Foi	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury rnal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee R	etirement	2018			
	epartment of Labor Benefits Security Administration	Income Security Act of 1974	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						
Pension B	enefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	,	,	500-SF.	Public Inspection			
Part I		t Identification Information	2010		0/04/0040				
For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01/2		5	2/31/2018 (Filers check	ting this box must attach a			
A This re	turn/report is for:	X a single-employer plan			ith the form instructions.)				
<b>D</b>		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/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 p	rogram			
		special extension (enter descr	iption)						
Part II		ormation—enter all requested inf	formation		1				
1a Name	•				1b Three	e-digit number			
DUNCAN VI	ETERINARY CLINIC	ANIMAL SERVICES, INC., 401(K) F	PROFIT SHARING PLAN		(PN)				
					1c Effective date of plan				
2a Plan s	ponsor's name (empl	oyer, if for a single-employer plan)			2b Empl	01/01/2000 oyer Identification Number			
Mailin	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				(EIN) 64-0877445				
	UNCAN VETERINARY CLINIC ANIMAL SERVICES, INC.				<b>2c</b> Sponsor's telephone number 662-258-2139				
					2d Business code (see instru				
P O BOX 57 EUPORA, M					541940				
<b>3a</b> Plan a	administrator's name a	and address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN				
					<b>3c</b> Administrator's telephone number				
			lan sponsor or the plan name has changed since the last return/report filed for			4b EIN			
	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	or's name, EIN, the plan name and the plan number from the last return/report.			<b>4d</b> PN			
C Plan N									
<b>.</b>					<b>6</b> -				
-		s at the beginning of the plan year			. 5a 5b	7 5			
		s at the end of the plan year account balances as of the end of			50 50	4			
	,								
		articipants at the beginning of the planting o	•		5d(1) 5d(2)	5			
• •		articipants at the end of the plan yea o terminated employment during the			50(2) 5e	5			
than	<ul> <li>e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</li> <li>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable can be apprendent of the late or incomplete filing of the return/report will be assessed unless reasonable can be apprendent.</li> </ul>								
		or incomplete filing of this return ther penalties set forth in the instruction							
SB or Sche		and signed by an enrolled actuary, a							
SIGN		d/valid electronic signature.	07/19/2019	DR. JOE L. DUNCAN					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing	as plan administrator			
SIGN	Filed with authorized	d/valid electronic signature.	07/19/2019	DR. JOE L. DUNCAN					
HERE		oyer/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor				
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF. Form 5500-SF (2018)								

orm	550	0-56	· (20'
		v.	1710

v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	X Yes No
b		an indepei and condit	ndent qualified public accountant (IQP ions.)	PA) Xes No
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
U	If "Yes" is checked, enter the My PAA confirmation number from th			
		CT 000 p		
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	993864	945525
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	993864	945525
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	6490	
	(2) Participants	8a(2)	24480	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-57464	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-26494
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1380	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	20465	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		21845
i	Net income (loss) (subtract line 8h from line 8c)	8i		-48339
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt 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: 2A 2E 2J

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part	V	Compliance Questions				
10	Duri	ng the plan year:		Yes	No	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		Х	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х	
С	Was	s the plan covered by a fidelity bond?	10c	Х		103275
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		X	
e	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under olan? (See instructions.)	10e		×	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		Х	
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d				
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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	X N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	<b>:(3)</b> PN	۱(s)

# **E-SIGNATURE AUTHORIZATION**

#### for

### DUNCAN VETERINARY CLINIC ANIMAL SERVICES, INC., 401(K) PROFIT

# SHARING PLAN

#### 64-0877445/001

#### For Plan Year 01/01/2018 through 12/31/2018

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFASI).

I/We authorize T.E. Lott & Company to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to T.E. Lott & Company before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
  - T.E. Lott & Company will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- T.E. Lott & Company will maintain a copy of this written authorization in its records.
- T.E. Lott & Company will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- T.E. Lott & Company shall not be deemed to be a plan fiduciary with respect to this plan solely
  on account of providing the electronic signature and filing of the 5500-SF for the plan year listed
  above.

