	rm 5500-SF	Short Form Annua	al Return/Report Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-011 1210-008	
	mal Revenue Service	This form is required to be filed				2017	
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (	ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection	
	enefit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	500-SF.	Fublic Inspection	
Part I		dentification Information	17	and an Para At			
For calenda	ar plan year 2017 or fisc				2/31/2017	ving this hav must attach a	
A This ret	turn/report is for:	X a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)	
<b>B</b> This retu	urn/report is	a one-participant plan	a foreign plan				
		the first return/report	the final return/report	- /remark (lass than 40 m	e e the e \		
•		an amended return/report	a snort plan year return	n/report (less than 12 m	ontns)		
C Check	box if filing under:	X Form 5558	automatic extension		DFVC p	rogram	
		special extension (enter descri	,				
Part II		mation—enter all requested info	ormation		41		
1a Name	•	AL CASH BALANCE PLAN			1b Three plan	e-digit number	
ST. WARKS	VETERINART HOSFI	AL CASIT BALANCE FLAN			(PN)		
					1c Effect	tive date of plan 01/01/2006	
		er, if for a single-employer plan) , apt., suite no. and street, or P.O.	Box)			oyer Identification Number	
City or		, country, and ZIP or foreign posta		ructions)	(EIN) 2c Spor	13-3384512 nsor's telephone number	
ST. WARKS	VETERINART HUSPIT	AL			0.1 -	212-477-2688	
348 EAST 91					20 Busir	ness code (see instructions)	
NEW YORK,						541940	
<b>3a</b> Plan a	dministrator's name and	I address X Same as Plan Spon	sor		<b>3b</b> Admi	nistrator's EIN	
			501.				
					<b>3c</b> Admi	nistrator's telephone numbe	ŧ٢
A lifetheory					4b EIN		
		plan sponsor or the plan name has sor's name, EIN, the plan name ar					
•	or's name				<b>4d</b> PN		
C Plan N	lame						
5a Total r	number of participants a	t the beginning of the plan year			5a	19	,
		t the end of the plan year			5b	20	)
		ccount balances as of the end of th			5c		
<b>d(1)</b> Tota	al number of active parti	cipants at the beginning of the pla	n year		5d(1)	12	2
		icipants at the end of the plan yea			5d(2)	12	2
than	100% vested	erminated employment during the			5e	C	)
Caution: A	A penalty for the late or	r incomplete filing of this return	report will be assessed	unless reasonable cau			
SB or Sche	edule MB completed and	er penalties set forth in the instruct signed by an enrolled actuary, as					
SIGN	true, correct, and complete Filed with authorized/v	ete. alid electronic signature.	10/08/2018	SARAH HADDOCK, D	WM		
HERE	Signature of plan ad		Date	Enter name of individ		as plan administrator	
SIGN			Date		aar orgrinng i	ao pian aoministrator	
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individu	ual signing	as employer or plan sponso	r
	- Signature of employ		Date		aar arginnig i	as employer or plan sponso	•

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

j Part IV

6a b c											
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
а	Total plan assets	7a	1271904	1477264							
b	Total plan liabilities	7b	0	0							
С	Net plan assets (subtract line 7b from line 7a)	7c	1271904	1477264							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from: (1) Employers	8a(1)	107000								
	(2) Participants	8a(2)	0								
	(3) Others (including rollovers)	8a(3)	0								
b	Other income (loss)	8b	98360								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		205360							
d	Benefits paid (including direct rollovers and insurance premiums										

υ	Other Income (loss)	ao	30300	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		205360
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)		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
i	Net income (loss) (subtract line 8h from line 8c)	8i		205360
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	rt IV Plan Characteristics		•	

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

b	If the plan provides welfare benefit	s, enter the applicable welfare feature	e codes from the List of Plan C	Characteristic Codes in the instructions:
---	--------------------------------------	---	---------------------------------	---

