Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

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

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/	2016	and ending 1	2/31/2016	
▲ This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) employer information in a		
71 11115 101	uninoport io ior.	a one-participant plan	a foreign plan	op.o, o		
B This retu	ırn/report is	the first return/report	the final return/repo	rt		
		an amended return/report	a short plan year re	turn/report (less than 12 n	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension	n	DFVC program	
		special extension (enter desc	cription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name ST. MARKS		PITAL CASH BALANCE PLAN			1b Three-digit plan numbe (PN) ▶	r 002
					1c Effective da	te of plan 1/01/2006
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.				entification Number 3-3384512
	town, state or proving VETERINARY HOS	nstructions)		elephone number -477-2688		
					2d Business co	de (see instructions)
348 EAST 9T NEW YORK,					5	41940
3a Plan ad	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administrate	or's EIN
		he plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
name, a Sponso	•	umber from the last return/report.			4c PN	
5a Total r	number of participan	ts at the beginning of the plan year			5a	19
b Total r	number of participan	ts at the end of the plan year			5b	18
		h account balances as of the end of			5c	
d(1) Tota	al number of active p	participants at the beginning of the p	lan year		5d(1)	13
		participants at the end of the plan ye			5d(2)	11
than '	100% vested	at terminated employment during th			5e	,
		e or incomplete filing of this return other penalties set forth in the instru				
SB or Sche		and signed by an enrolled actuary,				
SIGN	Filed with authorize	d/valid electronic signature.	SARAH HADDOCK, [OVM		
HERE Signature of plan administrator Date Enter name of indiv						administrator
SIGN HERE	Circulture of complementation and an arrange of individual control		Enter nome of in this	dual aignige ee ee	lover or plantaness	
		loyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite num		Preparer's teleph	oloyer or plan sponsor none number

Form 5500-SF 2016 Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not	determined		
Pai	rt III Financial Information		(a) B a min min m	- ()/				(I.) F	1 - ()/			
	Plan Assets and Liabilities Total plan assets	7a	(a) Beginning o	ot Year 153699				(b) End	d of Year 127	1904		
	Total plan assets	7a 7b		0						0		
	Net plan assets (subtract line 7b from line 7a)	7c	1	153699		1271904				1904		
8	Income, Expenses, and Transfers for this Plan Year	, 0	(a) Amoun	ıt				(b)	Total			
	Contributions received or receivable from:		(4) 7 11110 4111					(-/				
	(1) Employers	8a(1)		90000								
	(2) Participants	8a(2)		0								
	(3) Others (including rollovers)	8a(3)		0								
	Other income (loss)	8b		28205	_				44	2005		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							118	3205		
d	Benefits paid (including direct rollovers and insurance premiums 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		0								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								0		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							118	3205		
j	Transfers to (from) the plan (see instructions)		0									
Part IV Plan Characteristics												
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1}{1}$ A $\frac{3}{1}$ D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the ins	structions	ī		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	les in t	he insti	ructions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amo	unt		
	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	oluntary F	Fiduciary Correction	10a		X			Allio	<u>u</u>		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X						
				10c		X						
d		fidelity bo	nd, that was caused	10d		X						
е	· · · · · · · · · · · · · · · · · · ·	10e		X								
f	Has the plan failed to provide any benefit when due under the pla	10f		X								
g	Did the plan have any participant loans? (If "Yes," enter amount a	10g		X								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)		10h									
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i								

Page 3-	1	

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		•	0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					□\	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver		s, and	l enter t _ Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		ī		
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougo ol of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the pl	an(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L s		n-based arbor	d [Prior ye test	ear" ADP
			- □ "	Curre ADP t	ent year est	,,	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🗌	Ratio perce test	entage		verage enefit test	N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_2$ during the prior plan year?			Ye	s	No	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