Plan Administrator Date

Plan Sponsor Date

Form 5500-SF	Short Form Annua	Return/Report of Small Emplo Benefit Plan	yee		OMB Nos. 1210-0110 1210-0089			
Department of the Treasury				of This Form is Open to Public Inspection				
Internal Revenue Service Department of Labor Employee Benefits Security Administration	- Retirement Income Security	e filed under sections 104 and 4065 of the Employ Act of 1974 (ERISA), and section 6057(b) and 605 Internal Revenue Code (the Code).	58(a) of					
Pension Benefit Guaranty Corporation	<ul> <li>Complete all entries in a</li> </ul>	ccordance with the instructions to the Form 55	00-SF.					
Part I Annual Report	Identification Information			/21/2018				
or calendar plan year 2018 or fisc	cal plan year beginning	01/01/2018 and ending	and the local division of the local division	/31/2018				
This return/report is for. This return/report is:	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	a multiple-employer plan (not multiemployer a list of participating employer information in a foreign plan the final return/report a short plan year return/report (less than 12)	accordan	iecking this boo	n instructions.)			
Check box if filing under:	Form 5558	automatic extension	Ľ	] DFVC progra	m			
De 411 Panio Blan Info	rmation - enter all requested							
a Name of plan	-	, INC., 401(K) PROFIT SHARING		Three-digit plan number (PN) ►	001			
Plan				Effective date o 01/01/2000	•			
	oyer, if for a single-employer plan) om, apt., suite no. and street, or P			Employer ident (EIN) 64-08	ification Number 77445			
City or town, state or provinc	ce, country, and ZIP or foreign pos CLINIC ANIMAL SERVICES	stal code (in totelgh, see man detotely)	2c	2c Sponsor's telephone number (662) 258-2139				
ровох 579				Business code 541940	(see instructions)			
US EUPORA MS 39744				Administrator's	FIN			
<b>3a</b> Plan administrator's name a	nd address 🔀 Same as Plan S	ponsor			telephone number			
			50	Administrators				
4 If the name and/or EIN of th	e plan sponsor or the plan name	has changed since the last return/report filed for and the plan number from the last return/report.	4b	EIN				
<ul> <li>a Sponsor's name</li> <li>c Plan Name</li> </ul>			4d	PN				
			5a	<u> </u>	7			
5a Total number of participants	s at the beginning of the plan year s at the and of the plan year	Г — на намен на			5			
<ul> <li>Number of participants with</li> </ul>	account balances as of the end (	of the plan year (only defined contribution plans	50	5	4			
d(1) Total number of active pa	articipants at the beginning of the	plan year	5d		5			
d(2) Total number of active na	articinants at the end of the plan y		<u>5</u> d		5			
less than 100% vested	الم واح با المراجع مرجعها بر مرجع المراجع موجعه المراجع مع موجع ما مرجع موجع المرجع المرجع المرجع الم	he plan year with accrued benefits that were						
	other penalties set forth in the ins and signed by an encoiled actual	turn/report will be assessed unless reasonable structions, I declare that I have examined this return y, as well as the electronic version of this return/r	eport, and	RCICICII I. 11 QVV	licable, a Schedule ny knowledge and			
SIGN CON	Jun / The	Children DR. JOE L. D Date Hugh Enter name of indi		ning as plan ad	ministrator			
HERE Signature of plan ad	Iministrator	DR. JOE L. D	UNCAN					
SIGN HERE Signature of employ	er/plan sponsor	Date 7/ Enter name of indi	vidual sigr	ning as employ	er or plan sponsor Form 5500-SF (201			
For Paperwork Reduction Ac	ct Notice, see the instructions f	or Form 5500-97- //			v.1710			

