Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

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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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	rt Identification Information							
For calendar plan year 2014 or	fiscal plan year beginning 01/01/20	014 and ending 12	2/31/2014					
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact A This return/report is for: of participating employer information in accordance with the form instructions)								
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return/report (less than 12 m	nonths)					
C Check box if filing under:	Form 5558	automatic extension	DFVC prog	ıram				
	special extension (enter descr	ription)						
Part II Basic Plan In	formation—enter all requested inf	formation		_				
1a Name of plan MCCAW VETERINARY CLINIC,	, PSC 401(K) PROFIT SHARING PLA	AN	1b Three-digit plan number (PN) ▶	001				
			1c Effective date	of plan 01/1999				
2a Plan sponsor's name and a MCCAW VETERINARY CLINIC,	address; include room or suite number	er (employer, if for a single-employer plan)	2b Employer Ider (EIN) 61-	ntification Number				
501 NORTH MAIN STREET			2c Sponsor's tele	ephone number 387-1188				
NICHOLASVILLE, KY 40356			2d Business code	e (see instructions)				
			541	940				
3a Plan administrator's name	and address XSame as Plan Spons	sor.	3b Administrator's	s EIN				
			3c Administrator's	s telephone number				
		the last return/report filed for this plan, enter the	4b EIN					
name, EIN, and the plan r a Sponsor's name	number from the last return/report.		4c PN					
<u> ' </u>	its at the beginning of the plan year			7				
b Total number of participan	its at the end of the plan year		5b	7				
C Number of participants wit	th account balances as of the end of	the plan year (defined benefit plans do not	5c	7				
• •	participants at the beginning of the pl	an year	5d(1)	6				
d(2) Total number of active p	participants at the end of the plan yea	ar	5d(2)	6				
		olan year with accrued benefits that were	5e	(
		n/report will be assessed unless reasonable cau	use is established.					
	and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor						
	ed/valid electronic signature.	07/23/2015 WILLIAM C. MCCAW,	, DVM					

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indeper and condit	ndent qualified public accounta	int (IQ	PA)			X Yes	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not dete	rmined
Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o		
	Total plan assets	7a	9589	974				1068	105
	Total plan liabilities	7b	9589	74				1068	105
	Net plan assets (subtract line 7b from line 7a)	. 10					(b) To		100
	Contributions received or receivable from:		(a) Amount				(b) 10	nai	
	(1) Employers	8a(1)	114						
	(2) Participants	8a(2)	395	539					
	(3) Others (including rollovers)	8a(3)	581	120					
	Other income (loss)	8b	301	120	_			109	121
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						109	131
	to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g							0
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i						109	
	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i						100	101
Par	, , , , , ,	8]							
b	2E 2F 2G 2J 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	es in t	he instructio	ons:	
10	During the plan year:				Yes	No	1	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X			
C	Was the plan covered by a fidelity bond?			10c	X				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ			
h	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s No
	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding			or se	ection (302 of	ERISA?	Yes	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·	otions	ا ادم	ntor 11	no doto af di	o lotte = :	ulina
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and 6 	enter th Day		e letter r Year	uling

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

2015-07-23 15:23

Form 5500-SF

Department of the Treasury Informal Revenue Service

Department of Labor Employee Benefits Security Administration alon Benefit Guaranty Corporation

mccaw vet

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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

2014

This Form Is Open to **Public Inspection**

		Complete all entries in acc	cordance with the instr	uctions to the Form 5	500-SF,					
Part!		t Identification Information								
For calenda	r plan year 2014 or	liscal plan year beginning	01/07/2014	and ending	12/3	/2014				
A This retu	urn/report is for:	a single-employer plan	of participating employ	an (not multiomployer) yer information in accor		this box must attach a list orm instructions)				
_		a one-participant plan	a foreign plan							
B This retu	rn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan yoar retur	short plan your return/report (loss than 12 months)						
C Check be	ox if filing under:	Form 5558	automatic extension		∐ DFVC	program				
• •		special extension (enter descripti	ion)							
			<u> </u>							
Part II	Basic Plan Inf	ormation—enter all requested infor	mation							
1a Name	of plan				1b Three-di					
MOGAW 1	rem enta ny di	TNIC DCC			pian nun					
	/ETERINARY CI PROFIT SHAR:				(PN)	001				
401 (11)	ENOCAL BUNN.	ING FBAN			1C Effective					
	<u> </u>			 	09/01/					
-		ddross; include room or suite number ((employer, if for a singlo-	omployer plan)		r Identification Number				
MCCAW V	VETERINARY C	LINIC, PSC				-1352535				
					2C Sponsor	's telephone number				
f 61 220	W. T.V. G.D.	4.44 B				887-1188				
SOT NO	RTH MAIN STRI	SET			2d Business code (see Instructio					
NICHOLA			KY	40356	541940					
3a Plan ac	iministrator's name a	and address XSame as Plan Sponsor.	•		3b Administ	rator's EIN				
					3C Administ	rator's telephone number				
					1					
]					
						· · · · · · · · · · · · · · · · · · ·				
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						
	Sor's name	umber from the last return/report.			4c PN					
5a Total r	number of participant	s at the beginning of the plan year		***************************************	5a	7				
b Total r	number of participant	s at the end of the plan year								
		account balances as of the end of the								
comple	ete this item)	*****				7				
a(1) Tota	al number of active p	articipants at the beginning of the plan	year	***************************************	5d(1)	<u>6</u>				
d(2) Tota	al number of active p	articipants at the end of the plan year	***************************************	****************	5d(2)	6				
		terminated employment during the plan			5e	<u> </u>				
		or incomplete filing of this return/re								
		other penalties set forth in the instruction								
		and signed by an enrolled actuary, as t	well as the electronic ver	sion of this return/ropo	rt, and to the bo	st of my knowledge and				
	rue, correct, and con	nDigto.		<u> </u>						
SIGN	Allem	C. Illean	7/23/15	WILLIAM C. MC	CAW, DVM	<u> </u>				
HERE	Signature of plan	administrator	Date /	Enter name of individ	dual signing as p	olan administrator				
SIGN	0/1//		7/22/10	Traliblian (· M. C	1 1000				
HERE	Signature of armai	lover/plan spensor	Date		dual elector of	employer or plan sponsor				
Praparer's		loyer/plan sponsor name, if applicable) and address (inclu		r) (optional)	Preparer's tel	ephone number (optional)				
1 , , , , , , , , ,		The state of the s	(44111 41 Action Line(1990	·· / /alimatical)	1	-busing Hannan (abusing)				
ĺ										

