| | rm 5500-SF | Short Form Annual Return/Report of Small Emplo Benefit Plan | | | oyee | • | OMB Nos. 1210-0110 1210-0089 | | | |
|---|--|--|---------------------------|--|--|---|---|--|--|--|
| | rtment of the Treasury mal Revenue Service | Denetit Plan This form is required to be filed under sections 104 and 4065 of the Employee R | | | etireme | ent | 2014 | | | |
| Department of Labor Employee Benefits Security Administration Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code). | | | | | Interna | This F | This Form is Open to Public Inspection | | | |
| | Complete all entries in accordance with the instructions to the Form 5500-SF. | | | | | | | | | |
| For calenda | Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014 | | | | | | | | | |
| | | | a multiple-employer pl | lan (not multiemployer) (| | | x must attach a list | | | |
| A This ret | turn/report is for: | | | yer information in accord | | - | | | | |
| B This retu | urn/report is | 님 ' ' ' 님 | the final return/report | | | | | | | |
| | | | | | | | | | | |
| C Check box if filing under: | | | | | DFVC program | | | | | |
| Check box if filing under: Special extension (enter description) | | | | | | - | | | | |
| Part II | Basic Plan Infor | mation—enter all requested information | ition | | | | | | | |
| 1a Name | • | | | | | Three-digit | | | | |
| CHARLES J | VEENEMAN CPA PSU | C 401 K PROFIT SHARING PLAN TRU | IST | | | plan number (PN) ► | 001 | | | |
| | | | | | - | Effective date of 01/01 | f plan | | | |
| | ponsor's name and add VEENEMAN CPA PSC | dress; include room or suite number (en | nployer, if for a single- | employer plan) | | Employer Identi | fication Number | | | |
| | | | | | (EIN) 61-1216270 2c Sponsor's telephone number | | | | | |
| | N MILLER PKWY STE | 20 | | | | 502-24 | | | | |
| LOUISVILLE, KY 40223-3165 | | | | | | Business code (5412 | see instructions) | | | |
| 3a Plan a | dministrator's name and | d address XSame as Plan Sponsor. | | | 3b / | Administrator's I | EIN | | | |
| | | plan sponsor has changed since the la | or this plan, enter the | 4b | | telephone number | | | | |
| | or's name | Der from the last rotan/roport. | | | 4c PN | | | | | |
| 5a Total r | number of participants a | at the beginning of the plan year | | | 5a | | | | | |
| b Total r | number of participants a | at the end of the plan year | | | 5b |) | 3 | | | |
| C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | | | | 5c | ; | 1 | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | | 5d(1 | I) | 3 | | | |
| d(2) Tota | al number of active part | ticipants at the end of the plan year | | | 5d(2 | 2) | 3 | | | |
| | | rminated employment during the plan ye | | | 5e | ; | 0 | | | |
| | | or incomplete filing of this return/repo | | | lse is e | established. | | | | |
| Under pena SB or Sche | alties of perjury and othe | er penalties set forth in the instructions d signed by an enrolled actuary, as wel | s, I declare that I have | examined this return/rep | oort, inc | cluding, if applic | | | | |
| SIGN | | valid electronic signature. | 07/13/2015 | CHARLES J. VEENEM | | | | | | |
| HERE | Signature of plan ad | Iministrator | Date | Enter name of individual signing as plan administrator | | | | | | |
| SIGN HERE | ļ | | | | | | | | | |
| | Signature of employ | oyer/plan sponsor Date Enter name of individ name, if applicable) and address (include room or suite number) (optional) | | | | idual signing as employer or plan sponsor Preparer's telephone number (optional) | | | | |
| Preparers | name (including firm na | me, if applicable) and address (include | From or suite number | r) (optional) | Prepa | | number (optional) | | | |

| under 29 CFR 2520, 104-467 (See instructions on waiver eligibility and conditions.) | | Were all of the plan's assets during the plan year invested in eligib | | . , | | | | | Х | Yes | No | С |
|--|------------------------------------|--|--------------|----------------------------------|-------------|---------|----------|------------------|--------|--------|-------|---|
| If you answered "No" to either line 6 or line 6b, the plan cannot use Form 500. SF and must instead use Form 500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA saction 4021)? | b | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) | | | | | | | | | | |