_ F0	r calendar plan y	ear 2016	or fiscal plan	year begi	nning 01	/01/2016	5		and	ending	12/	31/2016				
	Round off amo				or late filing of	this repo	ort unless reas	onable co	use is estal	hlishad						
Α	Name of plan ST. MARKS VET						it uniess 16d5	oriable ca	B Th	ree-digi	it	ı) •	002			
	Plan sponsor's n ST. MARKS VET			2a of Forn	n 5500 or 5500	0-SF			D Employer Identification Number (EIN) 13-3384512							
E	Type of plan:		Multiple-A	Multi	ple-B		F Prior year p	plan size:	X 100 or fe	ewer	101-	-500 More th	nan 500			
F	Part I Bas	ic Infor	mation													
1	Enter the valu	ation date	:	Month	12 Da	ay <u>31</u>	Year _	2016								
2	Assets:	_								Г	2a		4494004			
	a Market value												1181904			
3	b Actuarial va Funding targe								Number of	<u> </u>	2b	sted Funding	(3) Total Funding			
3	runding targe	vparticipa	in count brea	Kuowii					articipants		. ,	Target	Target			
	a For retired p	participant	s and benefic	iaries rec	eiving paymen	nt				0		0	0			
	b For termina									7			17890			
	C For active page	articipants	8							11		1249443	1249443			
	d Total									18		1267333	1267333			
4	If the plan is ir	n at-risk st	atus, check th	ne box an	d complete line	es (a) an	ıd (b)									
	a Funding tar	get disreg	arding prescr	ibed at-ris	k assumptions	s					4a					
	b Funding target status for fe				, but disregard and disregardi											
5	Effective inter	est rate									5		836.00%			
6	Target normal	cost									6		83046			
	accordance with appl combination, offer my	wledge, the icable law an	information supplied regulations. In r	ny opinion, e	ach other assumpti								d assumption was applied in d such other assumptions, in			
	SIGN HERE											10/12/201	7			
			Sign	nature of	actuary							Date				
F	HARLAN W. RICI	HARDSO	N									17-02954	1			
Type or print name of actuary									Most	recent enrollme	nt number					
RICHARDSON ACTUARIAL SERVICES									530-759-95	562						
	221 LUZ PLACE DAVIS, CA 95616	6-0241		Firm nar	ne					Tel	ephone	number (includ	ling area code)			
			Ac	dress of t	the firm				<u>—</u>							
	e actuary has no	t fully refle	ected any regi	ulation or	ruling promulg	gated und	der the statute	in comple	ting this sc	hedule	, check	the box and see	е			

Page	2	-	

Pa	art II	Begin	nning of Year	Carryov	er and Prefunding	Bala	ances							
								(a) C	arryover balance	;	(b) F	refundir	ng balance	
7		_			able adjustments (line 1		*			0			29765	
8			•	-	nding requirement (line		•			0			11242	
9	Amount	remaining	g (line 7 minus line	€ 8)						0			18523	
10	Interest	on line 9 i	using prior year's	actual retu	rn of -1.91 %					0			-354	
11	Prior yea	ar's exces	s contributions to	be added t	to prefunding balance:									
	a Prese	nt value o	of excess contribut	ions (line 3	88a from prior year)								0	
	b(1) Int	erest on t	the excess, if any,	of line 38a	a over line 38b from prior interest rate of5	r year							0	
	b(2) Int	erest on I	line 38b from prior	year Sche	edule SB, using prior yea	ar's act	tual						- 0	
	C Total available at beginning of current plan year to add to prefunding balance												0	
	d Portio	n of (c) to	be added to prefu	unding bala	ance								0	
12	Other re	ductions i	in balances due to	elections	or deemed elections					0			0	
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0			18169		
Р	Part III Funding Percentages													
												4%		
											15	91.7	4%	
	, , , , , , , , , , , , , , , , , , , ,										4%			
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18	Contribu	tions mad	de to the plan for t	he plan ye	ar by employer(s) and e	mploye	ees:							
(1	(a) Dat /IM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Dat (MM-DD-Y		(b) Amount p employer	(c) Amount paid by employees				
0	4/20/2017	7		15000		0								
0	5/24/2017	7		15000		0								
0	6/21/2017	7		15000		0								
0	7/21/2017	7		15000		0								
0	8/02/2017	7		15000		0								
0	8/15/2017	7		15000		0						1		
						1	Totals ►	18(b)		90000	18(c)			0
19	Discount	ted emplo	yer contributions	– see instr	uctions for small plan wi	th a va	aluation date	after the	beginning of the	year:				
	_				num required contribution				_	19a			()
	b Contri	butions m	nade to avoid restr	rictions adj	usted to valuation date				·····	19b			()
	C Contri	butions all	ocated toward min	imum requi	red contribution for currer	nt year	adjusted to v	aluation da	ate	19c			85398	3
20	Quarterly	y contribu	itions and liquidity	shortfalls:										
a Did the plan have a "funding shortfall" for the prior year?								X	Yes	No				
	b If line	20a is "Y	es," were required	d quarterly	installments for the curre	ent yea	ar made in a	timely ma	anner?				Yes X	No
	C If line	20a is "Y	es," see instructio	ns and con	nplete the following table									
					Liquidity shortfall as of	f end c	of quarter of			1		(A) A±1-		
		(1) 1s	l .		(2) 2nd			(3)	3rd			(4) 4th		