Par	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)         10a	1	х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	х	
С	Was the plan covered by a fidelity bond? 100	;	Х	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1	x	
e	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.)		х	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 109	I	Х	
h	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 the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and m 5500) and line 11a below)	complete Scho	edule S	зB	×	Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				0
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or sectior	n 302 o	f		Yes	X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.		l enter Day		of the lett _ Year		ng
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N	/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Yes	XI	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the		] [	Yes	X No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ch assets or liabilities were transferred. (See instructions.)	ify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13c(	3) PN	(s)

	0.011		0.0		<u> </u>		<b>D</b> (1						OMB	No. 1210-011	10
		EDULE			Single-Em					t Plan			ONDI	1210 011	
	•	orm 550	•		A	ctuar	ial Inform	natior	n				2	2017	
		ment of the Trea al Revenue Ser			This schedule is requ	uired to l	be filed under s	ection 10	)4 of th	ne Emplove	е				
		partment of Labo nefits Security A			Retirement Income S	Security A		SA) and	sectio			TI		is Open to	Public
	Pension Ber	nefit Guaranty C	orporation				hment to Form			SE.			Ins	spection	
Fo	· calendar p	olan year 20 <sup>.</sup>	17 or fiscal pla	in yea		/01/2017		5500 01	5500	and ending	12/	31/20 <sup>-</sup>	17		
			o nearest doll												
		· · ·	\$1,000 will be	asses	ssed for late filing of t	this repo	rt unless reasor	nable cau	use is	established					
	Name of pla				SH BALANCE PLAN				В	Three-dig					
Ì						•				plan num	ber (PN	1)	•	002	
	•				of Form 5500 or 5500	0-SF			D	Employer I				EIN)	
	ST. MARKS	VETERINA	ARY HOSPITA	L							13-33	84512			
Εı	ype of plan	: 🗙 Single	Multiple-	A	Multiple-B		F Prior year pla	an size:	X 100	) or fewer	101	-500	More th	nan 500	
		Basic Infe													
1		valuation da		Мо	onth 12 Da	ay <u>31</u>	Year 20	)17							
2	Assets:														
	<b>a</b> Market	value									2a			1	370264
	<b>b</b> Actuari	al value									2b			1	1370264
3	Funding f	target/partic	pant count bre	eakdo	wn			· · /	Numb articipa		(2) Ve	sted F Targe	unding	• •	I Funding
	<b>a</b> For reti	ired participa	ants and bene	ficiarie	es receiving payment	ıt		ра	antioipe	0		raige	0	14	0
	<b>b</b> For ter	minated ves	ted participan	ts						8			24028		24028
	<b>C</b> For act	ive participa	nts							13			1397729		1397729
	<b>d</b> Total									21			1421757		1421757
4	If the plar	n is in at-risk	status, check	the b	ox and complete line	es (a) an	d (b)	[							
	<b>a</b> Fundin	g target disr	egarding pres	cribed	at-risk assumptions	3					4a				
					ptions, but disregard cutive years and disr						4b				
5						0 0	, <u> </u>		<u></u>						5.33%
6	_														85347
Stat	tement by	Enrolled Ac	tuary												
	accordance wit	th applicable law	and regulations. I	n my op	this schedule and accompa binion, each other assumption ence under the plan.										
	SIGN			_					_						
ł	IERE												10/02/201	8	
				ignatu	ire of actuary								Date		
H	ARLAN W.	RICHARDS			t nome of options						Moot		17-02954		
R	ICHARDSO		RIAL SERVICE	•	t name of actuary						WOSt		30-759-95	nt number	
					m name				_	Tel	ephone			ling area co	ode)
	21 LUZ PL/ AVIS, CA 9												,	U U	,
				Addre	ess of the firm				_						
	actuary ha	as not fully re	eflected any re	gulati	on or ruling promulga	ated und	ler the statute ir	o complet	ting th	is schedule	, check	the b	ox and se	e	
For	Paperwor	k Reductio	n Act Notice,	see t	he Instructions for	Form 55	500 or 5500-SF.					S	chedule S	SB (Form 5	500) 2017 v. 170203