| C Item plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine Plan Assist and Liabilities 7a (a) Beginning of Year (b) End of Year (b) End of Year Total plan assets (labitines 7b 0 0 0 Control plan assets (labitines 6a(1) 0 0 0 Control plan assets (labitines 6a(1) 0 0 0 0 Control plan isockword prescable from: 6a(1) 0 < | | | | | | | | | | | | |
| Part III Financial Information (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7a (b) End of Year (c) Beginning of Year (c) End of Year 1 Tata Jpin assets 7a 15454 88555 5 Total plan assets (aubtract line 7b from line 7a) 7c 15464 88555 8 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total (c) Total 8 Income, Expenses, and Transfers for the Plan Year (a) Amount (b) Total (c) Total 10 Other income (loss) 8a(3) 0 0 0 0 (a) Other sinceme (loss) 8b 850 | С | | | | | | - | | Not | deterr | nined | |
| 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 18454 8535 b Total plan inabilities 7b 0 0 c Net plan assets (subtract line 7n from ine 7a). 7c 15454 8535 a Contributions received or receivable from: 8a(1) 0 0 (1) Enployets 6a(2) 0 0 0 (2) Participants 6a(2) 0 0 0 (3) Others including rolowers) 8a(3) 0 0 0 0 (4) Detension (add lines 5a(1), 5a(2), 8a(3), and 8b) 8c 0 <t< th=""><th></th><th></th><th></th><th></th><th>,</th><th></th><th>1</th><th></th><th>_</th><th></th><th></th><th>—</th></t<> | | | | | , | | 1 | | _ | | | — |
| a Total plan assets 7a 15451 9633 b Total plan labilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 15454 86535 b Totane, Expenses, and Transfers for the Plan Year (a) Amount (b) Total 8631 0 c Onter licens received or receivable from: 8a(1) 0 0 0 0 (c) Derrisone (cost) 6a(3) 0 0 0 0 0 (c) Derrisone (cost) 6a(3) 0 0 0 0 0 0 (c) Derrisone (cost) 6a(3) 0 | | | | (a) Beginning of Yea | r | | | (b) End | of Y | ear | | _ |
| b Total plan labilities | | | 7a | | | | | | | | 35 | |
| C Net plan assets (aubtract line 7b from line 7a) | | | | | | | | | | | 0 | _ |
| 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (1) Engloyers: 8a(2) 0 (2) Participants. 8a(3) 0 (3) Other income (loss) 8a(3) 0 (3) Other income (loss) 8b 850 (4) Benefits paid (including dired rollovers and insurance premiums to provide benefits) 8d 7704 (5) E-Certain demend and/or corrective distributions (see instructions). 8e 0 65 (7) Other expenses. 8g 0 769 769 (1) Englose pansion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 7269 7) If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 726 7) If the plan provides welfare benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions: 726 7) If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: | | | | 154 | 54 | | | | | 85 | 35 | |
| a Contributions received or receivable from: Ba(1) 0 (1) Employers Ba(2) 0 (2) Participants. Ba(2) 0 (3) Others (including rollovers) Ba(3) 0 (b) Other is come (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 850 c Total income (ddiling diffect rollovers) and insurance premiums to provide benefits) 8d 7704 (c) Catal income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 8d (c) Catal income (add lines 6a, 8b, 8d, and 8g) 8d 7704 8d (c) Catal income (add lines 6a, 8b, 8d, and 8g) 8d 0 7769 (c) Antinistrative service providers (salaries, leas, commissions) 8d 0 7769 (c) Total expenses (add lines 8d, 8b, 8d, and 8g) 8h 7769 (c) Total expense (add lines 8d, 7d, and 8g) 8g 0 0 (c) Total expenses (add lines 8d, 7d, and 8g) 8g 0 0 (c) Total expenses (add lines 8d, 7d, and 8g) 8g 0 0 (c) Transfers to (from) the plan (see instructions) gi 0 0 0 (c) Tata expense (add lines 8d, 7d, and 8g) 10 | - | | | (a) Amount | | | | (b) ⁻ | Total | | | |
| (1) Catalogies Catalogie | а | Contributions received or receivable from: | | | 0 | | | | | | | |
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| Outrise (mone (loss)) Bit Bi | | | | | - | _ | | | | | | |
| Join Hoome (add lines Ba(1), Ba(2), Ba(2), and Bb) | | | | | - | | | | | | | |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | - | | | 5 | 50 | _ | | | | | | |
| to provide benefits) | | | . 8c | | | _ | | | | 8 | 50 | _ |
| e Certain deemed and/or corrective distributions (see instructions) | | | . 8d | 77 | ' 04 | | | | | | | |
| f Administrative service providers (salaries, fees, commissions) | | | | | 0 | | | | | | | _ |
