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 accord	dance with	n the instructions to the Form 55	00-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011	
Α	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)	a one-particip	ant plan
В	This return/report is:	the final re	eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)		
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m
	special extension (enter descriptio	n)				
Pa	Irt II Basic Plan Information—enter all requested information	ation				
1a	Name of plan				Three-digit	
THE	VETERINARY EMERGENCY GROUP, PC 401K PROFIT SHARING	PLAN AN	ID TRUST		plan number	
					(PN) •	. 001
				1C	Effective date of 01/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	
THE	VETERINARY EMERGENCY GROUP, PC				(EIN) 13-34	
				2c :	Sponsor's telepl	
	TARRYTOWN ROAD				914-949	
WHI	E PLAINS, NY 10607			2d I	Business code (54194	see instructions)
32	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	"\	3h	Administrator's E	
	VETERINARY EMERGENCY GROUP, PC 193 TARRYTO	OWN ROA	ΛĎ	0.00	13-34	
	WHITE PLAIN	NS, NY 106	507	3c /	Administrator's t	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		-0779
•	name, EIN, and the plan number from the last return/report.	aot rotain,	oport mod for this plant, enter the	40	LIIN	
а	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			· 5a		1:
b	Total number of participants at the end of the plan year			. 5b		1:
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		:
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	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		,		•••••	X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information)rm 5500-	SF and must instead use Form 5	500.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor
a	Total plan assets	7a	(a) Deginning of Teal 344704		(b) Liid	356648
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	344704			356648
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		3663			
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	22000			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	-10656			45007
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				15007
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	3063			
g	Other expenses	8g	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3063
i	Net income (loss) (subtract line 8h from line 8c)	8i				11944
j	Transfers to (from) the plan (see instructions)	8j	0			

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Part IV	Plan Characteristics	

_							
9a	If the	plan provides pension benefits,	enter the applicable pens	sion feature codes from	n the List of Plan Cha	racteristic Codes in the in	structions

2E 2F 2G 2J 2K 2R 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:

	During the plan year:		Yes	No		Amo	unt	
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				- 1	26000
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				
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						
art '	/I Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com							
						. П	Yes	□ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes Yes	<u> </u>
2 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 granting the waiver	e or sections,	ction 3	302 of	ERISA?.	the let	Yes tter ruli	X N
2 a If y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver	e or sections,	and e	302 of Inter th	ERISA?.	the let	Yes tter ruli	X N
a If y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting 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.	e or sections,	and e	nter th	ERISA?.	the let	Yes tter ruli	X N
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting 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	e or sections, th	and e	302 of Inter th	ERISA?.	the let	Yes tter ruli	X No
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting 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)	e or sections, th	and e	12b 12c	ERISA?.	the let	Yes tter ruli	X No
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Monor ou 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?	e or sections, th	and e	12b 12c	ERISA?.	the let	Yes	ng
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Monor 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?	e or sections, th	and e	nter th Day 12b 12c 12d	ERISA?.	the let	Yes	ng
a If y b c d e art '	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruct granting the waiver	e or sections, th	and e	nter th Day 12b 12c 12d	ERISA?.	the let	Yes	ng
a If y b c d e art '	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruction granting the waiver. Monor 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? Will the minimum funding amount reported on line 12d be met by the funding deadline? 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 plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	of a	and e	12b 12c 12d	ERISA?.	the let Year	Yes tter ruli r No	N/A
a If y b c d e art ' 3a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruct granting the waiver	of a	and e	12b 12c 12d	ERISA?.	the let Year	Yes tter ruli r No	N/A
a If y b c d e art ' 3a b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instructing the waiver	of a	and e	12b 12c 12d	ERISA?.	the let Year	Yes tter ruli r No	N/A
a If y b c d e art '	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruct granting the waiver	of a	and e	12b 12c 12d	ERISA?.	the let Year	Yes tter ruli r No Yes	N/A

SIGN	Filed with authorized/valid electronic signature.	09/20/2012	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**

