

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information											
1a Name of plan <u>EMPLOYEE'S RETIREMENT PLAN OF THE ANIMAL MEDICAL CENTER</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 5px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan <u>01/01/1955</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">2b Employer Identification Number (EIN) <u>13-5505367</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">2c Plan Sponsor's telephone number <u>212-838-8100</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1955</u>		2b Employer Identification Number (EIN) <u>13-5505367</u>		2c Plan Sponsor's telephone number <u>212-838-8100</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1955</u>											
2b Employer Identification Number (EIN) <u>13-5505367</u>											
2c Plan Sponsor's telephone number <u>212-838-8100</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE ANIMAL MEDICAL CENTER</u> <u>510 EAST 62ND STREET</u> <u>NEW YORK, NY 10021</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	LINDA M. FAISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE ANIMAL MEDICAL CENTER 510 EAST 62ND STREET NEW YORK, NY 10021		3b Administrator's EIN 13-5505367
		3c Administrator's telephone number 212-838-8100
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 185
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 90
a(2) Total number of active participants at the end of the plan year		6a(2) 0
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EMPLOYEE'S RETIREMENT PLAN OF THE ANIMAL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ANIMAL MEDICAL CENTER	D Employer Identification Number (EIN) 13-5505367	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JP MORGAN SECURITIES LLC

277 PARK AVENUE
NEW YORK, NY 10172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	6171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>EMPLOYEE'S RETIREMENT PLAN OF THE ANIMAL MEDICAL CENTER</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ANIMAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>13-5505367</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	137432	23390
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8046096	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	8183528 23390
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8183528 23390

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2174032
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2174032
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	26198
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	26198
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-87613
c Other income.....	2c		75587
d Total income. Add all income amounts in column (b) and enter total.....	2d		2188204
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7546781	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	2795390	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10342171
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	6171	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6171
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10348342
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-8160138
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 423491.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan EMPLOYEE'S RETIREMENT PLAN OF THE ANIMAL MEDICAL CENTER	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ANIMAL MEDICAL CENTER	D Employer Identification Number (EIN) 13-5505367

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5505367		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	119

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
----------	------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: 0.0 % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**Employee's Retirement Plan of
The Animal Medical Center**

Financial Statements

December 31, 2021 and 2020

Independent Auditors' Report

**To the Board of Trustees
The Animal Medical Center**

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of the Employee's Retirement Plan of The Animal Medical Center (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits (liquidation basis) as of December 31, 2021, and the related statement of changes in net assets available for benefits (liquidation basis) for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by the qualified institution agree to, or is derived from, in all material respects, the information prepared and certified by institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Other Matter - Plan Termination

As discussed in Note 1 to the financial statements, the Board of Trustees of The Animal Medical Center voted to terminate the Plan effective December 31, 2018. As a result of the termination, the Plan has changed its basis of accounting from the going concern basis to the liquidation basis effective October 16, 2018. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) (liquidation basis) as of December 31, 2021 and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions (liquidation basis) for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules (liquidation basis) that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (liquidation basis), we evaluated whether the supplemental schedules (liquidation basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules (liquidation basis), other than the information in the supplemental schedules (liquidation basis) that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules (liquidation basis) related to assets held by and certified to by the qualified institution agree to or is derived from, in all material respects, the information prepared and certified by institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PKF O'Connor Davies, LLP

October 17, 2022



Independent Auditors' Report

**To the Board of Trustees
The Animal Medical Center**

Report on Financial Statements

We were engaged to audit the accompanying financial statements of the Employee's Retirement Plan of The Animal Medical Center (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020 (liquidation basis) and the related statement of changes in net assets available for benefits (liquidation basis) for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the custodian as of December 31, 2020, and for the year then ended, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the accompanying 2020 financial statements.

Plan Termination

As discussed in Note 1 to the financial statements, the Board of Trustees of The Animal Medical Center voted to terminate the Plan effective December 31, 2018. As a result of the termination, the Plan has changed its basis of accounting from the going concern basis to the liquidation basis effective October 16, 2018. Our opinion is not modified with respect to this matter.