P	art II	Begir	nning of Year	Carryov	er and Prefunding Bal	ances						
						_	<b>(a)</b> C	arryover balance		<b>(b)</b> P	refundin	ng balance
7		•	0 1 2		able adjustments (line 13 from			0				18169
8			•		nding requirement (line 35 fro	•		0				16169
9	Amount	remaining	g (line 7 minus line	8)				0		2000		
10	Interest	on line 9	using prior year's a	actual retui	rn of <u>2.35</u> %			0				47
11	Prior yea	ar's exces	s contributions to	be added t	to prefunding balance:							
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	88a from prior year)							0
					over line 38b from prior year interest rate of $5.30\%$							0
	<b>b(2)</b> Int	erest on l	ine 38b from prior	year Sche	dule SB, using prior year's ac	tual						0
												0
	<b>C</b> Total a	ivailable a	t beginning of curre	nt plan yea	ar to add to prefunding balance							0
	<b>d</b> 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	Balance	at beginr	ning of current yea	r (line 9 + l	ine 10 + line 11d – line 12)			0				2047
F	Part III	Fun	ding Percenta	ages								
14	Funding			-							14	96.22%
					)						15	96.22%
	Prior yea	ar's fundir	ng percentage for	ourposes c	of determining whether carryo	ver/prefundi	ng balance	es may be used to	reduce c		16	79.84%
17					less than 70 percent of the fu						17	%
Р	art IV	Con	tributions and	d Liauid	itv Shortfalls					I		
					ar by employer(s) and employ	ees:						
	<b>(a)</b> Dat		(b) Amount p		(c) Amount paid by	<b>(a)</b> Da		(b) Amount pai		(C		nt paid by
· · · ·	MM-DD-Y	,	employer	,	employees	(MM-DD-	YYYY)	employer(s	)	<u> </u>	emplo	yees
	)4/09/201			40000	0					<u> </u>		
	05/07/201			20000	0					<u> </u>		
	06/13/201			15000	0							
	)7/10/2013 )8/06/2013			15000 17000	0							
	00/00/2010	D		17000	0							
						Totals <b>&gt;</b>	18(b)		107000	18(c)		0
19	Discour	ted emplo	wer contributions.	- see instri	uctions for small plan with a v							0
			-		num required contributions fro			· · ·	9a			0
				•	usted to valuation date				9b			0
					red contribution for current year				9c			102077
20			itions and liquidity									102011
					e prior year?						Π	Yes X No
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									Yes No			
	C If line	20a is "Y	es," see instructior	ns and con	nplete the following table as a	following table as applicable:						
					Liquidity shortfall as of end	of quarter o		/ear				
		(1) 1s	t		(2) 2nd		(3) 3	3rd		(	(4) 4th	

Page 3

P	Part V	Assumpti	ons Used to Determine	e Funding Target and Tar	get Normal Cost							
21	Discount	rate:										
	<b>a</b> Segm	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		۱ <u> </u>	N/A, full	yield (	curve	used	
	<b>b</b> Applica	able month (er	nter code)			21b			0			
22	Weighted	d average retire	ement age			22			65			
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined	cribed - separate	Substi	tute					
Pa	art VI	Miscellane	ous Items		_	_						
24	Has a ch	ange been ma	ade in the non-prescribed actua	arial assumptions for the current	olan year? If "Yes," see i	nstructio	ns regard	ding req	uired		_	
	attachme	ent								Yes	X No	
25	Has a me	ethod change b	been made for the current pla	n year? If "Yes," see instructions	regarding required attach	nment			[]	Yes	X No	
26	Is the pla	an required to p	provide a Schedule of Active F	Participants? If "Yes," see instruct	ions regarding required a	attachme	nt		[]	Yes	X No	
27	•	•	0	r applicable code and see instruc	0 0	27						
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contributio	ns For Prior Years							
28	Unpaid m	ninimum requir	red contributions for all prior ye	ears		28					0	
29				unpaid minimum required contribu		29					0	
30	Remainir	ng amount of u	Inpaid minimum required cont	ributions (line 28 minus line 29)		30					0	
Pa	art VIII	Minimum	<b>Required Contribution</b>	For Current Year								
31	Target n	ormal cost and	d excess assets (see instructio	ons):								
	a Target	normal cost (lii	ne 6)			31a				85	347	
	<b>b</b> Excess	s assets, if app	olicable, but not greater than lir	ne 31a		31b		0				
32	Amortiza	tion installmen	nts:		Outstanding Bala	nce	nce Installment					
	a Net she	ortfall amortiza	ation installment			53649	49 12670					
	<b>b</b> Waiver	r amortization i	installment			0					0	
33				er the date of the ruling letter gran) and the waived amount	<b>e</b> 11	33						
34	Total fun	ding requireme	ent before reflecting carryover,	/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				98	017	
				Carryover balance	Prefunding balar	nce		Tota	ıl bala	nce		
35			se to offset funding								0	
36						36				98	017	
37				ntribution for current year adjusted		37	-				2077	
	19c)					57				102	011	
38			s contributions for current yea			20-	<u> </u>					
						38a				4	060	
20			•	efunding and funding standard ca	*	38b 39	+				0	
39				ar (excess, if any, of line 36 over l		40	+				0	
40 Unpaid minimum required contributions for all years								0				
			-			<b>)</b>						
41			e to use PRA 2010 funding reli				<u></u>			1		
	-						2 plus		1	15 y		
				la was made			2008 2	2009	2010	2	2011	
						42	<u> </u>					
43	Excess in	nstallment acce	eleration amount to be carried	over to future plan years		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 01/01/2017 through 12/31/2017

