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).

2042

OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

		Complete all entries in accord	ance with the instru	ctions to the Form 55	UU-3F.		
Part I	Annual Report	Identification Information					
For calend	ar plan year 2012 or fis	scal plan year beginning 01/01/2012		and ending	12/31/2012	2	
A This ref	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-participan	ıt plan
B This ref	turn/report is:	the first return/report	the final return/report				
		an amended return/report	short plan year retur	n/report (less than 12 n	nonths)		
C Check	box if filing under:	片	automatic extension			DFVC program	
	1	special extension (enter description	•				
Part II	Basic Plan Info	rmation—enter all requested informat	tion				
1a Name	•					ree-digit	
DOWNTOW	N VETERINARY MEDI	ICAL HOSPITALS PLLC 401K PROFIT	SHARING PLAN & T	RUST		an number	003
						N) •	
					IC Em	fective date of pla 01/01/19	
2a Plan s	ponsor's name and add	dress; include room or suite number (em	nployer, if for a single-	-employer plan)	2b Em	nployer Identifica	ation Number
DOWNTOW	/N VETERINARY MED	ICAL HOSPITALS PLLC			(EII	IN) 13-31236	363
					2c Sp	oonsor's telephor	
5 LISPENAR	RD STREET ., NY 10013-2208				0.1	212-925-6	
NEW TORK	., 141 10013-2200				20 Bus	siness code (see 541940	e instructions)
3a Plan a	dministrator's name an	d address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b Adı	Iministrator's EIN	 J
Ja mana	anningitator o name an	Salare de Fian oponico Pa		r oponoor /taaress	00 /(a)	Thirliotrator 5 Eliv	
					3c Adı	lministrator's tele	phone number
4 100 m		ale a service de la constant de la	-11 /	and the also section that	41		
		e plan sponsor has changed since the la nber from the last return/report.	st return/report filed to	or this plan, enter the	4b EI	N	
	or's name				4c PN	1	
5a Total	number of participants	at the beginning of the plan year			. 5a		42
b Total	number of participants	at the end of the plan year			- 5b		41
		account balances as of the end of the pl	•	•	. 5c		41
·	,	during the plan year invested in eligible					X Yes No
		the annual examination and report of a					
		(See instructions on waiver eligibility as					X Yes No
		ther line 6a or line 6b, the plan canno					
Caution: A	A penalty for the late of	or incomplete filing of this return/repo	ort will be assessed	unless reasonable ca	use is esta	ablished.	
Under pena	alties of perjury and oth	ner penalties set forth in the instructions	, I declare that I have	examined this return/re	eport, includ	ding, if applicable	e, a Schedule
		nd signed by an enrolled actuary, as wel	l as the electronic ver	sion of this return/report	rt, and to th	ne best of my kn	owledge and
beller, it is	true, correct, and comp	olete.					
SIGN	Filed with authorized/v	valid electronic signature.	04/24/2013	MARK BURNS			
HERE	Signature of plan ac	dministrator	Date	Enter name of individ	dual signin	g as plan admini	istrator
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	dual signing	g as employer o	r plan sponsor
Preparer's		ame, if applicable) and address; include				r's telephone nu	
					'	•	, ,
Ī							

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	1 01111 0000 01 2012		r age =						
Pai	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year		
a	Total plan assets	. 7a	221582				2597829		
	Total plan liabilities	7b		0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	221582	2215825			2597829		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount			(b) Total		
	Contributions received or receivable from:		(2)						
	(1) Employers	mployers							
	(2) Participants	Participants							
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b	17417	7					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					397537		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1133	8					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	419	5					
g	Other expenses	8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					15533		
i	Net income (loss) (subtract line 8h from line 8c)	8i					382004		
j	Transfers to (from) the plan (see instructions)	8j		0					
Par	t IV Plan Characteristics	<u> </u>			•				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	2A 2E 2J 3B 3D 3H If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Part	t V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)		•	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X			
					Χ		000000		
				10c			260000		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X			
е	,								
	insurance service or other organization that provides some or all cinstructions.)		. ,	10e		X			
f	Has the plan failed to provide any benefit when due under the plan			10f		X			
g						Χ			
— 9				10g					
	2520.101-3.)			10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part		1 0		101					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a						11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)						
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			, and 6	enter th Day	ne date of the letter ruling Year		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Foi	rm 5500), and skip to line 13.						
<u>b</u>	Enter the minimum required contribution for this plan year					12b			

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	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 of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan 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 under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

Annual Report Identification Information

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).