Report on Form and Content in Compliance With DOL Rules and Regulations for the 2020 Financial Statements

The form and content of the information included in the 2020 financial statements (liquidation basis), other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

October 17, 2022

Employee's Retirement Plan of The Animal Medical Center

Statements of Net Assets Available for Benefits (Liquidation Basis)

	December 31	
	2021	2020
ASSETS		
Investments, at Fair value		
Money market funds	\$ 23,390	\$ 137,432
Exchange traded funds	-	3,241,186
Mutual funds	-	4,804,910
Total Investments, at Fair Value	23,390	8,183,528
Accrued interest and dividends earned in liquidation	8	26,195
Total Assets	23,398	8,209,723
LIABILITIES		
Accrued liquidation expenses	-	6,174
Net Assets Available for Benefits	\$ 23,398	\$ 8,203,549

See notes to financial statements

Employee's Retirement Plan of The Animal Medical Center

Statements of Changes in Net Assets Available for Benefits (Liquidation Basis)

	Year Ended December 31	
	<u>2021</u>	<u>0</u>
ADDITIONS		
Investment Return		
Interest and dividend income	\$ 26,198	\$ 153,727
Net (depreciation) appreciation in fair value of investments	<u>(12,024)</u>	<u>57,257</u>
Total Investment Return	14,174	210,984
Employer contribution	<u>2,174,032</u>	<u>-</u>
Total Additions	<u>2,188,206</u>	<u>210,984</u>
DEDUCTIONS		
Benefit paid to participants	7,546,781	223,863
Purchase of annuity contract	2,795,390	-
Administrative expenses	<u>-</u>	<u>24,271</u>
Total Deductions	<u>10,342,171</u>	<u>248,134</u>
Liquidation basis adjustments	<u>(26,186)</u>	<u>(69,609)</u>
Net Decrease	(8,180,151)	(106,759)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>8,203,549</u>	<u>8,310,308</u>
End of year	<u>\$ 23,398</u>	<u>\$ 8,203,549</u>

See notes to financial statements

Employee's Retirement Plan of The Animal Medical Center

Notes to Financial Statements
(Liquidation Basis)
December 31, 2021 and 2020

1. Description of the Plan

The following is a brief description of the Employee's Retirement Plan of The Animal Medical Center (the "Plan"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan for eligible employees of The Animal Medical Center ("AMC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On October 16, 2018, the Board of Trustees of AMC approved a resolution to terminate the Plan effective December 31, 2018 and is in the process of liquidating the Plan assets. During the years ended December 31, 2021 and 2020, the Plan was required to accrue and separately present any costs that it expects to incur and the income it expects to earn during liquidation, as well as any adjustments to those estimates in future periods. All assets have been distributed in 2022.

Plan Eligibility and Vesting

On September 26, 1955, AMC established a retirement plan for all regular full-time employees age 21 and over who have completed one year of service. The Plan, formerly a unit benefit, defined benefit pension plan, was converted into a cash balance plan effective January 1, 1998. Employees were vested upon completion of five years of credited service, or attainment of normal or early retirement age while working for AMC.

Effective as of October 25, 2009, the Plan froze the future benefit accruals of all employees of AMC participating in the Plan. As a result, accrued benefits under the Plan were frozen at the amount accrued through October 25, 2009, based on service credits to that date. Employees who had not met the eligibility requirements as of October 25, 2009 are not eligible for Plan benefits.

Pension Benefits

Annually, interest is allocated to each participant's account balance. This interest is credited to the participant's cash balance account (measured at the end of the prior year) as of the last day of each calendar year. The interest credit rate is the average yield on 1-Year Treasury Constant Maturities, as published in the Federal Reserve Bulletin for the month preceding the beginning of the Plan year, increased by one percentage point (rounded to the nearest 0.25 percent). Effective on and after January 1, 2004, a minimum interest credit of 2.50% for each Plan year shall apply.

An employee may qualify for normal, delayed, early or disability retirement, death benefit allowance or deferred allowance.

AMC contributes actuarially determined amounts necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. AMC's contributions are made in amounts sufficient to meet the minimum funding requirements set forth in ERISA, plus such additional amounts as AMC may determine to be appropriate from time to time.

Employee's Retirement Plan of The Animal Medical Center

Notes to Financial Statements
(Liquidation Basis)
December 31, 2021 and 2020

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") under the liquidation basis effective October 16, 2018.