#### 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		1								
25 to 29		2								
30 to 34				1						
35 to 39		1		1						
40 to 44				1						
45 to 49					1	1				
50 to 54				1	1					
55 to 59										
60 to 64					1		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 01/01/2017 through 12/31/2017

Year       1231/2017         Funding Method:       A prescribed in IRC Section 430         Age - Eligibility age at last birthday and other ages at nearest birthday         Retrospective Compensation - Current compensation         Form of Paymel - Assumed for mot payment for funding is lump sum which is the Paybothetical Account Balance. Funding Target for three set Circle Rate discound using appropriate segment rate. Lump sum on plan acturate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate using the propriate segment rate. Lump sum on plan acturate lead sublicity. Note: Lump sum on plan acturate lead sublicity. Provide segment rate is and segment rate. Lump sum on plan acturate lead sublicity. Pathol: Segment rate segment rate is and segment rate is a sublicity. Segment rate is and segment rate is and segment rate. Lump sum on plan acturate lead sublicity. Pathol: Segment rate is and segment rate is a sublicity. None leadive None leadive None leadive None leadive leadie leadie leadie l								
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 assum which is the Hypothelical Account Balance projected to the assumed retirement date in the part of the assumed retirement date is a single of the assumed retirement date is the payment in the current is the current in the lenser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality         Interest Retre       Segment 1 to 0.5 to 1.7% is provide as agreent retirement addet index if K 300(h)(2)(0)(0)(h)         Segment 1 to 0.5 to 1.7% is provide as an of Segment 20.2016 Applicable Mortality Table or b) plan actuarial equivalence interest and mortality         Segment 2 to 6.200 d.307       Segment 1 to 0.5 to 1.7% is provide as an of Segment 20.2016 Applicable Mortality Table or None         Early Retirement 2 Mortality Table 0 None       Turnover Table 0 None         Interest Certer Rate       Current Yr 5% Projected Yrs - 5% expense Load 0 None         Interest Certer Rate       Current Yr 5% Projected Yrs - 5% expense Load 0 None         Interest Certer Rate       Current Yr 5% Projected Yrs - 5% expense Load 0 None         Macliary Ben Load 0 None       Interest Certer Rate         Mortality Table 0 None       Interest Rate         Mortality Table 0 None       Interest Rate         Interest Certer Rate       Current Yr 5% Projected Yrs - 5%         Expen	Valuation Date:	12/31/2017						
Retrospective Compensation - Current compensation         Form of Payment - Assumed form of payment for funding is turp sum which is the Hypothetical Account Balance. Funding Target for fump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounded using appropriate segment rate. Lump sum on plan actuaial 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 to b) plan actuaial equivalence interest and mortality         Interest Rates       Segment # Year Rate%       Segment # Year Rate%         Segment 1       0.6 - 20       3.70         Segment 1       0.6 - 20       3.70         Segment 1       0.6 - 20       5.72         Segment 1       0.76 - 20       5.72         Segment 1       0.76 - 20       5.72         Segment 2       6 - 20       5.72         Seg	Funding Method:	As prescribed in IR	C Section 43	0				
Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target funding is lump sum on plan actuarial equivalence rates using the funding is block of the assumed return of the assumed value (asing the funding is block) interest and the Applicable Mortality Table or 1) plan actuarial equivalence interest and mortality.         Interest Rates       Segment Table for the Valuation Date as permited under IRC 400/b2/CC interest and mortality.         Segment Table for the Valuation Date as permited under IRC 400/b2/CC interest and mortality.       Segment Table as a of September 30, 2016 As the VTF.         Segment Table for the Valuation Date as permited under IRC 400/b2/CC interest and mortality.       Segment Table for the Valuation Date as permited in the IRC 400/b2/CC interest and mortality.         Pre-Retirement for the Valuation Date as permited in the IRC 400/b2/CC interest and mortality.       Segment Table for the Valuation Date as permited in the IRC 400/b2/CC interest and mortality.         Pre-Retirement in the content table interest Credit Rate in Carabine interest Credit Rate interest interest interest interest interest interest interest Credit Rate interest i	Age	- Eligibility age at las	t birthday and	d other ages	at nearest birthday			
Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target funding is lump sum on plan actuarial equivalence rates using the funding is block of the assumed return of the assumed value (asing the funding is block) interest and the Applicable Mortality Table or 1) plan actuarial equivalence interest and mortality.         Interest Rates       Segment Table for the Valuation Date as permited under IRC 400/b2/CC interest and mortality.         Segment Table for the Valuation Date as permited under IRC 400/b2/CC interest and mortality.       Segment Table as a of September 30, 2016 As the VTF.         Segment Table for the Valuation Date as permited under IRC 400/b2/CC interest and mortality.       Segment Table for the Valuation Date as permited in the IRC 400/b2/CC interest and mortality.         Pre-Retirement for the Valuation Date as permited in the IRC 400/b2/CC interest and mortality.       Segment Table for the Valuation Date as permited in the IRC 400/b2/CC interest and mortality.         Pre-Retirement in the content table interest Credit Rate in Carabine interest Credit Rate interest interest interest interest interest interest interest Credit Rate interest i								
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 1) plan actuarial equivalence interest and mortality         Interest Rates       Segment rates for the Valuation Date as permitted under IRC 430(h)(2/(C)(H)(H) + H)(2/(C)(H)(H)) + H)(2/(C)(H)	Retrospective Compensation	<ul> <li>Current compensat</li> </ul>	ion					
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permitted under IRC 430(h)(2)(C)         Segment #       Year       Rate %         Segment 1       0 - 5       1.70         Segment 2       6 - 20       3.70         Segment 3       > 20       4.56         Pre-Retirement -       Mortality Table -       None         Early Retirement Table -       None         Disability Table -       None         Disability Table -       None         Disability Table -       None         Interest Credit Rate -       Current Yr - 5%         Prosected trade -       None         Interest Credit Rate -       Current Yr - 5%         Prosected trade -       None         Ancillary Ben Load -       None         Cost of Living -       None         Cost of Living -       None         Dischifty Table -       None         Cost of Living -       None         Dischifty Ben Load -       None         Cost of Living -       None         Dischifty Ben Load -       None         Dischifty Ben Load -       None         Dischifty Ben Load -       None         Post-Retirement -       Based on all employees         Otherwise Excludable       Otherwise Excludable HCEs ar			·	·		·		
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Testing Age - Normal retirement age or attained age, if older	Compensation -	Use current compe	nsation to cal	culate the b	enefit accrual rate (	annual metho	od)	
	Testing Age -	Normal retirement a	age or attaine	ed age, if old	er			
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 01/01/2017 through 12/31/2017

