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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1	art i Annual Report Identification information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	2/31/2	2011	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 m	onths)		
C	Check box if filing under: Form 5558	automatic	extension	,	DFVC progra	m
	special extension (enter description					
D	art II Basic Plan Information—enter all requested informa	,				
	Name of plan	alion		1h	Three-digit	
	TH ROCKLAND ANIMAL HOSPITAL 401(K) PROFIT SHARING PLA	AN & TRUS	ST	10	plan number	
					(PN) •	001
				1c	Effective date of	plan
				_	05/10/	
2a	Plan sponsor's name and address; include room or suite number (eRTH ROCKLAND ANIMAL HOSPITAL PC	mployer, if	for a single-employer plan)	2b	Employer Identif	
1101	THE ONE AND ANNIAL PROOF THE FO			0 -	-	
				2C	Sponsor's teleph	
	LIBERTY DR NY POINT, NY 10980-1502			2d	Business code (
010	141 1 01141, 141 10000 1002			24	54194	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b	Administrator's E	ΞΙΝ
	TH ROCKLAND ANIMAL HOSPITAL PC 18 N LIBERT	Y DR	,		13-38	08947
	STONY POIN	11, NY 109	80-1502	3с		elephone number
4	If the many and/or CIN of the plan arrange has also are also the l		and the description of the second the	416	845-786	1-0200
4	If the name and/or EIN of the plan sponsor has changed since the lame, EIN, and the plan number from the last return/report.	asi retum/i	report filed for this plan, enter the	40	EIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		32
b	Total number of participants at the end of the plan year			5b		31
b c				5b		-
		olan year (d	defined benefit plans do not	5b 5c		19
С	Number of participants with account balances as of the end of the p	olan year (defined benefit plans do not	5c		
c 6a	Number of participants with account balances as of the end of the pcomplete this item)	olan year (o le assets? an indeper	defined benefit plans do not (See instructions.)	5c		19 X Yes No
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6a b	Number of participants with account balances as of the end of the pcomplete this item)	olan year (ole assets? an indeperand conditi	(See instructions.)dent qualified public accountant (IQ ons.)	5c		X Yes No X Yes No
6a b	Number of participants with account balances as of the end of the pcomplete 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Foot the plan cannot use Foot the plan cannot use Foot the plan Assets and Liabilities	le assets? an indeper and conditi orm 5500-	defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.)	5c		X Yes No X Yes No
6a b	Number of participants with account balances as of the end of the pcomplete 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 of the your answered "No" to either 6a or 6b, the plan cannot use Footnat III Financial Information Plan Assets and Liabilities Total plan assets	le assets? an indeper and conditi orm 5500-	(See instructions.)	5c		X Yes No X Yes No
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6a b Pa 7 a b c 8 a	Number of participants with account balances as of the end of the promplete this item)	le assets? an indeperand condition 5500- 7a 7b 7c 8a(1) 8a(2) 8b	(See instructions.)	5c	(b) End	19 X Yes No X Yes No of Year 158829
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Part IV	Plan	Characteristics
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- 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
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0	V Compliance Questions		., 1					
_	During the plan year:		Yes	No		Am	ount	
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					2000
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					100
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	Χ					1696
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 \	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	<u></u> П м
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						1	
		e or se	ction 3	02 of I	ERISA?		Yes	X
	, ,	e or se	ction 3	02 of I	ERISA?	L	Yes	X
а	(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 instrugranting the waiver.	ctions,	and e	nter th	e date o	of the le	tter rul	ப ing
а	(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 instru-	ctions,	and e	nter th	e date o	of the le	tter rul	ப ing
a If y	(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 instrugranting the waiver	ctions, nth	and e	nter th	e date o	of the le	tter rul	ப ing
a If y b	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, nth	and e	nter th Day _.	e date o	of the le	tter rul	ப ing
a If y b c d	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	ctions, nth of a	and e	nter th Day .	e date o	of the le	tter rul	ப ing