Use of Estimates

Management makes estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable inputs and are used to the extent that observable inputs do not exist. At December 31, 2021 and 2020, all of the Plan's investments were valued using level 1 inputs.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Exchange traded funds have been reported at their quoted market price as of the last day of the Plan year. Mutual funds and money market funds are valued at the net asset value ("NAV") of shares held by the Plan at year end based on quoted market prices. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income which is reinvested. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Funding Policy

AMC has met the minimum funding requirements of ERISA as of December 31, 2021 and 2020.

Payment of Benefits

Benefits payments to participants are recorded when distributed.

Employee's Retirement Plan of The Animal Medical Center

Notes to Financial Statements
(Liquidation Basis)
December 31, 2021 and 2020

2. Summary of Significant Accounting Policies *(continued)*

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 17, 2022.

3. Information Certified (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions, including investments held at December 31, 2021 and 2020, and net appreciation in value of investments and interest and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by JPMorgan Chase Bank, N.A., a qualified institution.

4. Expenses

Expenses relating to investment management are paid directly by the respective investment vehicles and are included as a component of net appreciation in fair value of investments. Actuarial fees, custodial fees and certain other administrative expenses are paid directly by AMC.

5. Purchase of Annuity Contract

In May of 2021, the Plan purchased a group annuity contract issued by CUNA Mutual Retirement Solutions for \$2,795,390. As a result, the entire accrued benefit of each annuitized individual as well as all benefits, rights and features associated, will be guaranteed by CUNA Mutual Retirement Solutions.

Purchased annuities are contracts under which CUNA Mutual Retirement Solutions is obligated to pay benefits to named employees or their beneficiaries. Funds of the Plan were used to purchase the group annuity contract and are recorded as deductions on the 2021 statement changes in net assets available for benefits.

Employee's Retirement Plan of The Animal Medical Center

Notes to Financial Statements
(Liquidation Basis)
December 31, 2021 and 2020

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated March 22, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. The Plan administrator believes that the Plan is designed and currently being operated in compliance with applicable sections of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine examinations by taxing jurisdictions for periods since 2018; however, there are currently no examinations for any tax periods in progress.

7. Party-in-Interest

Certain Plan investments are managed by the custodian and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

Certain employees of AMC, who may also be participants in the Plan, perform administrative services to the Plan at no cost to the Plan.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

The global economic uncertainty associated with the COVID-19 pandemic has resulted in significant volatility in global financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to December 31, 2021 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted due to uncertainty regarding the duration and scope of the pandemic and other changing market conditions.

Employee's Retirement Plan of The Animal Medical Center

Notes to Financial Statements
(Liquidation Basis)
December 31, 2021 and 2020

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 23,398	\$ 8,203,549
Accrued interest and dividends earned in liquidation	(8)	(26,195)
Accrued liquidation expenses	<u>-</u>	<u>6,174</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 23,390</u>	<u>\$ 8,183,528</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500:

Total net decrease per the financial statements	\$ (8,180,151)
Add: Prior year change in liquidation basis of accounting	20,021
Less: Current year change in liquidation basis of accounting	<u>(8)</u>
Net Decrease per Form 5500	<u>\$ (8,160,138)</u>

* * * * *

**Employee's Retirement Plan of
The Animal Medical Center**

Supplemental Schedules

December 31, 2021

Employee's Retirement Plan of The Animal Medical Center

Schedule Pursuant to Department of Labor Requirements (Liquidation Basis) December 31, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-5505367
Plan #: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost		(e) Current Value
	MONEY MARKET FUNDS	Shares/Units			
*	JP Morgan US Govt MMKT Fund Capital Shares - Fund	23,390	\$	23,390	\$ 23,390

* Denotes party-in-interest as defined by ERISA

See independent auditors' report

Employee's Retirement Plan of The Animal Medical Center

Schedule Pursuant to Department of Labor Requirements (Liquidation Basis) Year Ended December 31, 2021