P	art V	Assumnti	ons Used to Determine	e Funding Target and Targ	et Normal Cost							_
21		-	ons osea to betermine	e i uliuliig Target aliu Targ	et Normai Cost							
	a Segme		1st segment:	2nd segment:	3rd segment:				0 - 2 - 1			
	-		4.43%	5.91%	6.65 %			N/A, fu	ı yıe	d cur	ve used	
						211				0		
22	Weighted	l average retire				22			(65		
23	Mortality	table(s) (see i	instructions) X Pres	scribed - combined Presc	ribed - separate	Sub	stitute)				
Pa	art VI	Miscellane	ous Items									
24		-		arial assumptions for the current pl				-		_	s 🛚 No)
25	Has a me	ethod change b	peen made for the current plan	n year? If "Yes," see instructions re	egarding required attach	ment.				Ye	s X No)
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instruction	ons regarding required a	attachn	nent		[Ye	s X No)
27		•	•	r applicable code and see instruction	0 0	27						
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years											
28	Unpaid m	inimum requir	red contributions for all prior ye		28					0		
29		' '		unpaid minimum required contributi	' '	29					0	
30	Remainir		30					0				
Pa	Part VIII Minimum Required Contribution For Current Year											
31	31 Target normal cost and excess assets (see instructions):											
	a Target ı	normal cost (lir	ne 6)			318	3				83046	
	b Excess	assets, if app	licable, but not greater than li	ne 31a		31l	י				0	
32	Amortiza	tion installmen	ts:		Outstanding Bala	nce		Ir	stall	ment		
	a Net sho	ortfall amortiza	tion installment		1		03598 1882					
						()				0	
33				er the date of the ruling letter granti) and the waived amount		33		0				
34	Total fund	ding requireme	ent before reflecting carryover.	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34				1	01872	
				Carryover balance	Prefunding balar	nce		To	tal ba	alance	Э	
35			e to offset funding	0		16474					16474	
36	Additiona	l cash requirer	ment (line 34 minus line 35)			36					85398	
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37					85398	
38			s contributions for current yea									
						388	3				0	_
	b Portion	included in lin	ne 38a attributable to use of pr	refunding and funding standard car	ryover balances	38l)				0	
39											0	
40	Unpaid m	ninimum requir	ed contributions for all years.			40					0	
Pai	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	5)						
41	41 If an election was made to use PRA 2010 funding relief for this plan:											
	a Schedule elected											
	b Eligible	plan year(s) f	or which the election in line 4	1a was made			2008	2009	20	10	2011	
42	Amount o	f acceleration	adjustment			42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43						