Form 5500-SF 2018

Page 2

(See instructions.)

ja	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520, 104-46? (See instructions on waiver eligibility and conditions.)	XYes No
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year

Pa	t III Financial Information						//	End of Yoar
7	Plan Assets and Liabilities		(a) Beginning of Y				<u>(t</u>	b) End of Year
a	Total plan assets	7a	993	,86	4			945,525
Ъ.	Total plan liabilities	7b						·····
C	Net plan assets (sublract line 7b from line 7a)	7c	993	,86	4			945,525
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		, 49				
	(2) Participants	8a(2)	24	,48	0			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	(57,	464	)			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				L		(26,494)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	,38	0	ļ		
e	Certain deemed and/or corrective distributions (see instructions)	- 8e						······
f	Administrative service providers (salaries, fees, commissions)	8f	20	,46	55	<u></u>		
	Other expenses	89			<u></u>	<u> </u>		21 94E
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				ļ		21,845
i	Net income (loss) (subtract line Bh from line 8c)	<u>8i</u>						(48,339)
i	Transfers to (from) the plan (see instructions)	. 8j				<u> </u>		
Da	Int IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe							
	2A 2E 2J If the plan provides welfare benefits, enter the applicable welfare fea	ature code	es from the List of Plan Char	actei	ristic (	Codes	in the ir	nstructions;
Pa	rt V Compliance Questions				Yes	No	N/A	Amount
<u>10</u>	During the plan year:		in the time period		165	140		Anounc
а	Was there a failure to transmit to the plan any participant contribu	nions will in Allenteer Ei	iducian Correction					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	Untericenty	duciary concerton	10a		x		
	Were there any nonexempt transactions with any party-in-interest	2 (Do not	include transactions			·		
ĸ	reported on line 10a.)			10Ь		x		
	Was the plan covered by a fidelity bond?	1420 14 14 14 14 18	و و به زخت به بین به اور و و و به	10c	х			103,275
	Did the plan have a loss whether or not reimbursed by the plan's	fidelity bo	and, that was caused					
	by fraud or dishonesty?			10d		x	┣──┼	
6	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e		x		
f	Has the plan failed to provide any benefit when due under the pla	an?	*4 \$9 24 2000 2000 1 - 24 20 4 4 20 4 20 4 4 4 4 4 4 4 4 4 4 4	10f		x		
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end,)	10g		x		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	****		10h		x	<b>├</b>	
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10ì				

Jul 19 19, 10:42p Duncan Veterinary Clinic

p.4

Form 5500-SF 2018	Page <b>3</b> -						
Part VI Pension Funding Compliance	<u> </u>	1. 1. 0.			Yes X	No	
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	e minimum funding requirements of section 412 o	the Code or section		of			
12 is this a defined contribution plan subject to the					🗌 Yes 🕱	No	
/If "Voc." complete line 12a or lines 12b, 12c."	12d, and 12e below, as applicable.)					••	
a If a waiver of the minimum funding standard for	a prior year is being amortized in this plan year,	see instructions, a	nd enter	the date of	of the letter ruling	9	
granting the waiver		Month	Da	iy	Year		
If you completed line 12a, complete lines 3, 9, a			T agy				
b Enter the minimum required contribution for this	s plan year.		12b				
c Enter the amount contributed by the employer to the plan for the plan year							
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)							
	ine 12d be met by the funding deadline?			Yes 🗌	] No 🗌 N/A	4	
Part VII Plan Terminations and Trans							
13a Has a resolution to terminate the plan been ad			[	] Yes	X No		
If "Yes," enter the amount of any plan assets the			13a	1			
If "Yes," enter the amount of any plan assets a	lat revenued to the employer this year						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No							
<ul> <li>C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to</li> </ul>							
which assets or liabilities were transferred. (See instructions.)					(2=/2) DN/c		
13c(1) Name of plan(s):		13c(2)	LIN(S)		13c(3) PN(s	>)	