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

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

For calence	dar plan year 2012 or f	iscal plan year beginning	<u> </u>	<u>/01/20</u> 12	and ending		_12/31/201	L2	
A This re	eturn/report is for:	X a single-employer plan	ın 🗌 a	a multiple-employer p	olan (not multiemployer)		a one-partici	pant plan	
B This re	eturn/report is:	report is: the first return/report the final return/report							
		an amended return/re	eport a	a short plan year retu	rn/report (less than 12 i	months	s)		
C Check	box if filing under:	Form 5558	Па	automatic extension			DFVC progra	am	
• Onook	DOX II IIIII g artaor.	special extension (ent	ப ter description)					
Part II	Rasic Plan Info	ormation—enter all reque							
1a Name		Jillation enter an reque	ested informati			1b	Three-digit		
	•	ary Medical Hospi	tals PLL	C 401k			plan number		
			.carb ind	O JOIN			(PN) •	00	3
Proi	fit Sharing Pl	.an & Trust				1c	Effective date of 01/01/1992		
	•	ddress; include room or suite	te number (em	ployer, if for a single-	-employer plan)	2b	Employer Identif		nber
Down	ntown Veterina oitals PLLC	ry Medical					(EIN) 13-312	3663	
поѕр)ILAIS PLLC					2c	Sponsor's telep		er
5 1 4	spenard Stree	\ +				0.1	(212) 925-		
	-	; C				20	Business code (541940	see instruc	tions)
	York	ınd address XSame as Pla	- Caanaaa Na		10013-2208	3h	Administrator's		
Ja Plana	administrator's name a	nd address Asame as Pla	an Sponsor Na	me Same as Plan	Sponsor Address	30	Administrators	EIN	
						3с	Administrator's	telephone r	umber
						3с	Administrator's	telephone r	umber
A 1611-	The state of the s		d since the lea	at satura (sana et filo de f	or this plan anter the			telephone r	number
		ne plan sponsor has change		st return/report filed fo	or this plan, enter the		Administrator's	telephone r	umber
name		ne plan sponsor has changed umber from the last return/re		st return/report filed fo	or this plan, enter the	4b		telephone r	umber
name a Spons	e, EIN, and the plan nu sor's name		eport.			4b 4c	EIN	telephone r	umber 4 2
a Spons 5a Total	e, EIN, and the plan nu sor's name number of participants	umber from the last return/re	eport. n year			4b 4c 5a	EIN	telephone r	
a Spons 5a Total b Total	e, EIN, and the plan nu sor's name number of participants number of participants	mber from the last return/re s at the beginning of the plan s at the end of the plan year	n year			4b 4c 5a 5b	EIN	telephone r	42
a Spons 5a Total b Total c Numb	e, EIN, and the plan nu sor's name number of participants number of participants ber of participants with	umber from the last return/re	eport. In year r	an year (defined bene	efit plans do not	4b 4c 5a 5b	EIN		42
name a Spons 5a Total b Total c Numb comp	e, EIN, and the plan nusor's name number of participants number of participants ber of participants with plete this item)	s at the beginning of the plans at the end of the plan year account balances as of the ts during the plan year invests	eport. In year In year	an year (defined bene assets? (See instruc	efit plans do not	4b 4c 5a 5b 5c	EIN PN	telephone r	42
name a Spons 5a Total b Total c Numb comp 6a Were b Are y	e, EIN, and the plan nusor's name number of participants number of participants ber of participants with plete this item)	s at the beginning of the plans at the end of the plan year account balances as of the standard the during the plan year investof the annual examination ar	eport. r e end of the pla sted in eligible nd report of an	an year (defined bene assets? (See instruc	efit plans do not ctions.)	4b 4c 5a 5b 5c	EIN PN	X Yes	42 41 41
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde	e, EIN, and the plan nusor's name number of participants number of participants ber of participants with plete this item) e all of the plan's asse you claiming a waiver of er 29 CFR 2520.104-44	s at the beginning of the plans at the end of the plan year account balances as of the standard the during the plan year investigation are soft the annual examination are soft (See instructions on waive	eport. In year e end of the pla sted in eligible nd report of an ver eligibility an	an year (defined bene assets? (See instruc independent qualified d conditions.)	efit plans do not ctions.)ed public accountant (IC	4b 4c 5a 5b 5c	EIN PN		42 41 41
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde	e, EIN, and the plan number of participants number of participants ber of participants with plete this item)	s at the beginning of the plans at the end of the plan year account balances as of the standard the plan year investof the annual examination are (See instructions on waive either line 6a or line 6b, the	eport. e end of the pla sted in eligible and report of an er eligibility an e plan cannot	an year (defined bene assets? (See instruct independent qualified d conditions.)	efit plans do not ctions.)ed public accountant (IC	4b 4c 5a 5b 5c	EIN PN	X Yes	42 41 41
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde	e, EIN, and the plan nusor's name number of participants number of participants ber of participants with blete this item) e all of the plan's asse you claiming a waiver of ar 29 CFR 2520.104-46 u answered "No" to o	s at the beginning of the plans at the end of the plan year account balances as of the state during the plan year investof the annual examination are for (See instructions on waive either line 6a or line 6b, the or incomplete filing of this	eport. e end of the pla sted in eligible nd report of an er eligibility an e plan cannot is return/repo	assets? (See instruction independent qualified conditions.)	efit plans do not etions.)ed public accountant (IC	4b 4c 5a 5b 5c RPA)	PN 5500.	⊠ Yes ⊠ Yes	42 41 41 No
