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).

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		t Identification Information					
For calend	dar plan year 2013 or	fiscal plan year beginning 01/01/201	3	and ending 1	2/31/	2013	
A This re	eturn/report is for:	🛚 a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	· ·	special extension (enter description	on)			—	
Part II	Basic Plan Inf	ormation—enter all requested inform	ation				
1a Name		·			1b	Three-digit	
MCCAW VE	ETERINARY CLINIC,	PSC 401(K) PROFIT SHARING PLAN				plan number	
					10	(PN)	001
					10	Effective date o	•
2a Plan s	sponsor's name and a	ddress; include room or suite number (e	mplover, if for a single-	-emplover plan)	2b	Employer Identi	
	ETERINARY CLINIC,		, , , , , , , , , , , , , , , , , , ,	- F - 7 - F - 7			52535
					2c	Sponsor's telep	hone number
	H MAIN STREET					859-88	7-1188
NICHOLAS	VILLE, KY 40356				2d	,	(see instructions)
20.01			. По в	0 411	2 h	54194	
3a Plan a	administrators name a	and address XSame as Plan Sponsor N	nameSame as Plar	n Sponsor Address	30	Administrator's	EIN
					3с	Administrator's	telephone number
4 If the	name and/or FIN of ti	he plan sponsor has changed since the	ast return/report filed for	or this plan, enter the	4h	EIN	
		umber from the last return/report.	aut rotal in opolit mour	o. a p.a, o		LIIV	
a Spons	sor's name				4c	PN	
5a Total	number of participant	s at the beginning of the plan year			5a		8
		s at the end of the plan year			5b		7
		n account balances as of the end of the	,	-	5c		7
	,	ets during the plan year invested in eligib					X Yes No
b Are y	ou claiming a waiver	of the annual examination and report of	an independent qualifie	ed public accountant (IQ	PA)		
		6? (See instructions on waiver eligibility					X Yes No
		either line 6a or line 6b, the plan cann					1
C If the	plan is a defined bene	efit plan, is it covered under the PBGC ir	nsurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late	or incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	ıse is	established.	
		other penalties set forth in the instruction					
	true, correct, and cor	and signed by an enrolled actuary, as wanted and an arriverse as wanted and arriverse and arriverse and arriverse and arriverse and arriverse arriverse and arriverse arriverse arriverse and arriverse arrive	ell as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and
,		•					
SIGN HERE	Filed with authorized	d/valid electronic signature.	06/02/2014	WILLIAM C. MCCAW,	, DVM	<u> </u>	
TILIXE	Signature of plan	administrator	Date	Enter name of individ	ual sig	gning as plan adn	ninistrator
SIGN							
HERE		oyer/plan sponsor	Date	Enter name of individ			
Preparer's	name (including firm	name, if applicable) and address; include	le room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)
Ī							

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets	7a	(a) beginning of Tea				(b) Ellu		958974	4	
	Total plan liabilities	7a 7b	33.33						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Net plan assets (subtract line 7b from line 7a)	7c	80196	5	+			9	958974	4	
	Income, Expenses, and Transfers for this Plan Year	70			+		/b\ T				
	Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	1136	4							
	(2) Participants	8a(2)	3633	6							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	11011	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	157818	3	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	80	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							809	9	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							157009	9	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	_ <u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	3:		
b	2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribution 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					
	Was the plan covered by a fidelity bond?			10c	X					100	0000
d	• • • • • • • • • • • • • • • • • • • •					X				100	000
	or dishonesty?			10d		^					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See	100		X					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan			10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ					
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		l					
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	 	No
110	Enter the unpaid minimum required contribution for current year fr								. 55		
	· · · · · · · · · · · · · · · · · · ·		,		-	11a	EDICAG	Г	Yes	y	No
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	3U2 Of	EKISA?		res		INO
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	antar th	ne date of t	he la	etter ru	ling	
	granting the waiver.		Mon		, and t	Day		Yea		19	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		ī				
b	Enter the minimum required contribution for this plan year					12b					

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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 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?	Y	es 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

