## 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).

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	<ul><li>Complete all entries in accor</li></ul>	dance witl	h the instructions to the Form 550	0-SF.				
		entification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
В -	<b>B</b> This return/report is for: ☐ first return/report ☐ final return/report					_			
		an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C Check box if filing under: Form 5558 automatic extension				extension		DFVC progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
NOR	TH ROCKLAND ANIMAL HOSF	PITAL 401K PROFIT SHARING PLA	N TRUST			plan number	001		
					10	(PN)	( - l		
					10	Effective date of 05/10/2			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	r plan)		2b	Employer Ident		mber	
NOR'	TH ROCKLAND ANIMAL HOSF	PITAL PC				(EIN) 13-380			
18 N	LIBERTY DR				2c	Plan sponsor's 845-78	telephone r 6-0200	number	
	NY POINT, NY 10980-1502				2d	Business code	(see instruc	ctions)	
						541940	)		
3a NOR	Plan administrator's name and TH ROCKLAND ANIMAL HOSF	address (if same as Plan sponsor, e PITAL PC 18 N LIBER	enter "Same TY DR	e")	3b	Administrator's	EIN 18947		
		STONY POI	NT, NY 109	980-1502	3c	<b>3c</b> Administrator's telephone number			
					845-786-0200				
		in sponsor has changed since the la r from the last return/report. Sponso		port filed for this plan, enter the	er the 4b EIN				
'	iame, Env, and the plan numbe	Thom the last return report. Oponso	or 3 marrie		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	ia l			
b	Total number of participants at	the end of the plan year			5b	0			
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do			rear (defined benefit plans do not	_			10		
					5c		<u> </u>	19	
	•	0 , ,		(See instructions.)			^ Yes	No.	
D				ndent qualified public accountant (IQions.)			X Yes	No	
	,			SF and must instead use Form 55					
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year		
а	Total plan assets		. 7a	119307	7			155897	
b	Total plan liabilities		. 7b						
C	Net plan assets (subtract line 7	b from line 7a)	. 7с	119307	7			155897	
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b)	Total		
а	Contributions received or recei	vable from:	. 8a(1)						
	• • • • • • • • • • • • • • • • • • • •			26369	9				
	` '		` '						
b	, ,			14807	7				
С	,	8a(2), 8a(3), and 8b)						41176	
d	Benefits paid (including direct r	ollovers and insurance premiums		3186					
				3180	_				
		ive distributions (see instructions)		1400	+				
f		s (salaries, fees, commissions)		1400					
g	·							4586	
n :		Be, 8f, and 8g)						36590	
 		e 8h from line 8c)						55550	
J	Transiers to (HOIII) the pidfi (St	e instructions)	. 8i	I					

	Form 5500-SF 2010 Page <b>2-</b> 1				
-	rt IV Plan Characteristics				
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Class 2F 2F 2G 2J 2K 3D	aracteri	stic Co	des in the i	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	tic Cod	les in the ir	nstructions:
art	t V Compliance Questions				
0	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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)	d 10b		X	
С	Was the plan covered by a fidelity bond?	10c	X		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau or dishonesty?	d 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		24077
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			

#### Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. (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 amortized in this plan year, see instructions, and enter the date of the letter ruling Day\_ If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c 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 12d Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

Part	VII	Plan Terminations and Transfers of Assets		
13a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		Yes X No
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year	13a	
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	control	Yes X No
C If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) assets or liabilities were transferred. (See instructions.)	to	
1	3c(1)	Name of plan(s):	<b>3c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

### 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.	07/22/2011	CHRISTOPHER PUZIO					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	07/22/2011	CHRISTOPHER PUZIO					
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

Department of Labor Employee Benefits 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 Corie (the Corie)