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN 13-5505367
Plan #001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series transactions in same security in excess of 5% of plan assets:								
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan Chase Bank NA Current Yield .03	\$ 4,909,446	\$ -	\$ -	\$ -	\$ 4,909,446	\$ 4,909,446	\$ -
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan Chase Bank NA Current Yield .03	-	5,019,213	-	-	5,019,213	5,019,213	-
	Security Total					9,928,659	9,928,659	-
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan US Govt MMKT Fund Capital Shares - Fund	7,715,281	-	-	-	7,715,281	7,715,281	-
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	7,719,565	-	-	7,719,565	7,719,565	-
	Security Total					15,434,846	15,434,846	-
JP Morgan Chase Bank, N.A.	Total Buys- Lord Abbett & Co. LLC	13,376	-	-	-	13,376	13,376	-
JP Morgan Chase Bank, N.A.	Total Sells-Lord Abbett & Co. LLC	-	1,720,307	-	-	1,720,307	1,718,648	(1,659)
	Security Total					1,733,683	1,732,024	(1,659)
JP Morgan Chase Bank, N.A.	Total Sells-Lord Abbett Ultra Short Bond Fund	-	1,553,586	-	-	1,549,999	1,553,586	3,587
JP Morgan Chase Bank, N.A.	Total Sells-PIMCO Short-Term Fund	-	1,543,736	-	-	1,550,000	1,543,736	(6,264)
JP Morgan Chase Bank, N.A.	Total Sells-SPDR Bloomberg Investment Grade Floating Rate ETF	-	1,543,690	-	-	1,550,093	1,543,690	(6,403)
JP Morgan Chase Bank, N.A.	Total Sells-Vanguard Short-Term Bond ETF	-	1,687,771	-	-	1,601,460	1,687,771	86,311
Series transactions in same party in excess of 5% of plan assets:								
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan Chase Bank NA Current Yield .03	4,387,353	-	-	-	4,387,353	4,387,353	-
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan Chase Bank NA Current Yield .03	-	4,823,726	-	-	4,823,726	4,823,726	-
JP Morgan Chase Bank, N.A.	Total Sell-Lord Abbett & Co. LLC Mutual Fund	-	650,000	-	-	651,094	650,000	(1,094)
JP Morgan Chase Bank, N.A.	Total Sell-Lord Abbett Ultra Short Bond Fund	-	560,000	-	-	558,883	560,000	1,117
JP Morgan Chase Bank, N.A.	Total Sell-PIMCO Short-Term Fund	-	555,000	-	-	557,257	555,000	(2,257)
JP Morgan Chase Bank, N.A.	Total Sell-SPDR Bloomberg Investment Grade Floating Rate	-	557,110	-	-	559,756	557,110	(2,646)
JP Morgan Chase Bank, N.A.	Total Sell-Vanguard Short-Term Bond ETF	-	630,336	-	-	599,180	630,336	31,156
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan Chase Bank NA Current Yield .03	522,093	-	-	-	522,093	522,093	-
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan Chase Bank NA Current Yield .03	-	195,487	-	-	195,487	195,487	-
JP Morgan Chase Bank, N.A.	Total Buys- Lord Abbett & Co. LLC	13,376	-	-	-	13,376	13,376	-
JP Morgan Chase Bank, N.A.	Total Sells-Lord Abbett & Co. LLC	-	1,068,648	-	-	1,069,213	1,068,648	(565)
JP Morgan Chase Bank, N.A.	Total Sells-Lord Abbett Ultra Short Bond Fund	-	993,586	-	-	991,116	993,586	2,470
JP Morgan Chase Bank, N.A.	Total Sells-PIMCO Short-Term Fund	-	988,736	-	-	992,743	988,736	(4,007)
JP Morgan Chase Bank, N.A.	Total Sells-SPDR Bloomberg Investment Grade Floating Rate ETF	-	986,580	-	-	990,337	986,580	(3,757)
JP Morgan Chase Bank, N.A.	Total Sells-Vanguard Short-Term Bond ETF	-	1,057,435	-	-	1,002,280	1,057,435	55,155

See independent auditors' report

Employee's Retirement Plan of The Animal Medical Center

Schedule Pursuant to Department of Labor Requirements (Liquidation Basis) Year Ended December 31, 2021