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you Caution: A Under pen SB or Sch	e, EIN, and the plan number of participants number of participants ber of participants with plete this item)	s at the beginning of the plans at the end of the plan year account balances as of the standard the annual examination are feeling of the annual examination are feeling of the or incomplete filing of this ther penalties set forth in the and signed by an enrolled accountries.	eport. e end of the pla sted in eligible nd report of an ver eligibility an e plan cannot is return/report e instructions,	assets? (See instruction independent qualified conditions.)	efit plans do not etions.)ed public accountant (IC and must instead use unless reasonable car examined this return/re	4b 4c 5a 5b 5c PPA) Formuse is	EIN PN 5500. established. ncluding, if applica	⊠ Yes ⊠ Yes able, a Sch	42 41 41 No No
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you Caution: A Under pen SB or Sch	e, EIN, and the plan number of participants of participants of participants of participants with olete this item)	s at the beginning of the plans at the end of the plan year account balances as of the standard the annual examination are feeling of the annual examination are feeling of the or incomplete filing of this ther penalties set forth in the and signed by an enrolled accountries.	eport. e end of the pla sted in eligible nd report of an ver eligibility an e plan cannot is return/report e instructions,	assets? (See instruction independent qualified conditions.)	efit plans do not etions.)ed public accountant (IC and must instead use unless reasonable car examined this return/re	4b 4c 5a 5b 5c PPA) Formuse is	EIN PN 5500. established. ncluding, if applica	⊠ Yes ⊠ Yes able, a Sch	42 41 41 No No
name a Spons 5a Total b Total c Numb comp 6a Were b Are y under ff you Caution: A Under pen SB or Sch belief, it is	e, EIN, and the plan nuser's name number of participants number of participants ber of participants with blete this item) e all of the plan's asse you claiming a waiver of a 29 CFR 2520.104-46 u answered "No" to of A penalty for the late nalties of perjury and of redule MB completed a true, correct, and com	s at the beginning of the plans at the end of the plan year account balances as of the standard the annual examination are selected in the selected filling of the annual examination are selected in the selected filling of the annual examination are selected in the selected filling of the selected filling of the annual examination are selected filling of the selected filling of the selected filling of the annual examination are selected filling of the selected filling fillin	eport. e end of the pla sted in eligible nd report of an ver eligibility an e plan cannot is return/report e instructions,	assets? (See instruction independent qualified conditions.)	efit plans do not etions.)	4b 4c 5a 5b 5c PPA) Formuse is port, irt, and	PN a 5500. established. including, if applicate to the best of my	X Yes X Yes Able, a Sch	42 41 41 No No
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you Caution: A Under pen SB or Sch- belief, it is	e, EIN, and the plan number of participants of participants of participants of participants with olete this item)	s at the beginning of the plans at the end of the plan year account balances as of the standard the annual examination are selected in the selected filling of the annual examination are selected in the selected filling of the annual examination are selected in the selected filling of the selected filling of the annual examination are selected filling of the selected filling of the selected filling of the annual examination are selected filling of the selected filling fillin	eport. e end of the pla sted in eligible nd report of an ver eligibility an e plan cannot is return/report e instructions,	assets? (See instruction independent qualified conditions.)	efit plans do not ed public accountant (IC and must instead use unless reasonable car examined this return/re rsion of this return/repor	4b 4c 5a 5b 5c PPA) Formuse is port, irt, and	PN a 5500. established. including, if applicate to the best of my	X Yes X Yes Able, a Sch	42 41 41 No No
name a Spons 5a Total b Total c Numb comp 6a Were b Are y unde If you Caution: // Under pen SB or Sch- belief, it is	e, EIN, and the plan nuser's name number of participants number of participants ber of participants with blete this item) e all of the plan's asse you claiming a waiver of a 29 CFR 2520.104-46 u answered "No" to o	s at the beginning of the plans at the end of the plan year account balances as of the standard the annual examination are selected in the selected filling of the annual examination are selected in the selected filling of the annual examination are selected in the selected filling of the selected filling of the annual examination are selected filling of the selected filling of the selected filling of the annual examination are selected filling of the selected filling fillin	eport. e end of the pla sted in eligible nd report of an ver eligibility an e plan cannot is return/report e instructions,	assets? (See instruction independent qualified conditions.)	efit plans do not etions.)	4b 4c 5a 5b 5c PPA) Formuse is port, irt, and	PN a 5500. established. ncluding, if applicate the best of my	X Yes X Yes Able, a Sch knowledge	42 41 41 No No edule and