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

		rdance wit	n the instructions to the Form 550	U-SF.	
	Part I Annual Report Identification Information	01/01/0	0.7		10/01/0011
For		01/01/2	011 and ending		12/31/2011
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)	[a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)	
С	Check box if filing under:	automatio	extension	[DFVC program
	special extension (enter descript	ion)			
P	Part II Basic Plan Information—enter all requested inform	nation			
<u> </u>	Name of plan			1b	Three-digit
	THE VETERINARY EMERGENCY GROUP, PC			I	plan number
	401K PROFIT SHARING PLAN AND TRUST				(PN) ▶ 001
					Effective date of plan 01/01/1994
2a	Plan sponsor's name and address; include room or suite number (employer, it	for a single-employer plan)		Employer Identification Number
	THE VETERINARY EMERGENCY GROUP, PC			_	(EIN) 13-3487977
					Sponsor's telephone number (914) 949-8779
	193 TARRYTOWN ROAD			2d	Business code (see instructions)
	WHITE PLAINS		NY 10607		541940
3a	Plan administrator's name and address (if same as plan sponsor, of SAME	enter "Same	?")	3b /	Administrator's EIN
	SAPID			30	Administrator's telephone number
				50 /	
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.			4c	DNI
	Sponsor's name Total number of participants at the beginning of the plan year			5a	13
b				5b	13
	Number of participants with account balances as of the end of the			36	
	complete this item)			5с	
6a	Were all of the plan's assets during the plan year invested in eligi	ole assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of				X Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use I		•		X Yes No
Б.	art III Financial Information	01111 3300-	SF and must misteau use Point 33	00.	
7			(a) Beginning of Year		(b) End of Year
′,	Plan Assets and Liabilities Total plan assets	7a	344,70	14	356,648
a b				0	(
	· · · · · · · · · · · · · · · · · · ·		344,70)4	356,648
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а					
	(1) Employers	8a(1)	3,66		
	(2) Participants	8a(2)	22,00	0	
	(3) Others (including rollovers)	. 8a(3)		9	
b	Other income (loss)	. <u>8b</u>	(10,656	5)	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>			15,007
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8 <u>d</u>		0	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	. 8f	3,06	3	
g	Other expenses	. 8g		0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			3,063
i	Net income (loss) (subtract line 8h from line 8c)				11,944
j	Transfers to (from) the plan (see instructions)	. 8j		0	

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Pa	rt IV	Plan Characteristics				_				
	If th	e plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2R 2T 3D	eature codes from the	List of Plan Char	acteris	stic Co	des in	the instruc	tions:	
b	If th	e plan provides welfare benefits, enter the applicable welfare fea	ature codes from the I	ist of Plan Chara	cterist	ic Cod	es in t	he instructi	ons:	
Par	t V	Compliance Questions								
10	Dι	ring the plan year:				Yes	No	1	Amount	
а	Wa 29	is there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ons within the time pe	riod described in am)	10a		Х			
b		re there any nonexempt transactions with any party-in-interest? line 10a.)			10b		Х			
С	W	as the plan covered by a fidelity bond?			10c	Х			26	50,00
d		the plan have a loss, whether or not reimbursed by the plan's fidishonesty?			10d		Х			
е	ins	ere any fees or commissions paid to any brokers, agents, or othe urance service or other organization that provides some or all of tructions.)	the benefits under the	e plan? (See	10e		х			
f		s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as	of vear end.)		10g		Х			
	If t	nis is an individual account plan, was there a blackout period? (S	See instructions and 2	9 CFR	10g		Х		_	
i	If 1	Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-	required notice or or	e of the	10i					
art	: VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requiremer							Yes	∏ No
	(If " If a gra	his a defined contribution plan subject to the minimum funding re Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat waiver of the minimum funding standard for a prior year is being hting the waiver	ble.) amortized in this plar	n year, see instruc	tions,	and ei	nter th	e date of th	ne letter rul	
_	-	er the minimum required contribution for this plan year	,	-		Г	12b			
		er the amount contributed by the employer to the plan for this pla					12c			
d		tract the amount in line 12c from the amount in line 12b. Enter thative amount)	(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[12d			
е	Will	the minimum funding amount reported on line 12d be met by the	e funding deadline?		· · · · <u>· · · · · · · · · · · · · · · </u>			Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
13a	Ha	a resolution to terminate the plan been adopted in any plan year?			···· <u>····</u>		Y	es X No	,	
	If "	es," enter the amount of any plan assets that reverted to the em	ployer this year	<u></u>	13	a				
b		e all the plan assets distributed to participants or beneficiaries, to PBGC?							Yes	X No
С	whi	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify th	e plan	(s) to				
1	3c(1) Name of plan(s):				13c	(2) EII	V(<u>s)</u>	13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report	rt will be assessed u	ı <u>nles</u> s r <u>easonabl</u>	e cau	se is e	stabli	shed.		
SB o	r Śch	nalties of perjury and other penalties set forth in the instructions, edule MB completed and signed by an enrolled actuary, as well true, correct, and complete.				,			,	
<u></u>	1	WALLAND Plans Am as Se	9/10/2012	KATHRYN ELA	INE	ТНС)RND	IKE		-
SIG		Signature of plan administrator	Date Date	Enter name of in	_				intrates	

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor