature of actuary					Date	
STEVE J. PERSONS, MAAA, MSPA						14-038	51
Туре	or print name of actuary				Most rec	ent enrollme	nt number
CREATIVE BENEFIT STRATEGIES, I	NC.					440-717	′-1600
10155 BROADVIEW ROAD, SUITE 6 BROADVIEW HEIGHTS, OH 44147-32	Firm name			Τ	elephone nu	mber (includ	ling area code)
	Address of the firm						
If the actuary has not fully reflected any instructions	regulation or ruling promul	lgated under the state	ute in compl	leting this schedu	Ile, check th	e box and s	ee

Pa	art II	Begir	nning of Year	Carryov	er and Prefunding Ba	alances							
							(a) C	Carryover balance		(b) F	Prefundir	ng balan	ce
7		0	0 1 2		cable adjustments (line 13 fr				0				0
8					unding requirement (line 35				0				0
9									0				0
10			9 using prior year's						0				0
11					to prefunding balance:				0				0
	•				38a from prior year)				-				99050
	b(1) ⊪	nterest or	n the excess, if any	, of line 38	Ba over line 38b from prior year and	ear							
			••••		nedule SB, using prior year's								0
					ear to add to prefunding balan								0
	_												99050
	d Port	ion of (c)	to be added to pre	funding ba	llance								0
12	Other r	eduction	s in balances due t	o elections	s or deemed elections				0				0
13	Balanc	e at begii	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12))			0				0
Р	art III	Fun	ding Percenta	iges									
14	Fundin	g target a	attainment percenta	age							14	15	4.74 %
15	15 Adjusted funding target attainment percentage								15	15	4.74 %		
16	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	16	4.43 %			
17					s less than 70 percent of the						17		%
P	art IV	Con	tributions and	d Liquid	ity Shortfalls					·			
18	Contrib	outions m	ade to the plan for	the plan y	ear by employer(s) and emp	oloyees:							
(N	(a) Da M-DD-ז/		(b) Amount pa employer((c) Amount paid by employees	(a) Da ۱-(MM-DD)		(b) Amount pa employer(s		(0	c) Amour emplo		у
0′	1/28/201	5		5439	0								
02	2/28/201	5		5439	0								
03	3/28/201	5		5439	0								
04	4/28/201	5		5439	0								
0	5/28/201	5		29725	0								
						Totals 🕨	18(b)		51481	18(c)			0
19	Discou	nted emp	loyer contributions	– see inst	ructions for small plan with	a valuation da	ate after th	e beginning of the	year:				
	a Cont	tributions	allocated toward u	inpaid min	imum required contributions	from prior ye	ears		19a				0
	b Cont	ributions	made to avoid res	trictions ac	ljusted to valuation date				19b				0
	C Cont	ributions	allocated toward mi	nimum requ	uired contribution for current y	vear adjusted t	o valuation	date	19c				50489
20	Quarte	rly contrib	outions and liquidit	y shortfalls									
	a Did t	the plan h	nave a "funding sho	ortfall" for t	he prior year?							Yes	X No
	b If line	e 20a is "	Yes," were require	d quarterly	installments for the current	t year made ir	n a timely r	manner?		<u> </u>	<u></u>	Yes	No
	C If line	e 20a is "	Yes," see instruction	ons and co	mplete the following table a	s applicable:							
		(4)			Liquidity shortfall as of er	nd of quarter		•			(4)		
		(1) 1:	St		(2) 2nd		(3)	3rd			(4) 4th		