a If y b c d	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	ctions,	and e	nter th Day 12b 12c 12d	e date o	of the le	tter rul	ப ing
a If y b c d	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter th Day 12b 12c 12d	e date d	of the le	etter rul	ing
a If y b c d	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter th Day 1 12b 12c 12d	e date o	of the le	etter rul	ing
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a If y b c d e art \ 3a	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date o	of the le	No	ing
a If y b c d e art \frac{1}{3}a b c	(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 instrugranting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d	e date o	of the le	etter rul	ing
a If y b c d e art \ 3a b c	(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 instrugranting the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify to	of a	and e	12b 12c 12d	Yes X	of the le_Yea	No	N/A
a If y b c d e art \ 3a b c	(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 instrugranting the waiver. Morou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? 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.)	of a	and e	nter th Day 12b 12c 12d	Yes X	of the le_Yea	No Yes	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/30/2012	CHRISTOPHER PUZIO
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/30/2012	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 Gerrice

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of OMB Nos. 1210 - 0110 1210 - 0059 2011

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	or calendar plan year 2011 or fiscal	plan year hecinging	and endi			•		
A		single-employer plan	a multiple-employer plan (no		Ampleyed			
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С	Check box if filing under:	Form 5858	aulomatic extension	, ((1,0 00		DEVO	program	
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16		CACT HOOME 4				1b	Three-digit plan	
	North Rockland and Sharing Plan & Tru	.MAL HOSPITAL 401 (K) PROFIT			<u></u>	number (PN) 🕨	001
	The state of the s	13.1				1c	Effective date	
28	Plan sponsor's name and addre	BBS. Include toom or only and	ber (employer, if for a single-empl		·	<u> </u>	05/10/20	*
	NORTH ROCKLAND ANIM	AL HOSPITAL PC	ner (employer, it for a single-empl	oyer pla	an)	2b	Employer Identific	
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	18 N LIBERTY DR	-				2c	Sponso/a tojepho	NO OO O
	STONY POINT	NY 10980-1502				2d	945-786-	
							Business code (se	a marr.)
							541940	
3a	The second secon	ıddress (if same as plan spon:	sor, enter "Same")			3b	Administrator	's EIN
	SAME					ŀ		
	18 N LIBERTY DR						13-38089	47
	STONY POINT	NY 10980-1502	9			3c	Administrator	s
		MI 10360-130	4				lelephone nur	nber
4	If the name end/or EIN of the plan spo	onsor has changed since the fast re	elum/report filed for this plan, enter the	nama E	IA1	45		
	and the plan number from the last refu	UM/Gebod, A Sponso/s name				4b 4c	EIN	
58	Total number of participants at the	ne beginning of the plan year				5a	PN	32
þ	The second secon	TO CLIC OF STO DIETA ACIE				6b		31
C	Number of participants with account be	iaiances as of the end of the clan v	ear Idalloed hanefil plens do not comot	ala Ibla i	tom	5c	_	19
6a b	AARIG ON OLUTE NIBU 2 498608 OOUL	ng the plan year invested in eli	lalble assels? (See instructions \				X Yes	No
, D	we you distinute a Malitet of file a	ennual examination and report	of an independent qualified public	з вссол	ntant (IQPA)			
	under 29 CFR 2520.104-467 (See	e instructions on waiver eligibil	lify and conditions.)	,,,,,,,	*************		X Yes	☐ No
e e e	if you enswered "No" to eliner Financial Informati	on or op' the bigh cannot he	ee Form 6500-9F and must Inste	មក្ស ភាវិទ	Form 6600.			
7	Plan Assels and Liabilities			186		. 		
a	W.s.s. s.		**************		(a) Beginning of \		(b) End of Y	
b	rotai pian liabiilles		***************************************	7a 7b	100	59/		58829
c	Net plan assets (subtract line 7b f	from line 7a)	~**************************************	70	155	997	7.5	89829
8	Income, Expenses, and Transfers	s for this Plan Year			(a) Amount		(b) Total	
a	Contributions received or received	ole from:				1	***********	
(2) Employers) Participante	**************	*************************	8a(1)	.,			
(3	a raidempristly			8a(2)	177	762		
b d	Olban Inna 14 ab	4	***************************************	8a(3)			o protesta de la composición de la comp	
Ċ	Total Income (add lines 8a(1), 8a(2)			86	-68	897		
q	Benefils paid (including direct rollo	vers and insurance premiums	In navida hanasia	8d		0.0	1	.0875
0	Centain deemsg ang/or corrective (distributions (see instructions)	1	80	62	180		
f	Administrative service providera (a	selaties, lees, commissione)	***************************************	18	10	63		
