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

2010

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation		▶ Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.		pcotion		
Pa	art I	Annual Report	t Ide	entification Information				•			
For	calenda	ar plan year 2010 or f	fiscal	plan year beginning 01/01/201	0	and ending 1	2/03/	2010			
Α -	This ret	urn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
B This return/report is for:					final retur				·		
_	11113 160	um/report is ior.		an amended return/report		n year return/report (less than 12 mor	othe)				
					•		11113)	П вемо			
C	C Check box if filing under:					extension		☐ DFVC progra	ım		
				special extension (enter description	on)						
Pa	rt II	Basic Plan Info	orm	ation—enter all requested inform	ation						
	Name						1b	Three-digit			
FOO	THILLS	VETERINARY CLIN	IIC P	C EMPLOYEE SAVINGS & RETIR	EMENT PL	_AN		plan number	003		
							10	(PN)			
							10	Effective date o			
2a	Plan sr	nonsor's name and a	ddre	ss (employer, if for single-employer	nlan)		2h	Employer Identi		her	
		VETERINARY CLIN			piarij		_~	(EIN) 86-106		1001	
							2c	2c Plan sponsor's telephone num			
		ATO HILL ROAD E, NY 13309-0000					315-942-5320				
		,,,,,,					2d	Business code (541940	see instruct	ions)	
3a	Plan a	dministrator's name a	and a	ddress (if same as Plan sponsor, e	nter "Same	2")	3h				
FOO	THILLS	VETERINARY CLIN	IIC P	C 12568 POTA	TO HILL F	ROAD	3b Administrator's EIN 86-1060081				
				BOONVILLE	, NY 13309	9-0000	3с	Administrator's	elephone n	umber	
								315-94	2-5320		
			•	sponsor has changed since the last from the last return/report. Sponso				4b EIN			
'	iaiiie, c	in, and the plan hun	iibei	nom the last return/report. Sponso	n s name		4c	PN			
5a	Total r	number of participant	s at t	he beginning of the plan year			5a			6	
_							5b			0	
Total number of participants at the end of the plan year C Total number of participants with account balances as of the end of				, ,			30				
C		• •			. ,		5с			0	
6a	Were	all of the plan's asse	ts du	ring the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No	
_		•		•		ndent qualified public accountant (IQI			<u>□</u>		
			•			ions.)			^ Yes	No	
_				,	orm 5500-	SF and must instead use Form 55	00.				
Pa –	rt III	Financial Infor	rma	lion		T					
7		ssets and Liabilities				(a) Beginning of Year		(b) End	of Year		
а	Total p	olan assets			. 7a	888616)			0	
b	Total p	olan liabilities			. 7b						
С	Net pla	an assets (subtract lir	ne 7b	from line 7a)	7c	888616	5			0	
8	Incom	e, Expenses, and Tra	ansfe	rs for this Plan Year		(a) Amount		(b) 1	otal		
а		butions received or re			0-(4)						
					. 8a(1)		_				
	` '	•									
		, •	,			34853	_				
b		` ,				34033	·			24052	
C				a(2), 8a(3), and 8b)	. 8c					34853	
d				llovers and insurance premiums	. 8d	916614					
е	Certair	n deemed and/or cor	rectiv	e distributions (see instructions)	. 8e						
f	Admin	istrative service prov	iders	(salaries, fees, commissions)	. 8f	6855	5				
g Other expenses					. 8g						
h	Total e	expenses (add lines 8	3d, 8e	e, 8f, and 8g)					6	923469	
i				8h from line 8c)					3-	388616	
j		, , ,		instructions)							
						•					

	Form 5500-SF 2010 Page 2-		_				
ar	IV Plan Characteristics						
3	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2G 2J 2K 2R 3D	acteris	tic Co	des in	the instructions:		
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	des in t	he instructions:		
art	V Compliance Questions						
)	During the plan year:		Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
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		80000		
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		Χ			
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					
rt	VI Pension Funding Compliance						
İ	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	302 of I	ERISA? Yes 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 instructions, and enter the date of the letter ruling granting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			1			
b	Enter the minimum required contribution for this plan year			12b			