2010

OMS Nos. 1210 - 0110 1210 - 0089

The state of the s	This Form is Open to Public					
Pension Benefit Gueranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-9F.			Inspection		
Annual Report Identification Information						
		··				
For calendar plan year 2010 or fiscal plan year beginn		-				
	A This return/report is for: X single-employer plan I multiple-employer plan (not multiemployer) one-pa					
B This return/report is for: first return/report	final return/report			•		
an amended retu	m/report short plan year return/report (le	ss than 12 months)				
C Check box if filing under: Form 5558	automatic extension	. [7]	DFVC	program		
special extension	(enter description)					
Renal Basic Plan Information—enter	il requested information	***				
√1a Name of plan			1b	Three-digit plan		
NORTH ROCKLAND ANIMAL HOSPIC	AL 401(K) PROFIT			number (PN) > 001		
Sharing Plan & Trust			10	Effective date of plan		
			'	05/10/2004		
2a Plan sponsor's name and address (amployer, if	for single-employer clan)		2b	Employer Identification No.		
NORTH ROCKLAND ANIMAL HOSDITE	L PC			(EIN) 13-3808947		
· · · · · · · · · · · · · · · · · · ·	 ·		2c	Plan sponsor's telephone no.		
18 N LIBERTY DR			20	845-786-0200		
	90-1502		2d			
			24	Business code (see instr.)		
			1	541940		
Sa Plan administrator's name and address (if earns	no Plan presses cator (Camar)		3b			
SAME	as Fian sponsor, enter Same )		30	Administrator's EIN		
			1			
			-			
			3c	Administrators		
	·		1	telephone number		
			f	•		
A last a		<u> </u>	-	<del></del>		
4 If the name and/or EIN of the plan sponsor has changed	since the last return/report filed for this plan, enter the r	ame, EIN,	4b	EIN		
and the plan number from the last return/report. Sponsor			4c	PN'		
5a Total number of participants at the beginning of	the plan year		<u>5a</u>	29		
b Tatal number of participants at the end of the pl		/=!\$!a.=. <b>#</b> #!a./	5b	32		
C Total number of participants with account balances as o	<u>f the end of the plan year (defined benefit plans do not c</u>	omplete this item)	5c	19		
68. Were all the plan's assets during the plan year i		· 		Yes No		
b Are you claiming a waiver of the annual examination.	ation and report of an independent qualified publ	ic accountant (IQPA)		_		
under 29 CFR 2520.104-467 (See Instructions of	n waiver eligibility and conditions.)			Yes No		
If you enswered "No" to alther 6a or 6b, the p	an cannot use Form 5500-9F and must instea	<u>d use Form 8500.</u>				
Part III Financial Information_			-			
7 Plan Assets and Liabilities		(a) Beginning o	1 Year	(b) End of Year		
Total plan assets		7a 11	9307	155897		
b Total plan liabilities		7b				
C Net plan assets (subtract line 7b from line 7a)		7g 11	9307	155897		
8 Income, Expenses, and Transfers for this Plan	'ear	(a) Amoun	t	(b) Total		
8 Contributions received or receivable from:		•				
(1) Employers		Ba(1)				
			6369			
(3) Others (including rollovers)		Be(3)	3333			
			4807			
C Total income (add lines 8a(1), 8a(2), 8a(3), and	064	7-		41176		
d Benefite paid (including direct rollovers and incu	rango promiuma ta presida banaffis)			- 411/0		
Certain deemed and/or corrective distributions (	pariod promiting to provide deticute)	8e	3186			
	see instructions)	<del>-  </del>	1 4 5 5			
- Transmitted and the brothers (asigned leds)	coulusaeloua)		1400			
g Other expenses		8g	manana i			
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h		4586		
I Nat income (loss) (subtract line 8h from line 8c)		al a		36590		
Transfers to (from) the plan (see instructions) For Paperwork Reduction Act Notice and OMP Control		Bj				
For Paperwork Reduction Act Notice and OMB Control I	umbers, see the instructions for Form 5500-8F.	- <del></del>		Form 5500-8F (2010)		