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

St.Mark's Veterinary Hospital Cash Balance Plan 13-3384512 / 002

For the plan year 01/01/2016 through 12/31/2016

Valuation Date: 12/31/2016

As prescribed in IRC Section 430 **Funding Method:**

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	1.55
Segment 2	6 - 20	3.76
Segment 3	> 20	4.73

Segment rates as of September 30, 2015 As permitted under IRC 430(h)(2)(C)(iv)(II) -

HAHA					
Segment #	Year	Rate %			
Segment 1	0 - 5	4.43			
Segment 2	6 - 20	5.91			
Segment 3	> 20	6.65			

Pre-Retirement - Mortality Table -None

> Turnover/Disability -None Salary Scale -None

Interest Credit Rate -Current Yr - 5% Projected Yrs - 5%

Expense Load -None Ancillary Ben Load -None

Post-Retirement - Mortality Table -16C - 2016 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% CB Projection Rate - 5

Post-Retirement - Interest -8.5%

> Mortality Table -I71M - 1971 Individual 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 benefiting 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 01/01/2016 through 12/31/2016

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 Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Pension Ber	nefit Guaranty Corporation	 Complete all entries in 	accordance with the instru	ctions to the Form 55	00-SF.	FO 1000 5 Oct 1 (2000)
Part I		t Identification Information		will different to is facilities	modeln at male	TO STATE OF THE ST
For calenda	r plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	
A This retu	urn/report is for:	X a single-employer plan □ a one-participant plan	a multiple-employer pla list of participating emp a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
D This retu	Invegoria	an amended return/report	a short plan year return	report (less than 12 me	onths)	
C Check b	ox if filing under:	X Form 5558	automatic extension	tand out to the season	DFVC progra	im
Part II	Basic Plan In	formation—enter all requested in				
1a Name		omation onto an requested in		a company or a contract of the contract of	1b Three-dig	if I
	SACRAMENTO 4	01(K) PLAN			plan numl	
					1c Effective of 01/01/1	Maria Salam Carallanda and Anna Salam Carallanda and Anna Salam Carallanda and Anna Salam Carallanda and Anna S
		ployer, if for a single-employer plan) dom, apt., suite no. and street, or P.	O. Box)			Identification Number -0353390
City or	town, state or provi	nce, country, and ZIP or foreign pos	tal code (if foreign, see instru	uctions)		s telephone number
MARENGO	INDUSTRIES	, INC. DBA CMA OF SAC	RAMENTO	And the control of th	916-685	March Control of the Party of the Control of the Co
9269 SU	RVEY ROAD			(26.565 A)	2d Business 325600	code (see instructions)
ELK GRO	VE	CA 95624-975	56	(anatharake	व करता । स्टान् अती (reset of market 3
		and address Same as Plan Spo INC. DBA CMA OF SACR			3b Administr 68-0353	
9269 SUI	RVEY ROAD	CA 95624-9756			3c Administr 916–685	ator's telephone number -5435
		the plan sponsor has changed since number from the last return/report.	e the last return/report filed fo	or this plan, enter the	4b EIN	man communication de description de la communication de la communi
a Spons	the same of the sa	rumber from the last return/report.			4c PN	
5a Total	number of participar	nts at the beginning of the plan year	ACCES TO SECTION ELADOR	TERE BUILDING STREET, STREET, ST.	5a	postation 12
b Total r	number of participar	nts at the end of the plan year			5b	- 100 NOT 0 1
		th account balances as of the end o			5c	any do Dahogai
		participants at the beginning of the			5d(1)	1:
		participants at the end of the plan ye			5d(2)	ortain to busined 1
e Numb	er of participants th	at terminated employment during th	e plan year with accrued bei	nefits that were less	5e	C. Charles 2019 for a
Under pena SB or Sche	penalty for the la	te or incomplete filing of this retu other penalties set forth in the instru I and signed by an enrolled actuary,	rn/report will be assessed uctions, I declare that I have	unless reasonable ca examined this return/re	port, including, i	f applicable, a Schedule
SIGN	// //	arenous	Confidence of the control of the control of	PETER MARENGO	trapin and the second	A STATE OF THE STA
HERE	Signature of plan	n administrator	Date 10/12/17	Enter name of individ	lual signing as p	lan administrator
SIGN	Polo M	and a	to recise be sugar and settle	PETER MARENGO	toarfo " ewY" box	esame and All All
HERE	Signature of em	ployer/plan sponsor	Date 10/12/17			mployer or plan sponsor
Preparer's	name (including firr	n name, if applicable) and address ((include room or súite/numbe	er)	Preparer's tele	ephone number

