

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** 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 COASTAL CAROLINA ANIMAL HOSPITAL DEFINED BENEFIT PENSION PLAN		1b Three-digit plan number (PN) ▶	002
		1c Effective date of plan	01/01/2010
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) COASTAL CAROLINA ANIMAL HOSPITAL 5650 CAROLINA BEACH ROAD WILMINGTON, NC 28412-2608		2b Employer Identification Number (EIN)	56-2072321
		2c Sponsor's telephone number	910-792-9600
		2d Business code (see instructions)	541940
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. COASTAL CAROLINA ANIMAL HOSPITAL 5650 CAROLINA BEACH ROAD WILMINGTON, NC 28412-2608		3b Administrator's EIN	56-2072321
		3c Administrator's telephone number	910-792-9600
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	
5a Total number of participants at the beginning of the plan year.....		5a	7
b Total number of participants at the end of the plan year		5b	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c	
d(1) Total number of active participants at the beginning of the plan year		5d(1)	3
d(2) Total number of active participants at the end of the plan year.....		5d(2)	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		5e	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	05/22/2023	PETER DUGAN
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	1142770	0
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	1142770	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	2500	
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-30527	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-28027
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	1110635	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g	4108	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		1114743
i Net income (loss) (subtract line 8h from line 8c).....	8i		-1142770
j Transfers to (from) the plan (see instructions).....	8j		

Part 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
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a 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		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		115000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		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.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
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.....	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver.Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>COASTAL CAROLINA ANIMAL HOSPITAL DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COASTAL CAROLINA ANIMAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>56-2072321</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>1141505</u>	
b Actuarial value	2b	<u>1141505</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants.....	<u>4</u>	<u>22560</u>	<u>22560</u>
c For active participants.....	<u>3</u>	<u>1080514</u>	<u>1080514</u>
d Total	<u>7</u>	<u>1103074</u>	<u>1103074</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>4.80 %</u>	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>12631</u>	
c Total (line 6a + line 6b)	6c	<u>12631</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>03/08/2023</u> Date
	<u>DAVID TEITELBAUM</u> Type or print name of actuary	<u>20-03798</u> Most recent enrollment number
	<u>NPPG, INC</u> Firm name	<u>973-575-1100</u> Telephone number (including area code)
	<u>330 PASSAIC AVENUE, SUITE 118 FAIRFIELD, NJ 07004</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	19137
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	19137
10	Interest on line 9 using prior year's actual return of <u>6.80</u> %	0	1301
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		70432
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> %.....		3789
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance.....		74221
d	Portion of (c) to be added to prefunding balance.....		74221
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	94659

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	94.90 %
15	Adjusted funding target attainment percentage	15	103.48 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	95.39 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/06/2022	2500	0					
			Totals ▶	18(b)	2500	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 2470
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	12631	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	56228	5397	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	18028	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		15558	15558
36 Additional cash requirement (line 34 minus line 35).....	36	2470	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2470	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

COASTAL CAROLINA ANIMAL HOSPITAL DEFINED BENEFIT PENSION PLAN
PLAN SPONSOR'S EIN: 56-2072321
PLAN #: 002
VALUATION AS OF 1/1/2022

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

NORMAL RETIREMENT BENEFIT

Actuarial Costs Method: As Required by Pension Protection Act

Pre-Retirement Valuation Assumptions

2021 Cash Balance Accumulation Rate	5.00% Effective annual rate
2022 Cash Balance Accumulation Rate	5.00% Effective annual rate

PRE-RETIREMENT ACTUARIAL EQUIVALENCE ASSUMPTIONS

2022 Rate of Interest	5.00% Effective annual rate
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RETIREMENT ACTUARIAL EQUIVALENCE ASSUMPTIONS

2022 Rate of Interest	5.50% Effective annual rate
Mortality Table	1994 GAR PROJ 2002

ASSUMPTIONS FOR PPA FUNDING

Asset Valuation Method: Market Value

2021 Effective Rate:	5.38%
2022 Effective Rate:	4.80%

2022 Rate of Interest		For IRC 430 & 436	For IRC 404
First Segment Rate (Less than 5 years)		4.75%	0.88%
Second Segment Rate (5-20 years)		5.18%	2.61%
Third Segment Rate (20 or more years)		5.92%	3.27%

Mortality Table

Pre-Retirement	None
Retirement	Not applicable

Lump Sum Election Percentage	100%
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ASSUMPTIONS FOR IRC415 MAXIMUM BENEFIT ACTUARIAL ADJUSTMENTS

Pre-Retirement Valuation Assumptions

Rate of Interest	5.00% Effective annual rate
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Retirement Valuation Assumptions

Rate of Interest	5.50% Effective annual rate
Mortality Table	2022 417(e)(3) Applicable Mortality Table

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Coastal Carolina Animal Hospital Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Coastal Carolina Animal Hospital	D Employer Identification Number (EIN) 56-2072321	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
2	Assets:		
	a Market value	2a	1,141,505
	b Actuarial value	2b	1,141,505
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	0	0
	b For terminated vested participants	4	22,560
	c For active participants	3	1,080,514
	d Total	7	1,103,074
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	4.80%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	12,631
	c Total (line 6a + line 6b)	6c	12,631

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<i>D.T.</i>	03/08/2023
	Signature of actuary	Date
DAVID TEITELBAUM	Type or print name of actuary	2003798
		Most recent enrollment number
NPPG, INC	Firm name	973-575-1100
		Telephone number (including area code)
330 PASSAIC AVENUE, SUITE 118		
FAIRFIELD NJ 07004	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 12,631
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	56,228		5,397	
b Waiver amortization installment.....				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 18,028
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			15,558	15,558
36 Additional cash requirement (line 34 minus line 35)				36 2,470
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 2,470
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

COASTAL CAROLINA ANIMAL HOSPITAL DEFINED BENEFIT PENSION PLAN
PLAN SPONSOR'S EIN: 56-2072321
PLAN #: 002

VALUATION AS OF JANUARY 1, 2022

SCHEDULE SB LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

All participants who have not yet attained Normal Retirement Age were assumed to retire on their Normal Retirement Age. Participants who remain employed beyond their Normal Retirement Age are assumed to retire one (1) year after the valuation date.

The Weighted Average Retirement Age was determined by multiplying each participant's assumed retirement age by the sum of his or her Funding Target plus Target Normal Cost. This sum was then divided by the total Funding Target plus Target Normal Cost to obtain the average assumed retirement age. The average assumed retirement age was then rounded to the nearest whole number to determine the Weighted Average Retirement Age.

Weighted Retirement Age: 62

COASTAL CAROLINA ANIMAL HOSPITAL DEFINED BENEFIT PENSION PLAN
PLAN SPONSOR'S EIN: 56-2072321
PLAN #: 002

VALUATION AS OF JANUARY 1, 2022

Schedule SB, line 19 - Discounted Employer Contributions

Applicable Effective Interest Rate for Contributions Paid on time: 4.8%

Applicable Effective Interest Rate for Contributions Made for Late Quarterly Payments: 9.8%

All Contributions are applied to the 2022 plan year unless otherwise noted.

<u>Date of Deposit</u>	<u>Contribution</u>	<u>Contributions Paid on Time (or not applied to Quarterly Payments)</u>		<u>Contributions Made for Late Quarterly Payments</u>		<u>Total Discounted Contribution</u>
		<u>Actual</u>	<u>Discounted</u>	<u>Actual</u>	<u>Discounted</u>	
Applied Credit Balance	\$15,558	\$15,558	\$15,558	\$0	\$0	\$15,558
April 6, 2022	\$2,500	\$2,500	\$2,470	\$0	\$0	\$2,470

COASTAL CAROLINA ANIMAL HOSPITAL DEFINED BENEFIT PENSION PLAN
PLAN SPONSOR'S EIN: 56-2072321
PLAN #: 002
VALUATION AS OF JANUARY 01, 2022
SUMMARY OF PLAN PROVISIONS

EFFECTIVE DATE	1/1/2010
PLAN ANNIVERSARY DATE	1/1/2022
PARTICIPATION ELIGIBILITY	Minimum age: 18 Minimum months of service: 12
PLAN ENTRY DATE	01/01 or 07/01 coincident with or following the satisfaction of the requirements
NORMAL RETIREMENT DATE	First day of the month coincident with or following age 62 and 5 years of participation
NORMAL FORM OF BENEFIT	Single life annuity (Qualified Joint and Survivor annuity is the required standard option.)
OPTIONAL FORMS OF BENEFIT	50%/75%/100% J&S, Lump Sum
NORMAL RETIREMENT BENEFIT	Benefit Formula: Actuarial Equivalent of the Cash Balance Account The Plan was frozen as of May 15, 2018 IRC 415 maximum annual benefit: \$245,000 Actuarially adjusted under IRC415(b) for retirement age and normal form. Benefit limited to 100% of compensation.
COMPENSATION DEFINITION	Actual compensation prior to NRD Annual salary up to \$305,000 considered
VESTED RETIREMENT BENEFIT	Vesting Schedule 100% after 3 years
VESTING RESTRICTIONS	Minimum Age: N/A Service Prior to Plans In Effect Counted? YES
ACCRUED RETIREMENT BENEFIT	Benefit accrued to date

COASTAL CAROLINA ANIMAL HOSPITAL DEFINED BENEFIT PENSION PLAN
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VALUATION AS OF JANUARY 1,2022

Schedule SB, line 32 - Schedule of Amortization Bases

First Segment Rate: 4.75%
 Second Segment Rate: 5.18%

<u>Valuation Date Base was Established</u>	<u>Type of Base</u>	<u>Payment</u>	<u>Years Remaining</u>	<u>Outstanding Balance</u>
<u>Current Year Base</u>				
January 1, 2022	Shortfall	\$979	15	\$10,593
<u>Prior Year's Bases</u>				
January 1, 2021	Shortfall	\$4,419	14	\$45,635
January 1, 2020	Shortfall	\$0	13	\$0
Subtotal -Prior Years		\$4,419		\$45,635
Total		\$5,397		\$56,228