#### 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

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	Short Form Annu	al Return/Repo Benefit Plan	rt of Small Emplo	yee		0MB Nos. 1210-011 1210-008
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Pension Benefit Guaranty Corporation	> Complete all entries in	accordance with the in	structions to the Form 55	00-SF.	Publ	Ic Inspection
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B This return/report is	the first return/report	the final return/report	1			
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led under section 1					
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).					
ent to Form 5500 o		0-SF.		12/31/201	7
2017		and ending		12/31/201	. 1
	ana i	- actablished			
nless reasonable o	cause	Three digi	•		
	P			•	002
		P			
		Elever l	dontificati	on Number (El	N)
	U	Employer	uentineat		,
	13	3-3384512	2		
Prior year plan siz	e: X 1	100 or fewer	101-5	00 O More that	an 500
The year plan a					
Yeer 201	7				
fear					
			. 2a		1,370,26
			. 2b		1,370,26
					(3) Total Funding Target
	parti			0	
		8		24,028	24,02
		13		1,397,729	1,397,72
					1,421,75
					1
d (b)			4a		
ition rule for plans	that ha	ve been in at-	risk dh		
g factor					5.33%
					85,3
			6		03,3
			ete and accu and reason	able expectations) a	ed assumption was applied and such other assumptions,
	1			10/02/2 Date	018
				17029	54
1:			Mos	t recent enrollm 530-759-	
			Telephor	ie number (incl	uding area code)
1.4			dula aba	ok the boy and	see
	comple	ting this sche	uule, che	Sebodul	
nder the statute in o				Scheuur	e SB (Form 5500) 20
nder the statute in 6 5500 or 5500-SF.				Schedun	e SB (Form 5500) 20
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	Prior year plan siz Prior year plan siz Year 201 (b) tion rule for plans g factor	PLAN B PLAN D 1 Prior year plan size: X Year 2017 (1) N parti (1)	hless reasonable cause is established. PLAN  D Employer I 13-3384512  Prior year plan size: 100 or fewer  Year 2017  (1) Number of participants  (1) Number of participant	PLAN B Three-digit plan number (PN)   D Employer Identification 13-3384512   Prior year plan size: X 100 or fewer   Year 2017     Year 2017     (1) Number of participants (2) Ves participants   0 8   13 21   (b) 4a   tion rule for plans that have been in at-risk g factor 4b   5 6   dules, statements and attachments, if any, is complete and accurate table (taking into account the experience of the plan and reason	B       Three-digit plan number (PN)         D       Employer Identification Number (El 13-3384512         Prior year plan size:       X       100 or fewer       101-500       More that         Year       2017       2a       2b         (1) Number of participants       (2) Vested Funding Target       0       0         0       0       0       0       0         (b)       4a       4b       5       5         (b)       4a       5       6         dules, statements and attachments, if any, is complete and accurate. Each prescriberable (taking into account the experience of the plan and reasonable expectations) e       10/02/2         Date       10/02/2       Date         Most recent enrollm       10/02/2         Mathematical       10/02/2         Mathematical       10/02/2         Mathematical       10/02/2         Mathematical       Mathematical       10/02/2         Mathematical       Mathematical       Mathematical       Mathematical         Mathematical       Mathematical       Mathematical       Mathematical       Mathematical         Mathematical       Mathematical       Mathematical       Mathematical       Mathematical       Mathmatical <tr< td=""></tr<>