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and T	arge	t Normal Cost				
21	Disco	ount rate:								
	a Se	egment rates:	1st segment: 4.72 %	2nd segment: 6.11 %		3rd segment: 6.81 %		N/A, full yie	ld curve	used
	b Ap	plicable month (enter code)				21b			0
22	Weig	hted average ret	tirement age				22			65
23		ality table(s) (se		escribed - combined		scribed - separate	Substitu	ute		
Pa	rt VI	Miscellane	ous Items	-						
24	Has a	a change been m	nade in the non-prescribed act	•				• • •		
									Yes	X No
25		-	e been made for the current pla	-					Yes	X No
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachmen	t	X Yes	No
27			o alternative funding rules, ent			0 0	27			
	rt VII		ation of Unpaid Minimu	•				1		
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	929)		30			0
Ра	rt VIII	I Minimum	Required Contribution	For Current Year						
31	Targe	et normal cost a	nd excess assets (see instruct	ions):						
	a Tar	get normal cost	(line 6)				31a			0
	b Exc	cess assets, if ap	oplicable, but not greater than	line 31a			31b			0
32	Amor	rtization installme	ents:			Outstanding Bala	nce	Insta	iment	
	a Net	t shortfall amortiz	zation installment				0			0
	b Wa	aiver amortization	n installment				0			0
33	lf a w (Moni		approved for this plan year, en Day Year	ter the date of the ruling lette) and the waived amo	-		33			
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34			0
				Carryover balance		Prefunding balar	nce	Total b	alance	
35			use to offset funding		0		0			0
36	Addit	ional cash requi	rement (line 34 minus line 35).				36			0
37	Contr	ributions allocate	ed toward minimum required co	ontribution for current year a	djuste	d to valuation date	37			50489
38	`	,	ess contributions for current ye							
50			y, of line 37 over line 36)				38a			50490
			line 38a attributable to use of				38b			50489 0
39			uired contribution for current ye			•	39			0
40	-		uired contributions for all years				40			0
-	rt IX		Funding Relief Under F					<u> </u>		0
41	lf an e		de to use PRA 2010 funding re							
			<u>_</u>				Г	2 plus 7 years	15 y	vears
) for which the election in line							2011
42			n adjustment				42		<u> </u>	-
			celeration amount to be carrie				43			
								1		

Form 5500-SF	Short Form Annual Re B	eturn/Report of enefit Plan	of Small Employ	vee		OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be filed	under sections 104 a	and 4065 of the Employe	e	2	2015
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of the Interna	1974 (ERISA), and s I Revenue Code (the		(a) of	This Form	s Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in accord	Υ.	,	D-SE	In	spection
Part I Annual Report Ider	ntification Information			-51.		
or calendar plan year 2015 or fiscal p	lan year beginning	01/01/2015	and ending	12/	31/2015	
A This return/report is for:	a one-participant plan	a list of participating e a foreign plan the final return/report	olan (not multiemployer) (employer information in a urn/report (less than 12 m	ccordanc	ecking this bo ce with the forr	k must attach n instructions)
	Form 5558	automatic extension			DFVC progra	m
	special extension (enter description	,				
	ation enter all requested inform	nation				
a Name of plan					hree-digit an number	
AII Cleatures Animai A	lospital, LLP Cash Balar	ice Plan		(F	PN) ►	002
					ffective date o 1/01/2012	f plan
Plan sponsor's name (employer, i Mailing Address (include room, ap City or town, state or province, co	if for a single-employer plan) ot., suite no. and street or P.O. Box untry, and ZIP or foreign postal coo) de (ifforeign, soo inst	ructiona)		mployer Identi EIN) 56-24	fication Number 49764
All Creatures Animal H		de (in foreign, see msi	iuctions)		ponsor's telep 716) 636-3	
6429 Transit Road				2d B		see instructions)
US East Amherst NY 14051 A Plan administrator's name and ad						
				3c A	dministrator's	elephone number
If the name and/or EIN of the plan	n sponsor has changed since the la	st return/report filed f	or this plan, enter the	4b E	IN	
name, EIN, and the plan number f a Sponsor's name	from the last return/report.					
	boginning of the plan war			4c PI	N	
 a Total number of participants at the b Total number of participants at the 	e beginning of the plan year			5a		34
 Number of participants with account 	unt balances as of the end of the pla	an year (defined bene	efit plans do not	5b 5c		26
d(1) Total number of active participa	nts at the beginning of the plan yea			5d(1))	30
d(2) Total number of active participa	nts at the end of the plan year			5d(2)		22
	nated employment during the plan y			5e		0
Caution: A penalty for the late or in					tablished	
Under penalties of perjury and other p SB or Schedule MB completed and sig belief, it strue, correct, and complete	penalties set forth in the instructions gned by an enrolled actuary, as we	. I declare that I have	examined this return/rer	ort inclu	iding if applie	able, a Schedule knowledge and
SIGN		5-26-16	Dr. James Alber	t		
HERE Signature of plan administ	rator	Date /6	Enter name of individua	l signing	as plan admir	nistrator
SIGN	2	5.26010	Dr. James Albert	t		
HERE Signature of employer/plan		Date	Enter name of individua	l signing	as employer of	or plan sponsor
Preparer's name (Including firm name	, if applicable) and address; include	e room or suite numb	er	Prepare	er's telephone	number
For Paperwork Reduction Act Notic	e and OMB Control Numbers, se	e the instructions for	or Form 5500-SF.		F	orm 5500-SF (2015)