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6a 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 if you answered "No" to either line 6a or line 6b, the plan can	f an indeper y and condit not use Fo	ndent qualified pui tions.) orm 5500-SF and t	blic accounta must Instead	nt (IQ	PA) Form	5500 .	transcrett		Yes [No No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	orogram (see ERIS	SA section 40)21)7	٠٠٠٠٠١	Yes	∐ No _	Not de	eterm	ined
Part III Financial Information					-				-	
7 Plan Assets and Liabilities	-	(a) Begli	nning of Yea		+		(b) End	of Yea		
a Total plan assets			958	, 97	4 -			1	. 068	1,105
C Net plan assets (subtract line 7b from line 7a)			050	3,97	 		-	· · ·	ΛĠ	3,105
8 Income, Expenses, and Transfers for this Plan Year		(a) 4	Amount	<u>, </u>	-		(b)	Total	<u> </u>	1, 100
a Contributions received or receivable from:		1,477	1,1,0				\ - /-			11,1
(1) Employers	. 8a(1)			.,47		4.				
(2) Participants		 	39	,53	9	* 4 <u> </u>				 _
(3) Others (including rollovors)				10	-	:	· · · · ·			
b Other income (loss)				1,12	<u> </u>				100	9,131
d Benefits paid (including direct rollovers and insurance premiums	00	 			+-	i			10	2 , <u>1, 3 ,</u>
to provide benefits)					_ _	- 1				
e Certain deemed and/or corrective distributions (see instructions).			· ·			_				· · ·
f Administrative service providers (salaries, fees, commissions)		 				- 1				7.
g Other expenses	8g 8h	 		-	╁	!				
i Net income (loss) (subtract line 8h from line 8c)				-	╅				100	0 9,131
j Transfers to (from) the plan (see instructions)					+	1	14.		_10.	<u>// ± J ±</u>
Part IV Plan Characteristics	1 4			_		•	 			
9a If the plan provides pension benefits, enter the applicable pension	n feature co	odes from the List	of Plan Chara	acteris	stic Co	des In	the instru	ctions:		
2E 2f 2G 2J 2T 3D			4.71		 _					
b If the plan provides welfare benefits, enter the applicable welfare	teature cod	des from the List o	i Plan Chara	cterist	ic Coc	les in ti 	he instruc	tions:		
Part V Compliance Questions					_					
10 During the plan year:					Yes	No	Amount			
a Was there a failure to transmit to the plan any participant contrib							-			
29 CFR 2510.3-102? (See instructions and DOL's Voluntary File.) b Were there any nonexempt transactions with any party-in-interesting 10-10-10-10-10-10-10-10-10-10-10-10-10-1	st? (Do not	include transactio	ns reported	10a 10b		x				
on line 10a.) C Was the plan covered by a fidelity bond?									100	
d Did the plan have a loss, whether or not reimbursed by the plan				10c	X				100	0,000
or dishonesty?				10d	<u> </u>	Х			-	<u></u>
insurance service, or other organization that provides some or a Instructions.)	II of the ber	nefits under the pla	an? (See	10e		х				
f Has the plan failed to provide any benefit whon due under the p	lan?			101		Х				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)		10g		х			_	
h If this is an individual account plan, was there a blackout period 2520,101-3.)				10h		×				÷
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1				101						· .:
Part VI Pension Funding Compliance									_	
11 le this a defined benefit plan subject to minimum funding require 5500 and line 11a bolow)									Yes	No
11a Enter the unpaid minimum required contribution for current year						11a		<u> </u>	<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding			2 of the Code	or se	ection	302 of	ERISA?.		es_	X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e belo a If a walver of the minimum funding standard for a prior year is be								 (4L= 1-41	A4 w 41	
granting the waiver					, and	ontor th Day	10 0310 01	Year	erruit	ig .

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If you completed line 12a. com	pleto ilnos 3, 9, and 10 of Sch	edule MB (Form 5500), and	skip to line	13.				
b Enter the minimum required	contribution for this plan year			************	12b		. <u>.</u>	
C Enter the amount contributed	by the employer to the plan for	this plan year			12c			
	2c from the amount in line 12b.				12d			
e Will the minimum funding am	ount reported on line 12d be mo	t by the funding deadline?				Yes	No	N/A
Part VII Plan Termination	s and Transfers of Asse	ets						1
13a Has a resolution to terminate t	ne plan been adopted in any plai	ı yoar?			Ye	s X No		
If "Yes," enter the amount of	any plan assets that reverted to	the employer this year	,	******	13a			
	lbuted to participants or benefic				control		Yos	No No
	ssets or liabilities were transferre transferred. (See instructions.		plan(s), identi	fy the plan(s)	to			
13c(1) Name of plan(s);				1	3c(2) EIN	(s)	13c(3)	PN(s)
Part VIII Trust Information	(optional)						 .	
14a Name of trust				14b Tru	st's EIN			
		·	+			-	•	