Schedule SB (Form	ד 5500) 2017			Page 2	-				-	
Part II Beginni	ng of Year Car	ryover a	and Prefunding Bala	nces	(a) Carry	over balance	(b)	Prefund	ding baland	e
7 Balance at beginning	of prior year after a	applicable	adjustments (line 13 from p	prior	(u) ounj	(			18	,169
9 Dertien elected for u	se to offset prior ve	ar's funding	g requirement (line 35 from	prior		1	D		16	5,169
year)	year)								2	2,000
9 Amount remaining (I	ine 7 minus line 8).	al raturn of	f2.35%				0			47
	ng prior years actu	added to p	refunding balance:							
11 Prior year's excess		(line 38a	from prior year)							0
<b>b(1)</b> Interest on the Schedule SB,	e excess, if any, of l using prior year's e	ine 38a ov ffective inte	er line 38b from prior year erest rate of $5.30\%$ .							0
b(2) Interest on lin	e 38b from prior yea	ar Schedul	e SB, using prior year's act	ual						0
			add to prefunding balance.							0
			e							0
							0			0
12 Other reductions in	balances due to el	ections or o	deemed elections				0			2,047
13 Balance at beginning	ng of current year (l	ine 9 + line	e 10 + line 11d – line 12)							
Part III Fund	ling Percentag	es						14	4 96	.22%
14 Funding target atta	inment percentage									.22%
			determining whether carryo	vor/pretunding	nalances	may be used to red	uoc ourie		6 70	0.4.0/
								1	13	.84%
17 If the current value	of the assets of the	e plan is le	ss than 70 percent of the fu	unding target, e	enter such	percentage			1	70
	tributions and									
18 Contributions mad	e to the plan for the	plan year	by employer(s) and employ	yees:		11 X A		(c) A	mount paid	by
(a) Date	(b) Amount pair	d by	(c) Amount paid by	(a) Date (MM-DD-Y)		(b) Amount paid employer(s)	by	• •	mployees	by
(MM-DD-YYYY)	employer(s	0,000	employees 0		,					
04/09/2018		0,000	0							
05/07/2018		5,000	0							
07/10/2018		5,000	0							
08/06/2018		7,000	0							
							1			
									A 1	
					40(b)	107	,000	18(c)	- 11 	C
				Totals ►	18(b)			10(0)		
19 Discounted emp	oyer contributions -	- see instru	uctions for small plan with a	a valuation date	e after the	beginning of the year	ar:			
a Contributions	allocated toward un	paid minim	num required contributions	from prior year	rs		a		-	(
<b>b</b> Contributions	made to avoid restr	ictions adju	usted to valuation date							102 07
c Contributions a	llocated toward mini	mum requi	red contribution for current ye	ear adjusted to	valuation o	late 19	JC			102,07
20 Quarterly contrib	utions and liquidity	shortfalls:								
a Did the plan h	ave a "funding sho	rtfall" for th	e prior year?						Ye:	
<b>b</b> If line 20a is "	Yes," were required	l quarterly	installments for the current	year made in a	a timely m	anner?			Ye	s 🗌 No
c If line 20a is "	Yes," see instructio	ns and cor	mplete the following table a	s applicable:						
			Liquidity shortfall as of e	nd of quarter of	f this plan (3)	3rd		(4	4) 4th	
(1)	st		(2) 2nd		(0)					