	Form 5500-SF 2015		Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions)						X Yes	No
	Are you claiming a waiver of the annual examination and report of ar		-				•••••	•••••	A les	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar								X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must ins	tead	use F	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance prog	gram (see ERISA sectio	n 402	1)?	[X Yes	No [Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End of	Year	
а	Total plan assets	7a	2	40,2	23				263,8	94
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	40,2	23				263,8	94
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) To		
а	Contributions received or receivable from: (1) Employers	8a(1)		51,4	83					
	(2) Participants	8a(2)		JI,4	05					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	(6,58	1)					
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	,	0,00	- /				44,9	0.2
d	Benefits paid (including direct rollovers and insurance premiums								44,9	02
	to provide benefits)	8d		21,2	31					
-	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g								
h i	Total expenses (add lines 8d, 8e, 8f, and 8g) Net income (loss) (subtract line 8h from line 8c)	8h			_	-			21,2	
; ;	Transfers to (from) the plan (see instructions)	8i			0	_			23,6	71
Da	rt IV Plan Characteristics	8j			0					
b	If the plan provides welfare benefits, enter the applicable welfare fea 4B	ture codes t	from the List of Plan Cha	aracte	ristic	Codes	s in the	instructions	:	
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	N/A	А	mount	
а	Was there a failure to transmit to the plan any participant contribution									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
b	Program)		landa da ana an U	10a		X				
	reported on line 10a.)		ciude transactions	10b		x				
С	Was the plan covered by a fidelity bond?			10c	х				45	5,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f									
	by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some	e or all of the	e benefits under							
5	the plan? (See instructions.)			10e	Х				1	,846
f	Has the plan failed to provide any benefit when due under the plan			10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х				
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruct	ions and 29 CFR	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	e required r -3	otice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10j		x				
Pa	t VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Ye	es," see instructions and	comp	lete S	Schedu	ule SB (Form	X Yes	No
11;	Enter the unpaid minimum required contribution for current year fro						11a			0
12	Is this a defined contribution plan subject to the minimum funding r							RISA?	Yes 2	X No

Form 5500-SF 2015

	Form 5500-SF 2015	Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
6	a If a waiver of the minimum funding standard for a prior year is being amortized in th granting the waiver.	is plan year, see		enter th	e date of th Yea		uling
	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),			ay		ai	
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a negative amount)	minus sign to th	ne left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadlin	ne?	•••••		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?	••••••		XY	es 🗌 N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to and of the PBGC?				[Yes	X No
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), ide	ntify the plan(s) to				
1	13c(1) Name of plan(s):		130	c(2) EIN	(s)	13c(3)	PN(s)
Part	VIII Trust Information						
14a i	Name of trust			14b ⊤	rust's EIN		
14c	Name of trustee or custodian				rustee or o phone nun		's
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan:			🗌 Ye	s	No No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		and employer	ba: ha	esign- sed safe rbor ethod	ADP/ test	ACP
	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k). 2(a)(2)(ii))?	-2(a)(2)(ii) and 1	.401(m)-	🗌 Ye	S	No No	
	Check the box to indicate the method used by the plan to satisfy the coverage require			Ra Pe Te	rcentage	Avera Bene	age ifit Test
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and this plan with any other plans under the permissive aggregation rules?		ombining	🗌 Ye	S	🗌 No	
	Has the Plan been timely amended for all required law changes?			🗌 Ye	S	No	N/A
	Date of the last plan amendment/restatement for the required tax law changes was a instructions for tax law changes and codes).				able code		e
17d	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volur advisory letter, enter the date of that favorable letter / / / . and the If the plan is an individually-designed plan and recieved a favorable determination let determination letter	e letter's serial i	number				
18	determination letter / / / Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	section 1022(i)(or the U.S. Virc	2) has been in Islands)?	∏ Ye	s	□ No	
	Were in-service distributions made during the plan year?			Ye			
	If Yes, enter amount			19			
20	Were minimum required distributions made to 5% owners who have attained age 70 ½ not retired) as required under section 401(a)(9)?	√₂ (regardless of	whether or	Ye	S	No No	□ N/A