Form	5500	-SE	201	6
Ullill		-01	201	

Page 2

 Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of your answered "No" to either line 6a or line 6b, the plan care 	of an independ y and condition nnot use Form	dent qualified public ons.) m 5500-SF and mu	accour	tant (IC	QPA)	n 5500.	981 91	X Y	
C If the plan is a defined benefit plan, is it covered under the PBGC Part III Financial Information	insurance pro	ogram (see ERISA s	ection	4021)?	[Yes	No	☐ Not de	etermined
7 Plan Assets and Liabilities							Vol. 11 h		and fam.
a Total plan assets		(a) Beginning		_	7		(b) End	of Year	110 75
b Total plan liabilities	7a	1	,256,	, 2/5	1,449,76				449,765
C Net plan assets (subtract line 7b from line 7a)		1	256	075					(
8 Income, Expenses, and Transfers for this Plan Year	7c		,256,	,275				1,	449,765
a Contributions received or receivable from:		(a) Amou	nt	0.1 00	11/		(p) .	Total	
(1) Employers	8a(1)		45,	255					
(2) Participants	8a(2)	grower harredown.	46,	641				10 p. 140 Sec. 1	
(3) Others (including rollovers)			,	0					
b Other income (loss)			101,	594	35.17			1.724.202	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)									193,490
d Benefits paid (including direct rollovers and insurance premiums									173,470
to provide benefits)		anale hayeter	no sine	0	in M		Station (2)		
e Certain deemed and/or corrective distributions (see instructions) .		pull to Rander te	One see	0		40-00 - 00 00-00-00			
f Administrative service providers (salaries, fees, commissions)	. 8f		EMPT D	0					les es al
g Other expenses	. 8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						100.00	120,000	0 100 0
i Net income (loss) (subtract line 8h from line 8c)	. 8i	BOOK BANKS				193,490			
Transfers to (from) the plan (see instructions)	. 8j				19.7			10 18 16 081	2-13.23
Part IV Plan Characteristics		Service (47 - 174 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 - 178 -	-1,3	1000	lane is	0 le (1) 10	0.8.7013	17/11/2012/8/1	miel lang e
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2H 2J 2K	n feature code	es from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	110.7724
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Pla	n Char	acterist	ic Cod	des in th	he instri	uctions:	0 6024
Part V Compliance Questions		and the second second	No. of London					37 A (1)	S) Kala
10 During the plan year:	HIDA/	CALL STREET, SAN		Yes	No	N/A	a male to	Amount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fid	uciary Correction	10a	rigad	х		in the le		9g8 18 10 7 1848
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	st? (Do not inc	lude transactions	10b	o burs class fr	х		office to	redov, a le	ent of
0.07.7							.17500	Red o Bide	150,000
d Did the plan have a loss, whether or not reimbursed by the plan's							on to so	omu kilol	(E)h
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor	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.).						to party	er 2000 hea V 2000 hea Janes a c	nolluÖ
f Has the plan failed to provide any benefit when due under the pla	10e	ustables ustables	х		graphen.	to enthron	o pond		
								Page 2 de	en de seus de
h If this is an individual account plan, was there a blackout period?	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required n	otice or one of the	10h	38					
A CONTRACTOR OF THE STATE OF TH		90 de 19 de	10000		0.716	and the second	v laulon		Storost 1

No

service?