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN 13-5505367
Plan #001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transaction in excess of 5% of plan assets:								
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	\$ -	\$ 963,335	\$ -	\$ -	\$ 963,335	\$ 963,335	\$ -
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	474,361	-	-	474,361	474,361	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	541,382	-	-	541,382	541,382	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	470,000	-	-	470,000	470,000	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	500,000	-	-	500,000	500,000	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	1,765,000	-	-	1,765,000	1,765,000	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	1,000,000	-	-	1,000,000	1,000,000	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	1,812,554	-	-	1,812,554	1,812,554	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	647,636	-	-	647,636	647,636	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan Chase Bank NA Current Yield .03	-	1,036,811	-	-	1,036,811	1,036,811	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	1,115,513	-	-	1,115,513	1,115,513	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	1,115,513	-	-	1,115,513	1,115,513	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	500,000	-	-	500,000	500,000	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	527,837	-	-	527,837	527,837	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	524,134	-	-	524,134	524,134	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	475,866	-	-	475,866	475,866	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	2,999,237	-	-	2,999,237	2,999,237	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	3,919,683	-	-	3,919,683	3,919,683	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	1,676,017	-	-	1,676,017	1,676,017	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	889,573	-	-	889,573	889,573	-
JP Morgan Chase Bank, N.A.	Total Sell-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	655,282	-	-	655,282	655,282	-
JP Morgan Chase Bank, N.A.	Total Sell-Lord Abbett & Co. LLC Mutual Fund	-	650,000	-	-	651,094	650,000	(1,094)
JP Morgan Chase Bank, N.A.	Total Sell-Lord Abbett Ultra Short Bond Fund	-	560,000	-	-	558,883	560,000	1,117
JP Morgan Chase Bank, N.A.	Total Sell-PIMCO Short-Term Fund	-	555,000	-	-	557,257	555,000	(2,257)
JP Morgan Chase Bank, N.A.	Total Sell-SPDR Bloomberg Investment Grade Floating Rate	-	557,110	-	-	559,756	557,110	(2,646)
JP Morgan Chase Bank, N.A.	Total Sell-Vanguard Short-Term Bond ETF	-	630,336	-	-	599,180	630,336	31,156

See independent auditors' report

Employee's Retirement Plan of The Animal Medical Center

Schedule Pursuant to Department of Labor Requirements (Liquidation Basis)

Year Ended December 31, 2021

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN 13-5505367
Plan #001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series transactions in same security in excess of 5% of plan assets:								
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan Chase Bank NA Current Yield .03	\$ 4,909,446	\$ -	\$ -	-	\$ 4,909,446	\$ 4,909,446	\$ -
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan Chase Bank NA Current Yield .03	-	5,019,213	-	-	5,019,213	5,019,213	-
	Security Total					9,928,659	9,928,659	-
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan US Govt MMKT Fund Capital Shares - Fund	7,715,281	-	-	-	7,715,281	7,715,281	-
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	7,719,565	-	-	7,719,565	7,719,565	-
	Security Total					15,434,846	15,434,846	-
JP Morgan Chase Bank, N.A.	Total Buys- Lord Abbott & Co. LLC	13,376	-	-	-	13,376	13,376	-
JP Morgan Chase Bank, N.A.	Total Sells- Lord Abbott & Co. LLC	-	1,720,307	-	-	1,720,307	1,718,648	(1,659)
	Security Total					1,733,683	1,732,024	(1,659)
JP Morgan Chase Bank, N.A.	Total Sells- Lord Abbott Ultra Short Bond Fund	-	1,553,586	-	-	1,549,999	1,553,586	3,587
JP Morgan Chase Bank, N.A.	Total Sells-PIMCO Short-Term Fund	-	1,543,736	-	-	1,550,000	1,543,736	(6,264)
JP Morgan Chase Bank, N.A.	Total Sells-SPDR Bloomberg Investment Grade Floating Rate ETF	-	1,543,690	-	-	1,550,093	1,543,690	(6,403)
JP Morgan Chase Bank, N.A.	Total Sells-Vanguard Short-Term Bond ETF	-	1,687,771	-	-	1,601,460	1,687,771	86,311
Series transactions in same party in excess of 5% of plan assets:								
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan Chase Bank NA Current Yield .03	4,387,353	-	-	-	4,387,353	4,387,353	-
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan Chase Bank NA Current Yield .03	-	4,823,726	-	-	4,823,726	4,823,726	-
JP Morgan Chase Bank, N.A.	Total Sell- Lord Abbott & Co. LLC Mutual Fund	-	650,000	-	-	651,094	650,000	(1,094)
JP Morgan Chase Bank, N.A.	Total Sell- Lord Abbott Ultra Short Bond Fund	-	560,000	-	-	558,883	560,000	1,117
JP Morgan Chase Bank, N.A.	Total Sell-PIMCO Short-Term Fund	-	555,000	-	-	557,257	555,000	(2,257)
JP Morgan Chase Bank, N.A.	Total Sell-SPDR Bloomberg Investment Grade Floating Rate	-	557,110	-	-	559,756	557,110	(2,646)
JP Morgan Chase Bank, N.A.	Total Self-Vanguard Short-Term Bond ETF	-	630,336	-	-	599,180	630,336	31,156
JP Morgan Chase Bank, N.A.	Total Buys-JP Morgan Chase Bank NA Current Yield .03	522,093	-	-	-	522,093	522,093	-
JP Morgan Chase Bank, N.A.	Total Sells-JP Morgan Chase Bank NA Current Yield .03	-	195,487	-	-	195,487	195,487	-
JP Morgan Chase Bank, N.A.	Total Buys- Lord Abbott & Co. LLC	13,376	-	-	-	13,376	13,376	-
JP Morgan Chase Bank, N.A.	Total Sells- Lord Abbott & Co. LLC	-	1,068,648	-	-	1,069,213	1,068,648	(565)
JP Morgan Chase Bank, N.A.	Total Sells- Lord Abbott Ultra Short Bond Fund	-	993,586	-	-	991,116	993,586	2,470
JP Morgan Chase Bank, N.A.	Total Sells-PIMCO Short-Term Fund	-	988,736	-	-	992,743	988,736	(4,007)
JP Morgan Chase Bank, N.A.	Total Sells-SPDR Bloomberg Investment Grade Floating Rate ETF	-	986,580	-	-	990,337	986,580	(3,757)
JP Morgan Chase Bank, N.A.	Total Sells-Vanguard Short-Term Bond ETF	-	1,057,435	-	-	1,002,280	1,057,435	55,155

