Form 5500-SF

Department of the Treasury

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).

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number A&A VETERINARY HOSPITAL EMPLOYEES 401K PLAN 003 (PN) ▶ 1c Effective date of plan 01/01/1992 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number A&A VETERINARY HOSPITAL, INC. 11-217122 (EIN) Plan sponsor's telephone number 414 FRANKLIN AVENUE FRANKLIN SQUARE, NY 11010-1230 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN A&A VETERINARY HOSPITAL, INC. 414 FRANKLIN AVENU 11-2171221 FRANKLIN SQUARE, NY 11010-1230 **3c** Administrator's telephone number 516-437-7322 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 36 5a 34 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 34 complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2898379 3479348 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 2898379 3479348 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 107247 8a(1) (1) Employers 142372 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 347250 Other income (loss)..... 8b 596869 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 4095 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 11805 Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 15900 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 580969 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

	Form 5500-SF 2010 Page 2-						
Par	t IV Plan Characteristics						
Эа	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 2F 2G 2J 2T 3D	acteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in t	he instruction	ns:	
art	V Compliance Questions						
0	During the plan year:		Yes	No	F	Mount	
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	Χ				280000
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		Х			
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				5681
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				22731
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g	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	X				
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	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 instruction granting the waiver					e letter rul /ear	
lf ^v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day .		<u></u>	
b	Enter the minimum required contribution for this plan year			12b			
С	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 enegative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u>.</u>			Yes	No	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	X 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 PRGC?			ntrol		Yes	X No

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

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):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	10/04/2011	MARTIN FRIEDMAN
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

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).

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

	calendar plan year 2010 or fiscal plan year beginning	1/01/2	010 and anding		12/31/2010	7		
A	This return/report is for:	multiple-e	mployer plan (not multiemployer)	yer)				
В	This return/report is for:	final retur	·					
	an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progran	n		
	special extension (enter description							
P	art II Basic Plan Information—enter all requested information	ation						
1a	Name of plan			1b	Three-digit			
	A&A VETERINARY HOSPITAL EMPLOYEES 401K P	LAN			plan number (PN)	003		
				10	Effective date of			
	·			10	01/01/1992	pian		
2a	Plan sponsor's name and address (employer if for single-employer A&A VETERINARY HOSPITAL, INC.	plan)		2b Employer Identification Number				
	A&A VETERINARI HOSPITAL, INC.				(EIN) 11-2171			
				2C	2c Plan sponsor's telephone number (516) 437-7322			
	414 FRANKLIN AVENUE			2d	Business code (s	CHICATOOTIAN CONTROL CHICAGO CONTROL C		
***************************************	FRANKLIN SQUARE	######################################	NY 11010-1230		541940			
3a	Plan administrator's name and address (if same as Plan sponsor, e $_{\!$	nter "Same	∍")	3b	Administrator's El	IN		
				30	Administrator's te	lephone number		
				-	- Administrator 3 te	repriorie ridiriper		
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name		Ac	4c PN			
5a	Total number of participants at the beginning of the plan year				3(
	, 							
- 10	total number of participants at the end of the blan year				1			
b				5b		34		
C D	Total number of participants at the end of the plan year	f the plan y	rear (defined benefit plans do not	5c		34		
C	Total number of participants with account balances as of the end of	the plan y	ear (defined benefit plans do not	5c				
с 6а	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indepe	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ	5c		34 X Yes No		
с 6а	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indeper and conditi	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ	5c		34		
6a b	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indeper and conditi	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ	5c		34 X Yes No		
6a b	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indeper and conditi	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ IONS.) SF and must instead use Form 550	5c		34 X Yes No Yes No		
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6a b	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	the plan y le assets? an indeperand condition 5500-	ear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ IONS.) SF and must instead use Form 556 (a) Beginning of Year	5c PA)		34 X Yes No Yes No		
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Part	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes from the	List of Plan Characte	ristic Co	des in	the instruction	ons:		
b	2A 2E 2F 2G 2J 2T 3D 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	An ing gay di na Albanian Principal di Antonio Principal di Santa di Santa di Santa di Santa di Santa di Santa				Scholarus (2-2-2-1100) (2000-00-00-00-00-00-00-00-00-00-00-00-00			-
10	During the plan year:			Yes	No	ρ	mount	***********	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions)	iary Correction Progr	am) 10	a	Х				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)		1	b	Х		······································	***************************************	***************************************
c	Was the plan covered by a fidelity bond?		10	c X			28	30,	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fit or dishonesty?			d	Х		······································		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under th	e plan? (See	e X				5 ,	681
f	Has the plan failed to provide any benefit when due under the plan?	?		if	Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10	g X			2	22,	731
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)		9 CFR						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			ni X					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	•					Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section	n 412 of the Code or	section	302 of	ERISA?	Yes	X	No
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applical								
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this pla	n year, see instruction	ns, and e	enter th	ne date of the	letter ru	ıling	
	granting the waiver.				Day		ear	***************************************	-
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule			Г	12b	T			
b	Enter the minimum required contribution for this plan year			- 1		 	***************************************		-
C	Enter the amount contributed by the employer to the plan for this plan				12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter to negative amount)			L	12d			-	
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		***********	*****	Yes	No	1	VA.
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 yea	ar?			Τ	Yes	X	No
	If "Yes," enter the amount of any plan assets that reverted to the em				13a	<u> </u>			,
b	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?				*****		Yes	X	No
C	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.)								
1	3c(1) Name of plan(s):			13c(2) EIN(s)		N(s)	13c(3) PN	<u>(s)</u>
				~					
Caut	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasonable c	ause is	estab	lished.			
SB o	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well , it is true, correct, and complete	I declare that I have as the electronic ver	examined this return/ sion of this return/rep	report, in ort, and	ncludin to the	g, if applicab best of my kr	le, a Sch nowledge	edul and	e
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