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

	, chaon benefit (daranty corporation	▶ File as	an attachment to For	n 5500 or 550	0-SF.				
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and en								12/31/2016		
		ounts to nearest do								
		nalty of \$1,000 will be	assessed for late filing of	f this report unless reas	onable cause i	s established	d			
Α	Name of plan		HOGDIMAL GAGUL	ATANGE DIAN	В					
	ST. MARK	S VETERINARY	HOSPITAL CASH E	SALANCE PLAN		plan num	ber (PN) •	002	
С	Plan sponsor's	name as shown on lir	ne 2a of Form 5500 or 55	00-SF	D	Employer	Identific	ation Number (E	IN)	
	CE 143.DT/		HOGDIESI			220451	^			
	ST. MARK	\$ VETERINARY	HOSPITAL		1.	3-338451	2			
E	Type of plan:	Single Multiple	-A	F Prior year	olan size: 🛚 🖽 1	00 or fewer	101-	500 More th	an 500	
ı	Part I Bas	sic Information								
1	Enter the val	uation date:	Month12	Day <u>31</u> Year_	2016					
2	Assets:									
	a Market val	че					. 2a	1000 1000 1000 1000 1000 1000 1000 100	1,181,904	
	b Actuarial v	alue					. 2b		1,181,904	
3	Funding targ	et/participant count b	reakdown		(1) Nur partic			sted Funding Target	(3) Total Funding Target	
	a For retired	participants and ben-	eficiaries receiving payme	ent		0		0	0	
	b For termin	ated vested participal	nts			7		17,890	17,890	
	c For active	participants	11		1,249,443					
	d Total							1,267,333	1,267,333	
4	If the plan is	in at-risk status, chec	k the box and complete I	nes (a) and (b)		-				
	a Funding ta	rget disregarding pre	scribed at-risk assumptio	ns			4a			
			assumptions, but disrega cutive years and disregar							
5							5		836.00%	
6	Target norm	al cost					6		83,046	
Sta	accordance with ap	nowledge, the information su plicable law and regulations.	upplied in this schedule and accor In my opinion, each other assumed ed experience under the plan.	npanying schedules, statements ption is reasonable (taking into a	and attachments, ccount the experie	f any, is completence of the plan a	e and accu	rate. Each prescribed able expectations) and	assumption was applied in d such other assumptions, in	
	SIGN HERE	Harlow W.	Cichnida					10/12/20	17	
117	DI 331 17 5	1	Signature of actuary					Date		
HA.	RLAN W. R							1702954	1	
RI	CHARDSON A	Type ACTUARIAL SER	or print name of actuary				Most	recent enrollme 530-759-9		
			Firm name			Te	elephone	number (includ	ing area code)	
22	1 LUZ PLAC	E								
DA	VIS	CA 9	5616-0241							
			Address of the firm							
If th	e actuary has n	ot fully reflected any i	egulation or ruling promu	lgated under the statute	in completing	this schedule	e, check	the box and se	е 🗌	

	Sched	dule SB (Form 5500) 2	016		P	age 2 - [
P	art II B	eginning of Year	Carryov	er and Prefunding Bal	lances							_
	22222222222222					(a) Can	yover balance		(b) Pr	efundin	g balance	
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)										29,76	5 -
8											23,77	_
	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)										11,24	42
9	9 Amount remaining (line 7 minus line 8)										18,52	23
10	Interest on lin	ne 9 using prior year's	actual retur	m of <u>-1.91</u> %				0			-35	5 4
11	Prior year's 6	excess contributions to	be added t	to prefunding balance:								
			/*)	88a from prior year)								(
				over line 38b from prior year interest rate of5.38%								
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual											(
					1000000							
	C Total availa	able at beginning of curre	ent plan yea	ar to add to prefunding balance								(
	d Portion of	(c) to be added to pref	unding bala	ance								
12	Other reduct	tions in balances due to	elections	or deemed elections				0				(
13	Balance at b	eginning of current yea	ır (line 9 + l	line 10 + line 11d – line 12)				0			18,16	6 9
F	Part III	Funding Percent	ages	,								
14	Funding targ	et attainment percenta	ge							14	91.74%	6
										15	91.74%	6
16				of determining whether carryo						16	92.84%	6
17				less than 70 percent of the fu						17		%
		Contributions an										_
20000000	0.0000000000000000000000000000000000000			ar by employer(s) and employ	yees:							_
	(a) Date	(b) Amount p	aid by	(c) Amount paid by	(a) Dat		(b) Amount pa		(c)		nt paid by	_
	MM-DD-YYYY 4/20/201		15,000	employees	(MM-DD-Y	YYY)	employer(s	5)		emplo	yees	_
	5/24/201		15,000	0								_
	6/21/201		15,000	0								_
0	7/21/201	7	15,000	0								_
0	8/02/201	7	15,000	0								_
0	8/15/201	7	15,000	0								
						-						_
-												_
												_
												_
					Totals ▶	18(b)	9	0,000	18(c)			(
19	Discounted 4	employer contributions	– see instr	uctions for small plan with a v	valuation date	after the ho						_
				num required contributions from				9a				
				usted to valuation date				9b				_
				red contribution for current yea				9с			85,39	98
20		ntributions and liquidity										
				e prior year?							Yes No)
				installments for the current ye		timely man	ner?				Yes X No)
	C If line 20a	is "Yes," see instruction	ns and cor	mplete the following table as a								
	(1	l) 1st		Liquidity shortfall as of end (2) 2nd	of quarter of	this plan ye: (3) 3n			1.	4) 4th		_
		1		\-/		(5) 51	-		/.	.,		

ı	Part V A	ssumpti	ions Used to Determine	Funding Target and Targ	get Normal Cost						
21	Discount rat			Tanana Tang	got Horman Goot						
	a Segment	rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment		N/A, full yield curve used				
	b Applicable	e month (e	nter code)			. 21b					
22						. 22	65				
	Mortality tab				cribed - separate	Substit					
-			ous Items		Sind departure	Gubatit					
24	Has a chang attachment.	je been ma	ade in the non-prescribed actua	rial assumptions for the current p	lan year? If "Yes," see	instructior	ns regarding required				
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment										
				articipants? If "Yes," see instruction		attachmer	nt				
27	If the plan is attachment.	subject to	alternative funding rules, enter	applicable code and see instructi	ons regarding	27					
P	art VII R	econcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years						
28				ars		. 28					
29	Discounted	employer c	ontributions allocated toward u	npaid minimum required contribut	ions from prior years	29	C				
30				butions (line 28 minus line 29)		30					
			Required Contribution								
31			d excess assets (see instruction								
						31a	02.046				
				e 31a		31b	83,046				
32	Amortization				Outstanding Bala		Installment 0				
	a Net shortfa	all amortiza	03,598								
		1			1,	03,398	20,020				
33				the date of the ruling letter granti	ng the approval		0				
	(Month	D	ayYear) and the waived amount		33	0				
34	Total funding			prefunding balances (lines 31a - 3		34	101,872				
			, ,	Carryover balance	Prefunding balar						
35	Polonosa ala			- Carryover balance	Freithung balai	ice	Total balance				
33	requirement.	cted for us	e to offset funding	0		16 454					
36				0		16,474					
37	Contribution	allocated	toward minimum required cont	ribution for current year adjusted		36	85,398				
٠.	19c)	anocated	roward minimum required cont	ribution for current year adjusted	to valuation date (line	37	05 200				
38	19c)										
				(COO MONICOLONIC)		38a	0				
						38b	0				
39	39 Unpaid minimum required contribution for current year (excess if any of line 20 year) in 27										
40	Unpaid minir	0									
Pai	t IX P	ension F	Funding Relief Under P	ension Relief Act of 2010	/Coo Inotauctions	40	0				
41			to use PRA 2010 funding relie		(See instructions	5)					
						<u> </u>	2 plus 7 years 15 years				
				was made		20	08 2009 2010 2011				
42	Amount of ac	celeration a	adjustment			42					
43	Excess instal	ment acce	leration amount to be carried o	ver to future plan years		43					

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 01/01/2016 through 12/31/2016

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero 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, line 19 - Discounted Employer Contributions

St.Mark's Veterinary Hospital Cash Balance Plan 13-3384512 / 002

For the plan year 01/01/2016 through 12/31/2016 Valuation Date: 12/31/2016

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Applied Carryover Or Prefunding Bal	12/31/2016	\$17,026					
PFB Applied to Quarterly Contribution	04/15/2016	17,026	16,474	0	17,026	5.3	10.3
Totals for Applied Carryover or Prefunding Bala	ance	\$17,026	\$16,474	\$0	\$17,026		
Deposited Contribution	04/20/2017	\$15,000					
Applied to Quarterly Contribution	04/15/2016	5,895	5,538	0	5,895	5.3	10.3
Applied to Quarterly Contribution	07/15/2016	9,105	8,653	0	9,105	5.3	10.3
Deposited Contribution	05/24/2017	\$15,000					
Applied to Quarterly Contribution	07/15/2016	13,816	13,010	0	13,816	5.3	10.3
Applied to Quarterly Contribution	10/15/2016	1,184	1,128	0	1,184	5.3	10.3
Deposited Contribution	06/21/2017	\$15,000					
Applied to Quarterly Contribution	10/15/2016	15,000	14,184	0	15,000	5.3	10.3
Deposited Contribution	07/21/2017	\$15,000					
Applied to Quarterly Contribution	10/15/2016	6,737	6,319	0	6,737	5.3	10.3
Applied to Quarterly Contribution	01/15/2017	8,263	7,842	0	8,263	5.3	10.3
Deposited Contribution	08/02/2017	\$15,000					
Applied to MRC	12/31/2016	342	332	0	0	5.3	0
Applied to Quarterly Contribution	01/15/2017	14,658	13,866	0	14,658	5.3	10.3
Deposited Contribution	08/15/2017	\$15,000					
Applied to MRC	12/31/2016	15,000	14,526	0	0	5.3	0
Totals for Deposited Contribution		\$90,000	\$85,398	\$0	\$74,658		

Schedule SB, Part V Summary of Plan Provisions

St.Mark's Veterinary Hospital Cash Balance Plan 13-3384512 / 002

For the plan year 01/01/2016 through 12/31/2016

Employer: St.Mark's Veterinary Hospital

Type of Entity - C-Corporation

EIN: 13-3384512 TIN: Plan #: 002 Plan Type: Cash Balance

Dates: Effective - 01/01/2006 Year end - 12/31/2016 Valuation - 12/31/2016

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

Retirement: Normal - Attainment of age 65

Early - Not provided

Average Compensation: Current compensation

Top Heavy Minimum Benefit - 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 28% of compensation

Interest Credit Rate - Current Yr - 5% Projected Yrs - 5%

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: None

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$210,000

Maximum 401(a)(17) compensation - \$265,000

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 01/01/2016 through 12/31/2016

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)

Schedule SB, line 32 - Schedule of Amortization Bases

St.Mark's Veterinary Hospital Cash Balance Plan 13-3384512 / 002

For the plan year 01/01/2016 through 12/31/2016

	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2015	79,596	Shortfall	70,737	6	13,237
	12/31/2016	33,824	Shortfall	33,824	7	5,589
Totals:				\$104.561		\$18.826