Part	VII Plan Terminations and Transfers of Assets		
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	X Yes No	
	If "Yes" enter the amount of any plan assets that reverted to the employer this year	13a	(

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

ntrol X Yes No

No

N/A

Yes

12c

12d

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.)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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

12

3c(2) EIN(s) 13c(3) PN(s)

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

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	Filed with authorized/valid electronic signature.	02/01/2011	ASSOCIATED PENSION CONSULTANTS				
HERE	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				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Senefits Security Administration 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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information									
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	/2010	and ending	12/03/2010				
Α	This return/report is for: x single-employer plan	multiple-er	nployer plan (n	ot multiemployer)	One-participa	nt plan			
_	This return/report is for: first return/report x	final return			Cl. 2422 berneibaut bien.				
_				ort (less than 12 months	1				
_				on (1855 than 12 months	_				
С	Check box if filing under:	automatic	extension		DFVC progra	m			
	special extension (enter description	'							
	art II Basic Plan Information enter all requested infor	mation.							
1a	Name of plan			i	1b Three-digit				
	FOOTHILLS VETERINARY CLINIC PC EMPLOYEE SAVING	plan number (PN) ►	003						
					1c Effective date of	plan			
_					01/01/1983				
2a	Plan sponsor's name and address (employer, if for single-employer pla	an)			2b Employer Identi				
	FOOTHILLS VETERINARY CLINIC PC			-	(EIN) 86-1060081 2c Plan sponsor's telephone number				
	12568 POTATO HILL ROAD				(315) 942-5320				
US	BOONVILLE NY 13309-0000				2d Business code (see instructions)				
	Plan administrator's name and address (If same as plan employer, end	er "Same")			541940 3b Administrator's	EIN			
	SAME	,			Administrator's En				
				-	3¢ Administrator's telephone number				
					Administrator's telephone number				
_					41				
4	If the name and/or EIN of the plan sponsor has changed since the last name. EIN and the plan number from the last return/report. Sponsor's	return/repoi Name	t fifed for this p	lan, enter the	4b EIN				
_					4c PN				
	Total number of participants at the beginning of the plan year		5a	<u>6</u>					
	b Total number of participants at the end of the plan year								
С	complete this item)				5c	0			
6a	Were all of the plan's assets during the plan year invested in eligible as					X Yes No			
b	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					X Yes No			
De	If you answered "No" to either 6a or 6b, the plan cannot use Form	1 5500-SF a	io must mster	ad use Form 5500.		 -			
<u>≇⊠\$</u> 7	Plan Assets and Liabilities		(a) B	uninging of Vans	(b) End	of Voca			
a	Total plan assets		(a) D(eginning of Year	(D) Ella	·			
b	Total plan liabilities	. 7a . 7b		888,616		0			
		1		888,616		0			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		<u> </u>	71.3				
ъ a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		{	a) Amount	(b)	Fotal			
	(1) Employers	. 8a(1)							
	(2) Participants	. 8a(2)				NE S			
	(3) Others (including rollovers)	. 8a(3)							
þ	Other income (loss)	. 8b		34,853	\$10 k				
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				34,853			
d	Benefits paid (including direct rollovers and insurance premiums					Page 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	to provide benefits)	- 8d		916,614	1				
e	Certain deemed and/or corrective distributions (see instructions) .	. 8e			1				
f	Administrative service providers (salaries, fees, commissions) Other overseas	. 8f		6,855	4	4			
g	Other expenses	- <u>8g</u>		1 15 0 State St. 1989 St. 18 17					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. <u>8h</u>	210.21.1		*	923,469			
į	Net income (loss) (subject line 8h from line 8c)	, 8i		- c. sicrostoc.c.		(888,616)			
í	Transfers to (from) the plan (see instructions)	. 8j			8 8 - 1. (1)				