For	m 5500-SF	Short Form Annual Re	•	f Small Employ	yee	OMB Nos. 1210-0110 1210-0080			
	ment of the Trensury ol Revenue Service	H This form is required to be filed	Senefit Plan	d 4085 of the Employe		2013			
	eartment of Labor nefts Security Administration	Retirement Income Security Act of '		tions 6057(b) and 6058	B(a) of This Form is Open to Public				
Penalon Ber	efit Guaranty Corporation	Complete all entries in accord	0-SF.						
Part I		lentification Information				1.00			
For calonda	r plan year 2013 or fisca		1/01/2013	and ending		12/31/2013			
A This rotu	irn/report is for:	_ _	a multiplo-omployor pla	an (not multiomployer)		a ono-participant plan			
B This rotu	rn/report is:		the final return/report						
	اِ	= ==== = =		report (loss than 12 m	onths)	_			
C Chack b	ox if filing under:	╡ =	automatic extension			DFVC program			
		special extension (enter description	<u> </u>	\$					
Part II		nation—enter all requested informa	tion		1 41				
1a Name o	,	THE BAG			16	Three-digit plan number			
	VETERINARY CI					(PN) DO1			
102 (1	.,				1c	Effective date of plan			
3 - 8						09/01/1999			
	VETERINARY CI	ross; include room or sulte number (er LINIC, PSC	nployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 61-1352535			
501 N	ORTH MAIN STR	7 mm				Spansar's telephone number (859) 887-1188			
)LASVILLE	7. E. I.	КҮ	40356	2d	Business code (see instructions) 541940			
3a Plan ed	lministrator's name and	address XSame as Plan Sponsor N	amo Same as Plan	Sponsor Address	3b	Administrator's EIN			
4 If the n	ame and/or EIN of the	plan sponsor has changed since the le	ast return/report filed fo	r this plan, ontor the	4b				
	EIN, and the plan numi	ber from the last return/report.		, ,		PN			
		t the beginning of the plan year			-				
	• •	it the end of the plan year			5b	8			
c Numb	or of participants with ac	count balances as of the end of the p	lan year (dofined bene	fit plans do not		7			
6a Word b Are you under if you C If the p	all of the plan's assets ou daiming a walver of t 29 CFR 2520.104-46? answered "No" to eith dan is a defined benefit	during the plan year invested in eligible to annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannuplan, is it covered under the PBGC in	e assets? (See instruction Indopendent qualifier and conditions.)	tions.) d public accountant (IC and must instead use ERISA section 4021)?	(PA)	X Yas No 15500. Yas No Not determined			
		incomplete filing of this return/rep							
SB or Scho		or ponalities set forth in the instructions of signed by an enrolled actuary, as we ote.							
SIGN	/ Jellani	C. Me En	6/2/14	WILLIAM C. MC	CAW,	DVM			
HERE	Signature of plan ad	ministrator	Date	Enter name of Individ	ia laut	oning as plan administrator			
SIGN		<u> </u>							
HERE	Signature of employ		Dalo		lual si	gning as employer or plan sponsor			
Proparor's		mo, if applicable) and address; includ	o room or sulto numbo			parer's telephone number (optional)			

