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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information			10/01/		
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	_	and ending	12/31/	2010 	
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	int plan
В	This return/report is for: first return/report	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 m	onths)		
С	Check box if filing under:	automatio	extension		DFVC progra	am
	special extension (enter description	on)				
Pa	Irt II Basic Plan Information—enter all requested inform	nation				
1a	Name of plan			1b	Three-digit	
THE	VETERINARY EMERGENCY GROUP, PC 401K PROFIT SHARIN	G PLAN AN	ID TRUST		plan number	001
				10	(PN) Feffective date o	f plan
				10	01/01/1	
	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identi	
THE	VETERINARY EMERGENCY GROUP, PC				(EIN) 13-348	
193	ARRYTOWN ROAD			2C	Plan sponsor's t	telephone number 9-8779
WHI	E PLAINS, NY 10607			2d	Business code ((see instructions)
					541940)
3a THE	Plan administrator's name and address (if same as Plan sponsor, e VETERINARY EMERGENCY GROUP, PC 193 TARRY	enter "Same	2") AD	3b	Administrator's 13-348	
	WHITE PLA			3c	Administrator's	telephone number
					914-94	9-8779
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN	
5a	Total number of participants at the beginning of the plan year			- 5a		14
	Total number of participants at the end of the plan year			. 5b		13
С	Total number of participants with account balances as of the end of	of the plan y	ear (defined benefit plans do not	0.0		
	complete this item)			. 5c		2
_	Were all of the plan's assets during the plan year invested in eligib		'			Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	. 7a	2981	37		344704
b	Total plan liabilities	. 7b		0		0
C	Net plan assets (subtract line 7b from line 7a)	. 7с	2981	37		344704
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	<u>Fotal</u>
а	Contributions received or receivable from: (1) Employers	8a(1)	2200	00		
	(2) Participants	1	360	63		
	(3) Others (including rollovers)			0		
b	Other income (loss)		209	04		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					46567
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)			0		
е	Certain deemed and/or corrective distributions (see instructions)			0		
f	Administrative service providers (salaries, fees, commissions)			0		
g	Other expenses			0		0
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					46567
!	Net income (loss) (subtract line 8h from line 8c)					40307
	Transfers to (from) the plan (see instructions)	. Qi	İ	0		

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rt IV Plan Characteristics				
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2E 2F 2G 2J 2K 2R 2T 3D	cterist	tic Co	des in	the instructions:
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	teristi	c Cod	les in t	he instructions:
t V Compliance Questions				
During the plan year:		Yes	No	Amount
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		Χ	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
Was the plan covered by a fidelity bond?	10c	Χ		260000
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	
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	
Has the plan failed to provide any benefit when due under the plan?	10f		X	

10g

10h

Χ

Part	VI	Pension Funding Compliance
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

12 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.)

	Yes	X	No	

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

g Did the plan have any participant loans? (If "Yes," enter amount as of year end.).....

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.....

2520.101-3.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

b	Enter the minimum required contribution for this plan year		1
С	Enter the amount contributed by the employer to the plan for this plan year	12c	1

;	Enter the amount contributed by the employer to the plan for this plan year	120			
	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			
			V	NI.	1/4

Yes	No	N/A

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

Yes	^	No

Yes	X	No

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)

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.	10/12/2011	KATHRYN ELAINE THORNDIKE
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**

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▶ 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 12/31/2010 For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending single-employer plan one-participant plan multiple-employer plan (not multiemployer) 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) automatic extension DFVC program Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Rant II 1b Three-digit 1a Name of plan plan number THE VETERINARY EMERGENCY GROUP, PC (PN) ▶ 001 401K PROFIT SHARING PLAN AND TRUST 1c Effective date of plan 01/01/1994 2b Employer Identification Number 2a Plan sponsor's name and address (employer, if for single-employer plan) (EIN) 13-3487977 Plan sponsor's telephone number (914) 949-8779 193 TARRYTOWN ROAD Business code (see instructions) 541940 NY 10607 WHITE PLAINS 3b Administrator's EIN 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3c Administrator's telephone number 4 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 14 5a Total number of participants at the beginning of the plan year..... 5a 13 5b **b** Total number of participants at the end of the plan year..... Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 2 5c complete this item). No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) No 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 (b) End of Year (a) Beginning of Year Plan Assets and Liabilities 344,704 298,137 7a a Total plan assets..... 7b Total plan liabilities..... 344,704 298,137 C Net plan assets (subtract line 7b from line 7a)..... (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 22,000 (1) Employers 8a(1) 3,663 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 20,904 8b Other income (loss)..... 46,567 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 0 8d to provide benefits)..... 0 Certain deemed and/or corrective distributions (see instructions). 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 8g Other expenses..... 8h h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 46,567 Net income (loss) (subtract line 8h from line 8c)..... 0 Transfers to (from) the plan (see instructions).

Form 5500-SF 2010

SIGN HERE

Signature of employer/plan sponsor

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Page /-	1 1	
raut 4-	1 1	

Enter name of individual signing as employer or plan sponsor

			······							
Par	rt IV	Plan Characteristics								· · · ·
9a	If th	e plan provides pension benefits, enter the applicable pension feature	re codes from the L	ist of Plan Char	acteris	stic Co	des in	the instruc	tions:	
			D							
b	If th	e plan provides welfare benefits, enter the applicable welfare featur	e codes from the Li	ist of Plan Chara	cteris	tic Cod	des in t	he instruct	ions:	
224	t V	Compliance Questions								
10		ing the plan year:				Yes	No			,
		s there a failure to transmit to the plan any participant contributions.	within the time neri	od described in		163	140		Amount	
_		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•		10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)			10b		X			
С	Wá	as the plan covered by a fidelity bond?				Х			2	60,000
d		the plan have a loss, whether or not reimbursed by the plan's fidelit					Х			
е	ins:	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.)					Х			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х			
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х			
i	If 1 exc	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	of the	10i					
art	: VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements?							Yes	No
12		his a defined contribution plan subject to the minimum funding requi							Yes	X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a	waiver of the minimum funding standard for a prior year is being am nting the waiver.	nortized in this plan	year, see instruc	ctions,	and e	enter th Day	e date of the	ne letter ru Year	ıling
If		completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Duy			
		er the minimum required contribution for this plan year				Г	12b			
		er the amount contributed by the employer to the plan for this plan y					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 negative amount)						12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	nding deadline?		<u>.</u>			Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	s a resolution to terminate the plan been adopted during the plan year	ar or any prior year	?		<u></u>			Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo				1	13a			
b	We	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С		uring this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	nis plan to another p	olan(s), identify t	he pla	n(s) to)			
13c(1) Name of plan(s):			<u> </u>	13c(2) EIN(s) 13c(3)			3) PN(s)			
									 	
Cau	tion:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	nless reasonab	ole ca	use is	estab	lished.		
Und SB o	er pe or Sc	nalties of perjury and other penalties set forth in the instructions, I dinedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	eclare that I have e	xamined this ret	urn/re	port, ii	ncludin	g, if applic	able, a Sc knowledg	hedule e and
	51, 11 1	Valley 6 Hay		KATHRYN EL	ATN	E TH	ORNE	IKE		-
SIG		rawyne / none	01 4	Enter name of i					inistrator	
nel	NE	Signature of plan administrator	Date 7/2 4/11	Linter Hairie Of I	nuivid	uai Si	miny a	o pian aun		