10122 07/21/2011 4:02 PM			
MARRY DAMPERSON	S RTT No. of	7700D-W	_

13-3868947

	Form 5500-SF 2010		Page 2	2- [			•		•	
Par	Plan Characteristics			_		_				
9a	If the plan provides pension benefits, enter the applicable pens	elan fantura ander from	that let of Blan Cha			I	- 45 0			
	Bt 80 10 2K 3D		•							
b	If the plan provides welfare benefits, enter the applicable welfar	re feature codes from ti	ne List of Plan Chara	cteristi	c Cod	es in	the ir	nstruc	xtons:	
E	Compliance Questions									
10	During the plan year:				Yes	No	Т-		/moul	
a	Was there a failure to transmit to the plan any participant contri	enti sht indivisions within the time	period described in	[-	LYY	170	$\top$	<u>—£</u>	[IIA	
	28 OF 20 10.3-102? (386 instrictions and DOL's Voluntary Fig.	duciery Correction Prog	nnom)	10a	Ι.	ж	1			
Þ	evere mere any nonexempt transactions with any party-in-interes	eet? (Do not include tra	meactions reported			† –	$\top$			
_	on line toa.)			10b	]	X	-			
Ć	was the bight covered by a tigality bond?			10c	X	<del>                                     </del>	<del>                                     </del>			20000
q	the plant of the plant of the plant	n's ildelity band, that we	se caused by fraud			1	十一			<del></del>
	or disnonesty?			100	۱. '	x	J			
e	were any lees of commissions paid to any brokers, agents, or	r Olher bersons hv an ins	SURANCO CARTÍO			T	+-			
	insurance service or other organization that provides some or a	all of the benefits under i	the plan? (See	} '	'		ŀ			
	inatructions.)			10e	/	x				
f	Are begin regard to broads sails peticill when pide filldel We b	Dian?		101	ļ	X	+		_	
g	Did the trait have any participant loans? (If "Yes," enter the ami	nount as of year end.)		10g	x	<del>  ~-</del>	+-			24077
h	If this is an individual account plan, was there a blackout period	42 (See Instructions and	1 29 CFR			ļ				
	2520.101-3.)			1017	1	x		31577		
1	If 10h was answered "Yes," check the box if you either provided	d the required notice or a	One of the	1	<del>                                     </del>	-				
	exceptions to providing the notice applied under 29 CFR 2520.1	4A4_q	one or the	101	i 1					
Per	Pension Funding Compliance	(01-0		ימו			<b>77810</b>	2000	20020010	
	is this a defined benefit plan subject to minimum funding require			- Into C		'- CI	· IF.			
-	5500))	भीतिसाधार्ता १०० वर्षः	natuctions and comp	plete u	CNCCC	1)G 91	j (Fo		٠	<b>п</b> .,
12	is this a defined contribution plan subject to the minimum funding requires	af santon A47 of the	Total and and Miles	~~~~	-			╪	Yes	No.
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	N9MS OF SECTION 4 1∠ OF UTO	Code of section and or c	iRiba,				Ш	Yes	X No
Ð	If a stainer of the minimum funding denders for a prior year ic.	· ·	The second and the second		1		.4	4.		
~	If a Waiver of the minimum funding standard for a prior year is b granting the waiver.	ми <b>д э</b> топског игиз Р	Aan year, see menuer							ter ruung
If yo	granting the waiver. ou completed line 12s, complete lines 3, 9, and 10 of Scheduk	**************************************	With	րէի	_ Dt	ау	_	Year_		_
b	Takan Maran Jahan and a same and a same				ſ	<del></del>	<del></del>			
c	Energies and another the state of the state of the plan for the	da mion viene		· · · · · · ·		12b	_			
d	Enter the amount contributed by the employer to the plan for thi	is plan year				126	₩			
ч	Subtract the amount in line 12a from the amount in line 12b. Expensive amount	iter the result (enter a m	thus sign to the tert of	of a	}		-			
	negative amount)				I	12d				
	Will the minimum funding amount reported on line 12d be met b	by the funding deadline?	1		-	Ш	Y63	Ш	No	N/A
	Plan Terminations and Transfers of Asset									
13a	Has a resolution to terminate the plan been adopted during the	plan year or any prior y	ear?		_ ,				Yes	<b>X</b> No
	If "Yes," enter the amount of any plan assets that reverted to the	ne employer this year	********			13a				
Þ	Were all the plan assets distributed to participants or beneficiari	ies, transferred to anoth	ier plan, or brought u	inder ti	ie con	itrol				
	of the PBGC?								Yes	X No
C	if during this plan year, any assets or liabilities were transferred	from this plan to anoth	er plan(s), identify th	e plan(	s) to		****	ш		===
	Which assets or liabilities were transferred. (See Instructions.)	•	an formalist and	· 、	<b>-</b> ,					
15	(1) Name of plan(s):			13c	(2) E	INi/a)		19	o(3)	MM(e)
_					<u> 127 </u>	11717			4(5)	L. IAIG)
	<u> </u>		1				- 1			
							7		_	
							ŀ			
Cautio	on: A panalty for the late or incomplete filing of this return/re	bessessed illw from	unicas reaconable (	nuse [	9 021:	hilat	rad,			
Under	penalties of perjury and other penalties set forth in the instructions, I declar	re that I have exemined this	s return/report, including	lf appli	rahje.	a Sche	edule			
SBors	Schedule MB completed and signed by an enrolled actuary, as well as the o	electronic version of this re-	him/recort, and to the hi	azi of m	v know	adra	and			
belief, i	t is true, correct, and complete.	atach action to the con-	ministrated gun to nic 20	×1.0,	/ MILLY,	origo.	aira			
<b>3(0)</b>	DUR	T	CHRISTOPHER	2 PU:	XTO				_	
	Signature of plan administrator	Date 7/23/11						-de-sta		
G(A)	14/2	- Law	CHRISTOPHER			) stal	)(811 t	tonin	BITAL	)Ţ
RESE	Signature of employer/plan sponsor	Date 7 22 1	Enter name of individu							
		1 Date / Bar 1	Fullet traffile of iltiflator	ntu áitil	<u>114 98 F</u>	ampo	<del>yer or</del>	DHEIN S	ponsor	r .