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirem	<u>ents</u>	Service/Participa	ation Requirements		
Age (yrs) : Age (months) : Wait (months) : Two year eligibility :	21 0 12 No	Definition of yea Continuing hou Excluded classes	rs: 1,000		
<u>Earnings</u>					
Total compensation	excluding :	403(b) Cafeteria Other			
Retirement	Normal	<u>Early</u>	Subsidized Early	Disability	<u>Death</u>
Age: Service: Participation: Defined:	65 0 0 1st of month following				
Benefit Reduction / I	Mortality table &	k setback			
Male: Female	:	Actuarial Equivalence Actuarial Equivalence	Actuarial Equivalen Actuarial Equivalen		0 0
Rates - Male: Rates - Female:		N/A N/A	N/A N/A	N/A N/A	
Use Social Security I Vesting Schedule: Vesting Definition:	Retirement Age: 3 year cliff Hours Worked	Pre-retirem Percentage	nefits Percentage: ent death benefit of accrued benefit: fit Payment method:	50.00% 100.00% PVAB	
Normal: QJSA: Benefit Formula	<u>Annuity</u> Life only Joint and cont	Percent 0.00% singent 50.00%	<u>Years</u> 0 0		

Benefit Formula

Benefits are based on the actuarial equivalent of the hypothetical account balance. The hypothetical contributions are 0% of compensation for all groups.

Significant Changes in Plan Provisions Since Last Valuation The plan was amended effective January 1, 2014, to reduce the hypothetical contributions for all Groups to 0%. Accrued benefits were frozen effective May 7, 2015.

Name of Plan:	All Creatures Animal Hospital, 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:	6.38%
Late Quarterly:	11.38%

Effective Date	<u>Amount</u>	Contribution Year End Date	Effective Interest	Quarterly Interest	Discounted
05/28/2015	\$29,725	12/31/2015	-731	0	\$28,994
04/28/2015	\$5,439	12/31/2015	-106	0	\$5,333
03/28/2015	\$5,439	12/31/2015	-78	0	\$5,361
02/28/2015	\$5,439	12/31/2015	-53	0	\$5,386
01/28/2015	\$5,439	12/31/2015	-24	0	\$5,415
Total:	\$51,481				\$50,489

Name of Plan:All Creatures Animal Hospital, LLP Cash Balance PlanPlan Sponsor's EIN:56-2449764Ol2002Plan Sponsor's Name:All Creatures Animal Hospital, LLP

(Form 5500) Actuarial Information 2015 Department of the Treasury Internal Revenue Service 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). This Form is Open to Inspection Person Benefit Guaranty Corporation • File as an attachment to Form 5500 or 5500-SF. This Form is Open to Inspection For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 * Round off amounts to nearest dollar. • Catuarial Hospital, LLP Cash Balance Plan B Three-digit plan number (PN) 00 C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF All Creatures Animal Hospital, LLP F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 2a 2a 2a 2a 2a 2a 2b 2b 101-500 More than 500 3 Funding target/participants count breakdown (1) Number of participants and beneficiaries receiving payment 0 <th>SCHEDULE SB</th> <th>Single-Employer Defin</th> <th>ed Benefit Pla</th> <th>า</th> <th colspan="4">OMB No. 1210-0110</th>	SCHEDULE SB	Single-Employer Defin	ed Benefit Pla	า	OMB No. 1210-0110			
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Steve J. Persons, MAAA, MSPA14-03851Type or print name of actuaryMost recent enrollment numberCreative Benefit Strategies, Inc.(440) 717-1600Firm nameTelephone number (including area control of the sector)		ture of actuary						
Type or print name of actuaryMost recent enrollment numberCreative Benefit Strategies, Inc.(440) 717-1600Firm nameTelephone number (including area control	J. Persons, MAAA, M	?A			14-0385	51		
Firm name Telephone number (including area co	Туре о	int name of actuary						
	ive Benefit Strategi							
	Broadview Road, Sui			relephon	e number (inclu	ding area code)		
Broadview Heights OH 44147-3296			96					
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		ation or ruling promulgated under the statu	te in completing this sch	dule, cheo	k the box and s	ee	J	
instructions For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form	erwork Reduction Act Notice a	OMB Control Numbers, see the instruct	ons for Form 5500 or 5	00-SF.	Schedul	e SB (Form 5500	0) 201 15012	