| g bits depenses (add lines 8d, 8e, 8f, and 8g) 8h 7769 i Notai expenses (add lines 8d, 8e, 8f, and 8g) 8i -6919 j Transfers to (from) the plan (see instructions) 8j 0 Part IV Plan Characteristics 9j 0 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D 10 During the plan year: Yes No Amount 4 X a Was there a failure to transmit to the plan any participant contributions within the time period described in 129 CFR 2510.3-102; (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X 20 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) X 20 c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10a X 20 d Did the plan have any participant loans? (If "Yes," set mer amount as of year end.) 10g | f | Administrative service providers (salaries, fees, commissions) | . 8f | | 65 | | | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | g | Other expenses | 8g | | 0 | | | | | | | |
| In the number of the plan structions) Bi 0 Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 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: Part V Compliance Questions 10 During the plan year: Yes No Amount a 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 × b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 0a.) 10b × 20 c Was the plan covered by a fidelity bond? 10c × 20 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 10d × e 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.) </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>77</th> <th>69</th> <th></th> | | | | | | | | | | 77 | 69 | |
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| on line 10a.) | | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide | uciary Cor | rection Program) | 10a | | Х | | | | | |
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| or dishonesty? 10d X e 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 X Part VI Pension Funding Compliance 10i Yes X 11a Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X | С | Was the plan covered by a fidelity bond? | | | 10c | x | | | | | 20000 | C |
| insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | d | | | | 10d | | х | | | | | |
| instructions.) 10e × 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 as of year end.) 10g × h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10g × 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 × Part VI Pension Funding Compliance 10i × × 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Yes × 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes × | | | | | | | | | _ | | | |
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| 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 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 10h X Part VI Pension Funding Compliance 10i 10i Yes 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes | f | | | | | | | | | | | |
| 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 Part VI Pension Funding Compliance 10i Yes 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below). Yes Yes 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes | | | | | | | | | | | | - |
| 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 | | | | | | | ^ | | | | | _ |
| exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | | | | | 10h | | Х | | | | | |
| 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | i | | | | | | | | | | | |
| 5500) and line 11a below) Yes X 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X | Part VI Pension Funding Compliance | | | | | | | | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? | 11 | | | | | | | | | | | |
| | <u>11a</u> | 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | | | | | 11a | | | | | |
| (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | 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 | С |
| | | | | | | | | | | | | |

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| lf | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
|---|---|------------------|-----------------|--------------|------|--|--|--|
| b | Enter the minimum required contribution for this plan year | 12b | | | | | | |
| | | | | | | | | |
| 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? | X | Yes No | | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | | 0 | | | |
| 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 | | | |
| C 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): 1 | 3 c(2) El | IN(s) | 13c(3) PN(s) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | |
| 14a Name of trust | | | 14b Trust's EIN | | | | | |