See independent auditors' report

Employee's Retirement Plan of The Animal Medical Center

Schedule Pursuant to Department of Labor Requirements (Liquidation Basis)

Year Ended December 31, 2021

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN 13-5505367
Plan #001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Single transaction in excess of 5% of plan assets:								
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	\$	\$ 963,335	\$	-	\$ 963,335	\$ 963,335	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	474,361	-	-	474,361	474,361	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	541,382	-	-	541,382	541,382	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	470,000	-	-	470,000	470,000	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	500,000	-	-	500,000	500,000	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	1,765,000	-	-	1,765,000	1,765,000	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	1,000,000	-	-	1,000,000	1,000,000	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	1,812,554	-	-	1,812,554	1,812,554	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	647,636	-	-	647,636	647,636	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan Chase Bank NA Current Yield .03	-	1,036,811	-	-	1,036,811	1,036,811	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	1,115,513	-	-	1,115,513	1,115,513	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	1,115,513	-	-	1,115,513	1,115,513	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	500,000	-	-	500,000	500,000	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	527,837	-	-	527,837	527,837	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	524,134	-	-	524,134	524,134	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	475,866	-	-	475,866	475,866	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	2,999,237	-	-	2,999,237	2,999,237	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	3,919,683	-	-	3,919,683	3,919,683	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	1,676,017	-	-	1,676,017	1,676,017	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	889,573	-	-	889,573	889,573	-
JP Morgan Chase Bank, N.A.	Total Self-JP Morgan US Govt MMKT Fund Capital Shares - Fund	-	655,282	-	-	655,282	655,282	-
JP Morgan Chase Bank, N.A.	Total Self-Lord Abbett & Co. LLC Mutual Fund	-	650,000	-	-	651,094	650,000	(1,094)
JP Morgan Chase Bank, N.A.	Total Self-Lord Abbett Ultra Short Bond Fund	-	560,000	-	-	558,883	560,000	1,117
JP Morgan Chase Bank, N.A.	Total Self-PIMCO Short-Term Fund	-	555,000	-	-	557,257	555,000	(2,257)
JP Morgan Chase Bank, N.A.	Total Self-SPDR Bloomberg Investment Grade Floating Rate	-	557,110	-	-	559,756	557,110	(2,646)
JP Morgan Chase Bank, N.A.	Total Self-Vanguard Short-Term Bond ETF	-	630,336	-	-	599,180	630,336	31,156

See independent auditors' report

Employee's Retirement Plan of The Animal Medical Center

Schedule Pursuant to Department of Labor Requirements (Liquidation Basis) December 31, 2021

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 13-5505367
Plan #: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	MONEY MARKET FUNDS	Shares/Units		
*	JP Morgan US Govt MMKT Fund Capital Shares - Fund	23,390	<u>\$ 23,390</u>	<u>\$ 23,390</u>

* Denotes party-in-interest as defined by ERISA

See independent auditors' report