Pa	art II 🛛 E	Beginning of Year	r Carryove	er and Prefunding Bal	ances							~
L						(a) C	arryover balance		(b)	Prefund	ling bala	nce
7		• •		able adjustments (line 13 fro				0				0
8	prior year)			inding requirement (line 35 fr				0				0
9								0				0
10	Interest or	line 9 using prior year	's actual retu	ırn of <u>-6.60</u> %				0				0
11	Prior year'	s excess contributions	to be added	to prefunding balance:								
	a Present	value of excess contrib	butions (line	38a from prior year)								99050
	b(1) Inter Sche	est on the excess, if ar dule SB, using prior ye	ny, of line 38 ear's effective	a over line 38b from prior yea e interest rate of 6.58%	ar							0
	b(2) Inter	est on line 38b from pr	ior year Sch	edule SB, using prior year's a	actual							
												0
				ar to add to prefunding balance	10							99050
	d Portion	of (c) to be added to pr	refunding bal	ance								0
12	Other redu	ctions in balances due	to elections	or deemed elections				0				0
13	Balance at	beginning of current v	ear (line 9 +	line 10 + line 11d – line 12)				0				0
1.000		Funding Percent					<u></u>					
										14	154	.74 %
		unding target attainmer								15	154	.74 %
				of determining whether carry						16		
	current yea	ar's funding requirement	nt								164	.43 %
17	If the curre	nt value of the assets	of the plan is	less than 70 percent of the f	unding tar	get, enter si	uch percentage			17	L	%
P	art IV	Contributions an	nd Liquidi	ty Shortfalls								
18	Contributio	ons made to the plan fo	or the plan ye	ear by employer(s) and emplo	oyees:							
(M	(a) Date IM-DD-YYY	(b) Amount p Y) employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer((unt paid loyees	by
01	/28/203	15	5,439									
02	2/28/203	15	5,439									
03	3/28/201	15	5,439									
04	1/28/203	15	5,439									<u></u>
05	5/28/20:	15	29,725									
					Totals 🕨	18(b)		51,48	1 18(c)			0
19	Discounted	employer contribution	ns – see instr	uctions for small plan with a	valuation c	date after th	e beginning of the					
	a Contribι	tions allocated toward	unpaid minii	mum required contributions fi	rom prior y	ears		19a				0
	b Contribu	tions made to avoid re	strictions adj	usted to valuation date				19b				0
	c Contribu	tions allocated toward m	ninimum requ	ired contribution for current yea	ar adjusted	to valuation	date	19c			5	0,489
20	Quarterly o	ontributions and liquid	ity shortfalls:									
				ne prior year?			,			[Yes	X No
				installments for the current y						[Yes	No No
				mplete the following table as				ſ				
				Liquidity shortfall as of end		r of this plar						
	(1) 1st		(2) 2nd	<u> </u>	(3)	3rd			(4) 4t	<u>h</u>	

Page 3

Pa	art V Assumptio	ons Used to Determine	Funding Target and 1	arget Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.72 %	2nd segment : 6.11 %	3rd segment: 6.81 %		N/A, full yield curve used
	b Applicable month ((enter code)			21b	0
22	Weighted average re	tirement age			22	65
	Mortality table(s) (se		escribed - combined	Prescribed - separate	Substitut	e
	rt VI Miscellane					
		nade in the non-prescribed ac	uarial assumptions for the ci	urrent plan vear? If "Yes." see	instructions	regarding required
	attachment					Yes X No
		e been made for the current p				Land Land Land Land Land Land Land Land
		o provide a Schedule of Active			attachment	X Yes No
27	If the plan is subject t attachment	o alternative funding rules, en	ter applicable code and see	nstructions regarding	27	
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribu	itions For Prior Years		
28	Unpaid minimum requ	uired contributions for all prior	years		28	0
29		contributions allocated toward			29	0
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line	29)	30	0
	All successful and successful	Required Contribution				
31		nd excess assets (see instruc				
		(line 6)			31a	0
		pplicable, but not greater than			31b	0
32	Amortization installme			Outstanding Bala	ince	installment
		zation installment			0	0
		n installment			0	0
33		approved for this plan year, er			33	
•••	(Month	Day Year) and the waived amo	ount	33	
34	Total funding requirer	ment before reflecting carryov	er/prefunding balances (lines	31a - 31b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding bala	nce	Total balance
35		use to offset funding		0	0	0
26		rement (line 34 minus line 35)		I	36	0
37	Contributions allocate	ed toward minimum required c	ontribution for current year a	djusted to valuation date	37	50,489
38		ess contributions for current ye			<u>ı </u>	
- 30		y, of line 37 over line 36)			38a	50,489
		line 38a attributable to use of			38b	0
39		uired contribution for current y			39	0
40		uired contributions for all years			40	0
		Funding Relief Under I))	
41		de to use PRA 2010 funding r				2 plus 7 years 15 years
) for which the election in line				8 2009 2010 2011
42	-	n adjustment			42	
		celeration amount to be carrie			43	
40	Excess instaiment ac	celeration amount to be came	a oron to rataro piun yoaro			