Page 3

Part V	Assumptio	ons Used to Determine	Funding Target and Targ	et Normai Cost		
21 Discou		1st segment:	2nd segment:	3rd segment:		N/A, full yield curve used
	ment rates:	4.16%	5.72 %	6.48%	046	0
<b>b</b> App	licable month (er	nter code)			21b 22	65
22 Weigh	ited average retire	ement age				
23 Mortal	lity table(s) (see	instructions) X Press	cribed - combined Presc	ribed - separate	Substitut	8
Part VI	Miscellane	ous Items				
24 Has a attach	change been ma	ade in the non-prescribed actua	arial assumptions for the current pl			
25 Has a	a method change	been made for the current plar	year? If "Yes," see instructions r	egarding required attachr	ment	Yes X No
26 Is the	plan required to	provide a Schedule of Active F	articipants? If "Yes," see instruction	ons regarding required at	tachment	Yes 🛛 No
97 If the	plan is subject to	alternative funding rules, ente	r applicable code and see instructi	ons regarding	27	
Part VI	Reconcil	iation of Unpaid Minim	um Required Contributior	is For Prior Years		
28 Linna	aid minimum requ	ired contributions for all prior y	ears		28	C
29 Disco	ounted employer	contributions allocated toward	unpaid minimum required contribu	tions from prior years	29	(
30 Rem	aining amount of	unpaid minimum required cont	ributions (line 28 minus line 29)		30	(
Part VI	II Minimun	n Required Contribution	n For Current Year			
31 Tar	net normal cost a	nd excess assets (see instruction	ons):			
<b>a</b> Tar	rget normal cost	(line 6)			31a	85,347
<b>b</b> Ex	cess assets, if a	oplicable, but not greater than I	ine 31a		31b	Installment
	ortization installme			Outstanding Bala	53,649	12,670
					03,049	12,07
b W	aiver amortizatio	n installment		ting the epproval		
(Mor	nth	Day Year	ter the date of the ruling letter grar ) and the waived amount		33	00.01
34 Tota	al funding require	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34	98,01
	4. · · · ·		Carryover balance	Prefunding bala	nce	Total balance
		use to offset funding				-
					. 36	98,01
37 Con	atributions allocat	ed toward minimum required c	ontribution for current year adjuste	d to valuation date (line	37	102,07
		ess contributions for current ye				
a Te	otal (excess, if a	ny, of line 37 over line 36)			38a	4,06
b P	Portion included in	n line 38a attributable to use of	prefunding and funding standard of	carryover balances	38b	
<b>39</b> Unp	paid minimum red	quired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	
40 Un	paid minimum re	quired contributions for all year	S		40	
Part IX	C Pensio	on Funding Relief Unde	r Pension Relief Act of 20	10 (See Instruction	15)	х.
		ade to use PRA 2010 funding r				
						2 plus 7 years 15 years
b	Eligible plan year	(s) for which the election in line	41a was made			2008 2009 2010 2011
<b>42</b> Am	nount of accelerat	tion adjustment			42	
43 Ex	cess installment a	acceleration amount to be carri	ed over 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 01/01/2017 through 12/31/2017

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 01/01/2017 through 12/31/2017

Valuation Date: 12/31/2017

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	04/09/2018	\$40,000					
Applied to Quarterly Contribution	04/15/2017	22,295	21,003	0	22,295	5.33	10.33
Applied to Quarterly Contribution	07/15/2017	17,705	16,873	0	17,705	5.33	10.33
Deposited Contribution	05/07/2018	\$20,000					
Applied to Quarterly Contribution	07/15/2017	4,590	4,341	0	4,590	5.33	10.33
Applied to Quarterly Contribution	10/15/2017	15,410	14,747	0	15,410	5.33	10.33
Deposited Contribution	06/13/2018	\$15,000					
Applied to Quarterly Contribution	10/15/2017	6,885	6,523	0	6,885	5.33	10.33
Applied to Quarterly Contribution	01/15/2018	8,115	7,779	0	8,115	5.33	10.33
Deposited Contribution	07/10/2018	\$15,000					
Applied to MRC	12/31/2017	820	798	0	0	5.33	0
Applied to Quarterly Contribution	01/15/2018	14,180	13,495	0	14,180	5.33	10.33
Deposited Contribution	08/06/2018	\$17,000					
Applied to Additional Contribution	12/31/2017	3,044	2,951	0	0	5.33	0
Applied to MRC	12/31/2017	13,956	13,530	0	0	5.33	0
Totals for Deposited Contribution		\$107,000	\$102,040	\$0	\$89,180		

# Schedule SB, Part V **Summary of Plan Provisions**

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

### For the plan year 01/01/2017 through 12/31/2017

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 - 12/31/2017 Valuation - 12/31/2017 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:	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 -	ClassificationPay Credit Formula12% of compensation228% 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) plan actuarial equivalence interest and mortality					
Early Retirement -	None					
Death Benefit -	Face Amount minus Cash Value plus Present Value of Accrued Benefit					
Disability Benefit -	None					
Top Heavy Minimum:	None					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$215,000					
	Maximum 401(a)(17) compensation - \$270,000					
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 Bene	fit: 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 01/01/2017 through 12/31/2017

#### 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 01/01/2017 through 12/31/2017

	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	61,105	5	13,237
	12/31/2016	33,824	Shortfall	30,032	6	5,589
	12/31/2017	-37,488	Shortfall	-37,488	7	-6,156
Totals:				\$53,649		\$12,670