Form 5500-SF         Short Form Annual Return/Report of Small Employer           Department of the Treasury         Benefit Plan						OMB Nos. 1210-0110 1210-0089				
	al Revenue Service	This form is required to be filed	under sections 104 and 4			2017				
Employee Be	partment of Labor nefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Revenue Code (the Code).							
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part I		dentification Information	47							
For calenda	r plan year 2017 or fise	cal plan year beginning 01/01/20			2/31/2017					
A This return/report is for:										
<b>B</b> This retu	rn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
•		an amended return/report	a short plan year returi	n/report (less than 12 mo	onths)					
C Check b	ox if filing under:	Form 5558	automatic extension	l	DFVC p	program				
		special extension (enter descrip								
Part II		mation—enter all requested info	rmation	г						
1a Name o	•				1b Thre					
TRI-COUNTY	CONOMIC DEVELO	OPMENT CORPORATION RETIRE	MENT PLAN		pian (PN)	number 002				
					1c Effect	ctive date of plan				
		er, if for a single-employer plan)			2b Emp	01/01/1997 loyer Identification Number				
City or t	town, state or province	n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal		uctions)	(EIN) 61-1125577 <b>2c</b> Sponsor's telephone number					
TRI-COUNTY	ECONOMIC DEVELO	OPMENT CORPORATION		-	859-344-0040					
					2d Business code (see instructions)					
	MILK PIKE SUITE 332 ARK, KY 41017				813000					
22 Dian ad	Iminiatratar'a nome on		<b>~</b>							
Ja Plan ad	iministrator s name and	d address X Same as Plan Spons	or.	-	<b>3b</b> Administrator's EIN					
					<b>3c</b> Administrator's telephone number					
4 If the na	ame and/or EIN of the	plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN					
this pla <b>a</b> Sponso		sor's name, EIN, the plan name an	d the plan number from th	ne last return/report.	<b>4d</b> PN					
C Plan Na					HC IN					
					_					
		at the beginning of the plan year			5a 5b	15				
		at the end of the plan year ccount balances as of the end of th			50 5c	16				
comple	ete this item)									
		icipants at the beginning of the plan			5d(1) 5d(2)	8				
<ul><li>d(2) Total number of active participants at the end of the plan year</li><li>e Number of participants who terminated employment during the plan year with accrued benefits that were less</li></ul>						0				
than 1	00% vested	r incomplete filing of this return/			5e ise is esta					
Under pena	Ities of perjury and othe	er penalties set forth in the instructi	ons, I declare that I have	examined this return/rep	oort, includ	ing, if applicable, a Schedule				
SB or Scheo		d signed by an enrolled actuary, as								
SIGN		valid electronic signature.	E							
HERE	Signature of plan ad	Iministrator	Date	Enter name of individu	individual signing as plan administrator					
SIGN										
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individu	ividual signing as employer or plan sponsor					

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6a	Were all of the plan's assets during the plan year invested in eligib		· · · · ·							
b	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									
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	1622599	2044283						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1622599	2044283						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:	- (1)	00040							
	(1) Employers	8a(1)	80913							
	(2) Participants	8a(2)	75320							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	274969							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		431202						
d	Benefits paid (including direct rollovers and insurance premiums		9518							
	to provide benefits)	8d	9516							
e	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		9518						

## Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

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9a	If the	plan	provic	les pe	ension	benef	ts, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	2J	2K	2T	3D	

8i

8j

421684

**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
а	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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
С	Was the plan covered by a fidelity bond?	10c	Х		250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 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		11483
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
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			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 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 Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	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 left of a ative 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?		Ye	es 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 brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