g	Otter exhellees			8p		.03		
h	i otal expenses (add lines 9d, 8e, 9	8f. and 8g)		8h			<u> </u>	7943
_	LIGHT WOODING (1900) PORTHER OFF	i iioni iine ac)		81	ALTERNATION OF THE PROPERTY OF			2932
Extend	Transfers to (from) the plan (see in envok Reduction Act Notice and OMS Con	isiruelions)		8]				
POI PĂţ	жили кандисиой Аст Nolles and ОМВ Сов	and Numbers, see the Instructions fo	or Form 6500-SF.	•		10000	Form 5500-SF (20)(1)

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	attiv Plan Characteristics						
	a if the plan provides pension benefits, enter the applicable per 2E 2F 2G 2J 2K 3D						
	o If the plan provides welfare benefits, enter the applicable well	are feature codes from t	he List of Plan Cheract	eriallo C	odea ir	n lite in:	structions:
×.	an V Compliance Questions						·
10	During the plan year;				1.4.	T T	
1	Was there a fallure to transmit to the plan any participant cont	ributions within the time	ni badhoseh hohed		Үөв	No	Amount
	to our 29 io 3-1021 (See instructions and DOL's Voluntary F	iducians Correction Dres	· · · · · · · · · · · · · · · · · · ·	10a		$ \mathbf{x} $	
ı	 vvute there any nonexempt transactions with any party-in-inte 	rest? (Do not Include fre	neactions reported	100			 -
	VII ((IC TOA.)			10b		x	
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C	Did the plan have a loss, whether or not reimbursed by the pla or dishonesty? Were any lees or commissions paid to any brokers, angula, or						
6				10d		X	
	insurance service or other organization that provides some or	all of the banafils under t	be nism (See			- 1	
	INSKUCKONS.)		•	10a	x		1009
f	THE THE PROPERTY OF THE PROPER	n loogs		101		x	100;
g	A Principal total St. Lett. Child Link Child Links Hill Child	il at of voor ond 1		10g	х	 +	16967
h	Washington (Contract Man) Mas niele # Disckdit Oallo	17 (Sign inginicilone and	20 CED				1030
	2020.101#3.)			10h		x	
ł							
N DA	exceptions to providing the notice applied under 29 CFR 2520, Pension Funding Compliance	101-3		101		\$	
11							
• •	le this e defined benefit plan subject to minimum funding require 5500))	amenle? (If "Yes," see in	structions and complet	e Sched	ule SB	(Form	
12		made of11 140 Au					Yes No
	fe this e defined contribution plan subject to the minimum funding require (if 'Yes,' complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	Media of secrot 41% of ID9	Code or section 302 of ER	IBA?			Yes X No
а	If a walver of the minimum funding standard for a prior year is b granting the walver.	alan amorifaed to tute of					
	granting the welver.	and surmined in fils bis	ın year, see insimicilen	8, and e	nter (h)	e dele d	of the letter ruling
Ify	ou completed fine 12a, complete lines 3, 9, and 10 of Schede	ile MR (Form 5500) an	Mon	#h	. Day		Year
b	-indi ute minilikili tegnilea continilian lat inic nica year				۲,	- I	·········
C	Enter the amount contributed by the employer to the plan for this	nton vaar			17	2b 20	
ď						20	
	Magarita dilibarily				4	2d	
<u> </u>	Will the minimum funding amount reported on line 12d be met b	y lhe funding deedline?			` '	Yes	No N/A
<u> </u>	Will Plan Terminations and Transfers of Arre	te -				1	110011107
13a	Has a resolution to terminate the plan been adopted in any plan if "Yes," enter the amount of any plan appeals that any plan	year?	******************				Yes X No
b	The state of the s	employed this year			1 4	3a	
-	Were all the plan assale distributed to participants or beneficiarie of the FBGC?	e, transferred to another	plan, or brought under	the cor	lrol .		
C							Yes X No
	If during this plan year, any assets or liabilities were transferred f which assets or liabilities were transferred. (See instructions.)	nettons of neld aid! Mor	plan(s), identify the pla	n(s) lo			
1	ac(1) Name of plan(s):						
				13¢(2) EIN	(a)	13c(3) PN(5)
			With dealers and the second				
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Coul	on: A penalty for the late or incomplete filling of this returning	port will be assessed	unless reasonable ce	ugo le c	retobil	nhod	
	A house, a hould and onter hengings and told ill the tuelfillibut I getter	i that I have evendeed this s	alura leagant dantustus tt				
	and any one combates and signed by sit stillotted actually as Mail 99 (Ve o	ectronic version of this retur	n/report, and to the best of	my know	v Amiei Aedoa a	avio And	
320.20.7	is true, correct, and complete.						
eko (i	Signature of the Color	7/30/12	CHRISTOPHER	PUZI	5		
(EA)	Signature of play administrator	Date	Enter name of individ	lual sign	ing ac	plan ac	iminisirator
AD I	Signature of employer/plan sponsor	7 30/12	CHRISTOPHER	PUZIO)		
	- Warner of ambiox-whiten about to	Date	Enter name of individual	signing a	s amni	AVAL AL I	1000000 001