Pai	πP	Plan Characteristics								
9a	lf th	e plan provides pension benefits, enter the applicable pension featu	re codes from the List	t of Plan Characteristi	ic Cod	les in	the in	structions:		
		2E 2G 2J 2K 2R 3D								
Ų	ir ta	e plan provides welfare benefits, enter the applicable welfare feature	e codes from the List of	of Plan Characteristic	Code	s in t	the ins	tructions:		
Pa	rt V	Compliance Questions		-						
10		uring the plan year:				res.	No	Δ,	nount	
a		aning the prain year: 'as there a failure to transmit to the plan any participant contribution.	within the time period	described in		163	140		nount	
	2	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary)	Correction Program)	· · · · · <u>· [</u>	10a		x			
þ		ere there any nonexempt transactions with any party-in-interest? (D					x			
		l line 10a.)		F	10b				<u> </u>	
Ç		as the plan covered by a fidelity bond?		· · · · · L	10c	х				80,000
d		d the plan have a loss, whether or not reimbursed by the plan's fidel dishonesty?	•	· · · · · · · · · · · · · · · · · · ·	10d		l x			
		,		· · · · · · · · · · · · · · · · · · ·	IVa		<u> </u>	ļ <u>.</u>		
е	in	ere any fees or commisions paid to any brokers, agents, or other pe surance services or other organization that provides some or all of the	ersons by an insurance he benefits under the	e carner, plan? (See						
		structions.)			10e		x			
f	Н	as the plan failed to provide any benefit when due under the plan?		[-	10f		х			
g	D	d the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		х			
h		this is an individual account plan, was there a blackout period? (See		FR			х	1,022		
		20.101-3.)		 -	10h					
'	E)	10h was answered "Yes," check the box if you either provided the re ceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i					
Par		Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements	? (If "Yes," see instru	ctions and complete 5	Sched	lule S	B (Fo	rm	_	
	55	00))	<i></i>	<u> </u>			• •			X No
12		this a defined contribution plan subject to the minimum funding requ		12 of the Code or sec	tion 3	02 of	ERIS	A?	Yes	X No
_		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	·							
а	ar.	a waiver of the minimum funding standard for a prior year is being ar anting the waiver	mortized in this plan y	ear, see instructions, Month	andle	nter	the da Dav	te of the letter	r ruling ear	
lf :	_	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Du,			
b	Er	ter the minimum required contribution for this plan year \dots . \dots					12b			
C	Er	ter the amount contributed by the employer to the plan for this plan	year				12c		•••	
þ		btract the amount in line 12c from the amount in line 12b. Enter the		•		Г	12ď			
_		gative amount)				L			٦.,	
Part	VV N	If the minimum funding amount reported on line 12d be met by the fi	unding deadline? .		• . •	• •	•	Yes]No	N/A
ısa	Ha	s a resolution to terminate the plan been adopted during the plan ye Yes," enter the amount of any plan assets that reverted to the emplo	ear or any prior year?						x Yes	No
		· · · · · · · · · · · · · · · · · · ·		· · · · · ·		_	13a			. 0
b		ere all the plan assets distributed to participants or beneficiaries, traithe PBGC?	nsterred to another pla	an, or brought under I	the co	ntrol 			X Yes	□No
С		luring this plan year, any assets or liabilities were transferred from the	nis plan to another pla	in(s), identify the plan	n(s) to	•	•		103	
	13c(1) Name of plan(s):		<u> </u>	_	130	:(2) E:	N(s)	13c(3)	PN(s)
							,	1-7	,	(+)
			_							
					_					
		A penalty for the late or incomplete filing of this return/report w								
Indei Bior	r per	alties of perjury and other penalties set forth in the instructions, I de	clare that I have exam	nined this return/repor	rt, incl	uding	g, if ap	plicable, a Sc	hedule	
elief,	it iş	edule MB completed and signed by an enrolled actuary, as well as t arue, correct, and complete.	ne electronic version	or inis return/report, a	and to	the b	pest of	my knowledg	e and	
SIG		John Rouse	1-26-11			-				
HE		Signature of plan administrator	Date	Enter name of indivi	idual e	ianin	n 25 n	lan administr	etor	
		por Thousand	1-26-11	Zings harne of moly	audi 5	G T III I	y 05 F	agir gurijiriiSU?	atOI.	
SIG	~ I	San Aller and American and Amer		<u> </u>					•	
		Signature of employer/plan sponsor	Date	Enter name of indivi	idual s	ignin	ig as e	mployer or pla	an soonso	or

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