For	n 5500-SF	Short Form Annu			of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Departn Interne	nent of the Treasury I Revenue Service	This form is required to be file		enefit Plan sections 104 and 40	65 of the Employee Re	atirement	2017			
Employee Ben	artment of Labor efits Security Administration efit Guaranty Corporation	Income Security Act of 1974	Reveni	ue Code (the Code).			This Form is Open to Public Inspection			
	- •	Complete all entries in a		nce with the instru	ctions to the Form 55	00-SF.				
		Identification Information		)1/2017	and ending	12/	31/2017			
	pidit year 2011 OF h						ing this box must attach a			
A This retu	m/report is for:	x a single-employer plan	list				ith the form instructions.)			
B This retur	n/report is	the first return/report		final return/report						
				-	manual (lana than 10 m	antha)				
		an amended return/report	∐asr	iort plan year return/	report (less than 12 m	ontas)				
C Check bo	ox if filing under:	Form 5558		omatic extension		DFVC p	rogram			
	<u></u> .	special extension (enter desci								
Part II		prmation—enter all requested in	formatio	n						
<b>1a</b> Nameo Tri-Cou	•	: Development Corporat	tion				number			
Retirem	ent Plan					(PN)				
			. <b>.</b>				tive date of plan			
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)			2b Employer Identification Number (EIN)61-1125577				
		ce, country, and ZIP or foreign posl	tal code	(if foreign, see instru	ctions)	2c Sponsor's telephone number				
Corpora		: Development				(859) 344-0040				
•						2d Business code (see instructions)				
300 But	termilk Pike	e Suite 332								
Lakesid	a Dark			ĸv	41017	813	1000			
		and address 🗙 Same as Plan Spo	nsor	KI	1101)		inistrator's EIN			
						<b>3c</b> Admi	inistrator's telephone number			
		ne plan sponsor or the plan name h				4b EIN				
•	• • •	onsor's name, EIN, the plan name :	and the	plan number from th	e last return/report.	4d PN				
a Sponso c Plan Na										
5a Total n	umber of participant	is at the beginning of the plan year.				5a	15			
<b>b</b> Total n	umber of participant	s at the end of the plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5b	16			
C Numbe	er of participants with	n account balances as of the end of	f the plar	year (only defined i	contribution plans	5c	16			
complete this item) d(1) Total number of active participants at the beginning of the plan year						5d(1)	8			
d(2) Total number of active participants at the end of the plan year						5d(2)	9			
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e				
Under pena SB or Sche	Ities of perjury and o	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, molete	uctions, I	declare that I have	examined this return/re	sport, includ	ing, if applicable, a Schedule			
SIGN				4-23-12	Daniel Toberg	te				
HERE				·		4				
SIGN	Signature of plan	administrator		Date 4_23-/8	Entername of individ Daniel Toberg		as plan administrator			

 HERE
 Signature of employer/glan sponsor
 Date
 Enter name of individual signing as employer or plan sponsor

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the plan? (See instructions.).....

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f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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 .....

2520.101-3.)

Page	Z

<b>b</b> Are you clair under 29 CF	he plan's assets during the plan year investe ning a waiver of the annual examination and R 2520.104-46? (See instructions on waiver ered "No" to either line 6a or line 6b, the	t report of an independ r eligibility and condition	ent qualified public accountant (IQPA) ns.)	X Yes No						
	a defined benefit plan, is it covered under th lecked, enter the My PAA confirmation numb			Yes No Not determined (See instructions.)						
Part III Fin	ancial Information									
7 Plan Assets	and Liabilities		(a) Beginning of Year	(b) End of Year						
<b>a</b> Total plan assairs <b>7</b> 1 622 599 2,044										

a	Total plan assets	7a	1,	622,5	599		2,0	044,283
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	622,5	599		2,1	044,283
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		80,9	913			
	(2) Participants	8a(2)		75,3	320			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		274,9	969			
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						431,202
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		9,5	518			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
<u> </u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						9,518
i	Net income (loss) (subtract line 8h from line 8c)	8i						421,684
Ĵ	Transfers to (from) the plan (see instructions)	8j			1			
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature c	odes from the List of Pl	an Cha	acteri	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Chara	cteris	tic Cod	es in the instructions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
i	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary	Fiduciary Correction	10a		x		
1	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
(	Was the plan covered by a fidelity bond?			10c	х			250,000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
(	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	her perso	ns by an insurance	:				

10e

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10<u>g</u>

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)				Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 ol			Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	i enter t Day		of the let Year		ng
lf	you 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				
	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	1	I∕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 control of the PBGC?		,	Yes	XN	)
c	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.)	) ta				
1	I3c(1) Name of plan(s): 13c(2)	EIN(s)		130	(3) PN	l(s)
				···· · ·		