Form 5500-SF 2013 130118

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Pag		4
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<u> </u>	Plan Assots and Liabilities		(a) Boginning of Yea			· (b) End of Ye	
a	Total plan assets	7a	801	.,96	5			958,97
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	801	. ,9 6	5			958,97
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		T		(b) Total	
а	Contributions received or receivable from:			- 3.6				
	(1) Employers	8a(1)		.,36				
	(2) Participants	_8a(2)		5,33	ы			1 6
	(3) Others (including rollovers)	8a(3)	5.5.7		_			<u> </u>
	Other income (loss)	d8	11(,11	8	*		167 01
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	· · · · · · · · · · · · · · · · · · ·					157,81
d	Benefits paid (including direct relievers and insurance premiums to provide benefits)	8d		80	9			
_	Certain deemed and/or corrective distributions (see instructions)	8e			1			
f	Administrative service providors (salaries, fees, commissions)	8ť						
9	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				7	15.4	80
	Net incomo (loss) (subtract line 8h from line 8c)	8i			1			157,00
]	Transfers to (from) the plan (see instructions)	8),	·		1			
Pa	t IV Plan Characteristics	<u> </u>			<u> </u>			
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature cod	ies from the List of Plan Char	ecteris	tic Co	des in the	instructions	
b	If the plan provides welfare benefits, enter the applicable welfare fo	ature code	es from the List of Plan Charac	cterist	ic Cod	es in the i	nstru ctio ns:	
Par	V Compliance Questions		<u> </u>					
Par					Yes	No	Amc	ant .
10	During the plan year: Was there a fallure to transmit to the plan any participant contributions.			10a	Yes	No X	Amo	unt
10 a	During the plan year: Was there a fallure to transmit to the plan any participant contribution of the plan and policy contribution of the plan any participant contribution of the plan any participant contribution of the plan year of the plan year of the plan year. Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not in	ection Program)nclude transactions reported	10a	Yes		Amo	unt
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corre ? (Do not in	ection Program) nelude transactions reported	10b		х	Amo	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Corre	ection Program)nclude transactions reported		Yes	х	Amo	unt 100,00
10 a	During the plan year: Was there a fallure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Corre	action Program)nclude transactions reported	10b		х	Amo	
10 a	During the plan year: Was there a fallure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in fidelity borner persons of the bone	action Program)	10b 10c 10d		x	Amo	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bend? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions peld to any brokers, agents, or oth insurance service or other organization that provides some or all distructions.)	fidelity bonner persons of the bene	action Program)	10b 10c 10d		x x x	Amo	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Was there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon fidelity bon ner persons of the bene	action Program)	10b 10c 10d 10d		x x x	Amc	
10 2 5 6	During the plan year: Was there a fallure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.). Was the plan covered by a fidelity bend? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions peld to any brokers, agents, or other insurance service or other organization that provides some or all distructions.) Hos the plan failed to provide any benefit when due under the plant Did the plan have any participant leans? (If "Yes," enter amount a	fidelity bonding persons of the benderates of year of	action Program)	10b 10c 10d		x x x	Amc	
10 2 3 4 6	During the plan year: Was there a fallure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Ware there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bonding for bonding fidelity bo	action Program)	10b 10c 10d 10d		x x x	Amc	
10 2 3 4 6	During the plan year: Was there a fallure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bonder persons of the banders of year of See Instru	action Program)	10b 10c 10d 10e 10f		x x x x x	Amc	
10 2 3 4 6	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bonder persons of the banders of year of See Instru	action Program)	10b 10c 10d 10d 10f 10g		x x x x x	Amc	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation with the plan and party-in-interest on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions peld to any brokers, agents, or oth insurance service or other organization that provides some or all distructions.) Hos the plan failed to provide any benefit when due under the plantification in the plantial planting in this is an individual account plan, was there a blackout period? 2520,101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	fidelity bonomer persons of the bonomer (See Instruments)	action Program)	10b 10c 10d 10d 10f 10g 10h 10l	X	X X X X X X Aule SB (F		
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Was there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bonder persons of the bender of year of (See Instruments? (If ")	action Program)	10b 10c 10d 10e 10f 10g 10h 10l	X	X X X X X X Aule SB (F		100,00
10 a	During the plan year: Was there a fallure to transmit to the plan any participant contribut 28 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Vere there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bonder persons of the bander of year of Schedung 1-3	action Program)	10b 10c 10d 10e 10f 10f 10g 10h 10l	Sched	X X X X X X Aule SB (F	отт	100,00
10 a b c c c c c c c c c c c c c c c c c c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bonder persons of the benders of year of (See Instruments? (If ") rom Scheder as appliced, as appliced.	action Program)	10b 10c 10d 10e 10f 10g 10h 10l	Scheo	X X X X X X Aule SB (F	om	100,00 Yes
10 a b c c c c c c c c c c c c c c c c c c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulian Was there any nonexempt transactions with any party-in-interest on line 10a.)	fidelity bon fidelity bon fidelity bon firer persons of the beno fis of your of (See Instru finents? (If ") from Sched frequirement from sched frequirement from as applice fing amortize fing amortize	action Program)	10b 10c 10d 10e 10f 10g 10h 10l	Scheo	X X X X X X Aule SB (F	om	100,00 Yes ∏ N Yes ⊠ N
10 a b c c c c c c c c c c c c c c c c c c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation with the plan covered by a fidelity bond? Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all dinstructions.) Hos the plan failed to provide any benefit when due under the plant of this is an individual account plan, was there a blackout period? If the plan have any participant leans? (If "Yes," enter amount a structions is an individual account plan, was there a blackout period? (2520,101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 to VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year for the second of the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below if a walver of the minimum funding standard for a prior year is below.	fidelity bonder persons of the bender of year of (See Instruments? (If ") from Schedig requirements as applications and amortized as applications and amortized and amortized from Schedig requirements as applications and amortized from Schedig requirements as applications and amortized from Schedig requirements and amortized	action Program)	10b 10c 10d 10d 10f 10g 10h 10l ctions ath	Scheo	X X X X X X Aulie SB (F	orm	100,00 Yes ∏ N Yes ⊠ N

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С	Enter the amount contributed by the employer to the plan for this plan year	120	:	
đ	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)	120		
e	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 pien 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 of the PBGC?			Yos X No
C	if during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)			
1	I3c(1) Name of plan(s):	13c(2)	EiN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	· · · · · · · · · · · · · · · · · · ·		
14a	Name of trust	14b	Trust's EIN	l .