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant:	2015 Nonannuitant M	1ale
Female Nonannuitant:	2015 Nonannuitant F	emale
Male Annuitant:	2015 Annuitant Male	
Female Annuitant:	2015 Annuitant Fema	ale
Applicable months from v	aluation month:	0
Probability of lump sum:		100.00%
Use pre-retirement morta	ality:	No

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.22	4.11	5.20
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.72	6.11	6.81
Override:	0.00	0.00	0.00

0.00%

0.00%

N/A

N/A

N/A

N/A

N/A

N/A**Subsidized Early Retirement Rates**

N/A

N/A

Options:

Use optional combined mortality table for small plans: Use discount rate transition:										
Lump sums use proposed regulations:										
Actuarial Equivalent Floor										
Stability per	·iod:	pla	in year							
Lookback m	onths:	3								
Nonannuitar	nt:	N /.	A							
Annuitant:		20	15 Applicable							
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>							
Current:	1.29	3.81	4.88							
Override:	0.00	0.00	0.00							
<u>Late Retiren</u> Male:	N/A									
Male: Female:	N/A N/A									
Male: Female: <u>Marriage Pr</u>	N/A N/A	A		<u>Setbac</u>						
Male: Female: <u>Marriage Pr</u> Male:	N/A N/A	A 0.00%		<u>Setbac</u> 0						
Male: Female: <u>Marriage Pr</u> Male: Female:	N/A N/A robability	A 0.00% 0.00%								
Male: Female: <u>Marriage Pr</u> Male: Female: Expense load	N/A N/A robability ding:	A 0.00%								
Male: Female: <u>Marriage Pr</u> Male: Female: Expense load Disability Ra	N/A N/A robability ding:	0.00% 0.00% 0.00%								
Male: Female: <u>Marriage Pr</u> Male: Female: Expense load <u>Disability Ra</u> Male:	N/A N/A robability ding:	A 0.00% 0.00% 0.00% N/A								
Male: Female: <u>Marriage Pr</u> Male: Female: Expense load	N/A N/A obability ding: tes	A 0.00% 0.00% 0.00% N/A N/A		0						
Male: Female: <u>Marriage Pr</u> Male: Female: Expense load <u>Disability Ra</u> Male:	N/A N/A obability ding: tes	A 0.00% 0.00% 0.00% N/A N/A N/A								

Asset Valuation Method:

Salary Scale

Male:

Female: <u>Withdrawal</u> Male:

Female:

Female:

Male:

Male:

Female:

Female:

Early Retirement Rates

Withdrawal-Select Male:

Fair Market Value

Name of Plan: All Creatures Animal Hospital, LLP Cash Balance Plan 56-2449764 **Plan Sponsor's EIN: Plan Number:** 002

YEARS OF CREDITED SERVICE

Attained Age		nder 1 Avg. . Comp		To 4 Avg. Comp		To 9 Avg. Comp	10 ' No.	To 14 Avg. Comp		To 19 Avg. Comp		To 24 Avg. Comp		To 29 Avg. Comp		To 34 Avg. Comp		5 To 39 Avg. . Comp		& Up Avg. Comp
Under 25	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	5	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan:All Creatures Animal Hospital, LLP Cash Balance PlanPlan sponsor's name:All Creatures Animal Hospital, LLP

Plan number: EIN:

56-2449764

002