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year				
a	Total plan assets	7a	2,21		25	2,597,829				7,829
b		7b	,		0				0	
c	Net plan assets (subtract line 7b from line 7a)	7c	2,21	5,82	25				2,59	7,829
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	•			(b)	(b) Total		
a	Contributions received or receivable from:		(-,		十			7 7 7 7 7 7		
	(1) Employers	8a(1)		4,7	_					
	(2) Participants	8a(2)	12	8,65	50					
	(3) Others (including rollovers)	8a(3)			0					
	Other income (loss)	8b	17	4,17	77					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				39	7,537
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	1,33	38					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f		4,19	9.5					
a	Other expenses	8g		-,	0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1				1	5,533
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i			十					2,004
ī	Transfers to (from) the plan (see instructions)	8j			0					
Par	t IV Plan Characteristics	oj_			<u> </u>					
	If the plan provides pension benefits, enter the applicable pension to 2A 2E 2J 3B 3D 3H	feature co	des from the List of Plan Char	acteri	stic Co	odes in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Α		
-io		ions within	n the time period described in		103	110		AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				26	50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		,	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service or other organization that provides some or all o instructions.)			10e		Х				
f				10f		Х				
	If this is an individual account plan, was there a blackout period? (10g		Х				
	2520.101-3.)			10h		Х				
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			10i						
Part	VI Pension Funding Compliance									
11 —	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							L	Yes	X No
_11a	Enter the amount from Schedule SB line 39	·····				11a		1 -		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>			
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.		Mon		, and e	enter th Day		f the le		ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule									
h	Enter the minimum required contribution for this plan year					12b	1			

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С	Enter the amount contributed by the employer to the plan for this plan year		12c	Γ		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (en negative amount)	-	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding de	adline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this y	ear	. 13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?		control		Ye	s 🛛 No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)		to			
1	3c(1) Name of plan(s):	1	3c(2) E	N(s)	13c((3) PN(s)
Part	VIII Trust Information (optional)	· •				
	lame of trust		14b T	rust's EIN		