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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.					
		entification Information								
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009				
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:									
		nths)								
C	Check box if filing under:	extension		DFVC program						
		special extension (enter description	on)							
Da	rt II Basic Plan Inform	nation—enter all requested inform								
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit				
	ECA VETERINARY CLINIC, P.L.	J. C. 401(K) PLAN			10	plan number				
I LOI		.2.0. 101(11) 1 2/111			(PN) • 001					
					1c	Effective date of plan				
						01/01/2005				
	•	ess (employer, if for single-employer	r plan)		2b	Employer Identification Number				
KESI	ECA VETERINARY CLINIC, P.L.	.L.C.			0 -	(EIN) 20-1463346				
4 4 4 4	DOUTER F AND 20 WEST				2c Plan sponsor's telephone num					
	ROUTES 5 AND 20 WEST EVA, NY 14456				2d	315-781-1378 Business code (see instructions)				
						541940				
		address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
KESI	ECA VETERINARY CLINIC, P.L.	.L.C. 1441 ROUT GENEVA, N		20 WEST		20-1463346				
		OENEVA, N	1 14400		3c	Administrator's telephone number 315-781-1378				
4 1	f the name and/or FIN of the pla	n sponsor has changed since the la	et return/re	aport filed for this plan, enter the	4h					
		r from the last return/report. Sponso		port med for this plan, effect the	4b EIN					
					4c	4c PN				
5a	Total number of participants at	the beginning of the plan year			5a	13				
b	Total number of participants at	the end of the plan year			5b	16				
С	Total number of participants wit	th account balances as of the end o	of the plan y	vear (defined benefit plans do not						
					5c	14				
6a	Were all of the plan's assets do	uring the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No				
b				ndent qualified public accountant (IQ		V vaa □ N				
	•			ions.)		X Yes No				
Pa	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	υυ.					
		111011		(a) B. minuin a. (1)		(b) Food of Wood				
7	Plan Assets and Liabilities		_	(a) Beginning of Year	+	(b) End of Year 246318				
	Total plan assets		. 7a	163664	-					
b	·			(0.000		0				
<u>C</u>		b from line 7a)	. 7с	163664	1	246318				
8	Income, Expenses, and Transfe			(a) Amount		(b) Total				
а	Contributions received or received (1) Employers	vable from:	. 8a(1)	13889						
	` , ' ,			18340	-					
					_					
h	,		1		0					
b	` ,	0-(0) 0-(0)		52010	,	9.4020				
C C		8a(2), 8a(3), and 8b)	. 8c			84239				
d	, , ,	ollovers and insurance premiums	. <u>8d</u>	1585	5_					
е	Certain deemed and/or correcti	ive distributions (see instructions)	uctions) 8e 0							
f		ers (salaries, fees, commissions)								
g				()					
h	·	Be, 8f, and 8g)				1585				
i		8h from line 8c)				82654				
i		ee instructions)		(
		,	ı OI		,					

Page 2- 1

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Part IV	Dlan	Charac	torictice
Partiv	Plan	Charac	reristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	nunt	
-	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			Aiii	Zunt	2751
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					60000
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				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	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						
art			0 - 1 1	OD	/ F			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	nter th	e date of	the le	tter ruli	ng
	granting the waiver	th						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401				
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	١o	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
nde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the support of the support of this returned the support of the sup	urn/rep	ort, in	cluding	g, if applic	,		
elief	f, it is true, correct, and complete.	0457						
SICI	Filed with authorized/valid electronic signature. 10/06/2010 ROSEMARY MC	CART	Y					

Date

Date

3/0		.3157811324 FROM-Rimkus Marciano	5	KESE(CA VET CLINIC -7843	τ-	123 P000 3	PAGE -1 4000/	077 0
	Form 5500-SF	Short Form Annual R			of Small Emplo	yee		OMB Nos. 1210- 1210-	
	Department of the Treasury Irramal Perenus Service	This form is required to be filed	Bonofit d under ser		and 4085 of the Employe		2	8009	
	Department of Lebor Employee Benefits Security Administration	Retirement Income Security A	la of 1974 Revenue Co	(ERIBA)	end section 6055(a) of the	6		Open to Pul	ollo
	Pension Benefit Gueranty Corporation	Complete all entries in accom	dance with	the ins	ructions to the Form 850	0-86			
	Annual Report le	dentification information				reter i			
For	rcelendar plan year 2009 or flac		9		and ending	12/31/2	1009		
A	This return/report is for:	M eingle-employer plan [ian (not multlemployer)		one-particips	nt plan	
8	This return/report is for:	Instruction	final return			_ 14 1			
_		an emended return/report	-	•	m/report (less than 12 mo	mma)	M 500 500 500		
C	Check box if filing under:	Form 6688	sulomatic	edensic	1		OFVC progra	JITN	
		special extension (enser descriptio							
	Basic Plan Infor	mation—enter all requested inform	ation						*****
	Name of plan ECA VETERINARY CLINIC, P.	LL.C. 401(K) PLAN				16	Three-digit plan number (PN)	001	
						1¢	Effective date of 01/01/2		
	Pien sponsor's name and addi ECA VETERINARY CLINIC, P.	ness (employer, if for single-employer L.L.C.	plan)		_		Employer Identil (EIN) 20-146:	3346	
	ROUTES 6 AND 20 WEST							1-1378	
GEN	NEVA, NY 14456					2d	Business code (541940		18)
	Pian administrator's name and ECA VETERINARY CLINIC, P.		S 6 AND 2			36	Admirustrator's 9		
		GENEVA, M	r 14458			3c	Administrators (315-78	ielephone num 1-1376	iber
		en sponsor has changed since the lar er from the last return/report. Sponso		port filed	or this plan, enter the		EIN		
-	T-(-1	AAL-1				+	PN		 -
	• •	t the beginning of the plan year							13
b	• •	the end of the plan year				56			16
c	complete this item)	to bee septial truccountries as of the end of		,,,					14
6a	Were all of the plan's exects t	during the plan year invested in eligibl	io possta?	(8ee inst	uations.)	· · · · · · · · · · · · · · · · · · ·		Yes]	No
D	under 29 CFR 2520.104-487 (te proque bene moltantiment laures et a la propertie review de la contraction de la	end conditi	G78.)				X Yes [No
	If you enswered "No" to eith	ter 6a or 6b, the plan cannot use Fr	orm 6500-	SF and n	ust instead use Form 5	500.			
	Financial inform	ation							
7	Plan Assets and Liabilities			آا	a) Beginning of Year	\Box	(b) End	of Year	
a	Total pien assets		74		18386	4		246	318
h	Total plan liabilities		7h			۸T			_

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Yest
a	Total plan assets	74	163864	246310
b	Total plan liabilities	7b	0	
C	Net plan essets (subtract line 7b from line 7s)	76	163664	246316
3	Income, Expenses, and Transfers for this Plan Year		(e) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	9a(1)	13990	
	(2) Partidipante	8n(2)	18340	
	(3) Others (including rollovers)	0a(3)	0	
b	Other income (loss)	. Øb	52010	
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Ac_		64239
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 60	1685	
•	Certain deemed and/or corrective distributions (see instructions)	80		
f	Administrative service providers (salarios, fees, commissions)	80	0	
9	Other expenses	60	0	
h	Total expenses (add lines 6d, 8e, 8f, and 6g)	. Bh		1585
ì	Net income (loss) (subtract line 8h from line 8o)	81		82654
j	Transfers to (from) the plan (see instructions)	al .	0	

	Form 5600-SF 2009		age 2-1						
	Plan Characteristics							-	
9a	If the plan provides pension benefits, enter the applicable pension fer 2E 2F 2G 2J 2K 3D 3H	sture codes from the	List of Plan Chan	ecteri	súc Co	des in	the instruc	aiona!	
b	If the pien provides welfare benefits, enter the applicable welfare fea	ture codes from the	Liet of Plan Chara	cteris	tic Co	tes in t	he instruct	iona:	
	Compilance Questions								
10	During the plan year:				Yes	No		Amount	t .
8	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correction Prog	am)	100	х				2751
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			1Qb		х			
e	Was the plan covered by a fidelity bond?			100	X				60000
đ	Did the plen have a loss, whether or not reimbursed by the plen's fid or dishonesty?			10d		X			
•	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or as of tinstructions.)	he benefits under t	e plan? (See	196		х			
f	Has the plan failed to provide any benefit when due under the plan?			106		Х			
0	Did the plan have any participant loans? (If "Yes," enter amount as o	/ hna recy le		100	-	X			
h	If this is an individual account plan, was there a blackout period? (Se 2820.101-3.)	se instructions and	9 CFR	10h		×			
ı	If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-5	required notice or c	ne of the	101					
	Pension Funding Compliance								
11	to this a defined benefit plan subject to minimum funding requirement \$600)).	to? (If "Yes." see in	tructions and com	piete	Sched	ule 69	(Form	[] Ye	n No
12	is this a defined contribution plan subject to the minimum functing re							Ye	s X No
8	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being granting the waiver.	ie.) amodized in fhie pl	n year, saa insiru	alone	, end c	nter th	e date of t	he letter: Year	ruling
Ħ	ou completed line 12s. complete lines 3, 9, and 10 of Schedule A	AB (Form 6680), at	d akip to line 13.					, , , , , , , , , , , , , , , , , , ,	
b	Enter the minimum required contribution for this plan year	1511101101101101101		• · • · • · • · ·	[12b			
C	Enter the amount contributed by the employer to the plan for this plan	n year	•• /: ••••••	• • • • • • • •	[~	1 2 0			
đ	Subtract the amount in line 120 from the amount in line 12b. Enter th negative amount)	e result (enter a mi i	we sign to the left	of e		120			
8	Will the minimum funding amount reported on line 12d be met by the	funding deadline?.			anderer Terret		Yes	No	N/A
	Plan Terminations and Transfers of Assets								~~~~~
138	Hee a resolution to terminate the plan bean adopted during the plan	year or any prior ye	5r7		.,			Ye	9 No
	If Yes," enter the amount of any plan assets that reverted to the emi	loyer this year				13a			
	Were all the plan assets distributed to participants or beneficiaries, tr	aneferred to anothe	r plan, or brought	under	the co	,,,,,,		[] Ye	e 🔀 No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred, (See instructions.)	this plan to anothe	plan(s), identify ti	he pla					
	3c(1) Name of plan(s):		· · · · · · · · · · · · · · · · · · ·	 	13	c(2) E	N(e)	130	3) PN(8)
Caul	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed	uniesa reasonab	in 081	en is	esta bi	ished.		·
Unde SB o	r penaltize of perjuly and other penaltize set forth in the instructions, it is true, correct, and completed and signed by an excellent particle, and complete.	declare that I have	exemined this retu	ım/mı	nort in	chirdina	if anolies	ble, a Sc knowledg	hedule e and
	Land Very Om	10/6/10	DANIA	2	T.	6	JEH	DW	بر
	Signature of plan administrator	Date	Enter name of in	divide	مواء اجد	ning as	pian admi		
	NIA		I	V//		MINE Y	- W. Dall	THE STATE OF THE S	
	Signature of employer/plan aportsor	Date	Enter name of in	-		nine =e	าสบกโทกาล	or plan e	
			THE PRILLIP AL II			VIO.	211111111111111111111111111111111111111	~ han 9	101001