	m 5500-SF	OMB Nos. 121							
	tment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and 4	4065 of the Employee R	etirement	2017			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection			
Pension Be	nefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 55	500-SF.	Fublic Inspection			
Part I		dentification Information	047		0/04/0047				
For calenda	ar plan year 2017 or fisc				2/31/2017 Filore chock	king this hav must attach a			
A This return/report is for:									
	una (no a anti-	a one-participant plan	a foreign plan						
B This retu	Im/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 b	pox if filing under:	Form 5558	automatic extension		DFVC p	rogram			
	[special extension (enter descri	ption)		—				
Part II	Basic Plan Infor	mation—enter all requested info	ormation						
1a Name	•				1b Thre	5			
KENTUCKY	CATTLEMEN'S ASSOC	CIATION, INC. 401(K) PLAN			(PN)	number 001			
					. ,	tive date of plan			
					01 -	10/01/1996			
		er, if for a single-employer plan) , apt., suite no. and street, or P.O	. Box)		2D Empl (EIN)	oyer Identification Number 23-7330593			
	town, state or province, CATTLEMEN'S ASSOC	, country, and ZIP or foreign posta CIATION, INC.	al code (if foreign, see inst	ructions)	()	nsor's telephone number 859-278-0899			
					2d Business code (see instructions)				
176 PASADE					115210				
LEXINGTON	, KY 40503								
3a Plan ad	dministrator's name and	l address X Same as Plan Spon	sor.		3b Administrator's EIN				
					3c Administrator's telephone number				
					•• /				
				etune (non ent file el fen					
		plan sponsor or the plan name ha sor's name, EIN, the plan name a			4b EIN				
a Spons					4d PN				
C Plan N	ame								
5a Total r	number of participants a	t the beginning of the plan year			5a	16			
_		t the end of the plan year			5b	16			
		ccount balances as of the end of t			5c	16			
•	,	cipants at the beginning of the pla			5d(1)	11			
	al number of active parti		5d(2)	11					
	per of participants who te		5e	0					
Caution: A	penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau	use is estal	blished.			
Under pena SB or Sche	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and								
SIGN	Filed with authorized/v	ete. alid electronic signature.	07/09/2018	WILLIAM MAPLES					
HERE	Signature of plan ad		Date	Enter name of individ	ual signing	as nlan administrator			
SIGN	Signature of plan ad	ווווווסנומנטו	Dale		uai siyiiiiy	as pian aunimistratur			
SIGN HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individ	ual signing	as employer or plan apopas			
L	Signature of employ				uai siyiiliy	as employer or plan sponsor			

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b	Are you claiming a waiver of the annual examination and report of a		1 1 (
	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 cann									
C	If the plan is a defined benefit plan, is it covered under the PBGC in									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
а	Total plan assets	7a	556986	707862						
b	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	556986	707862						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	30901							
	(2) Participants	8a(2)	19320							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	100655							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		150876						
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d								
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		0						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		150876						
j	Transfers to (from) the plan (see instructions)	8i								

Par	t IV	Pla	n Cl	hara	cteri	istics
9a	If the	plan	provid	des pe	ensior	n benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions
	2E	2F	2J	2Ġ	2K	3D

b	If the plan provides welfare benefits,	enter the applicable we	elfare feature codes fi	rom the List of Plan	Characteristic Codes in the instruct	ctions:
---	--	-------------------------	-------------------------	----------------------	--------------------------------------	---------

8j

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		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		50000
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		Х	
е	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		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? (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			

Page 3- 1

Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	Is this ERISA (If "Ye	n 302 c	of 	[Ye	s X No		
а	the date	of the le		uling				
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF	Short Form Annu		t of Small Employee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan	4065 of the Employee Retirem	ent 2017				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	ome Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal This						
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the ins	tructions to the Form 5500-SI	Public Inspection F.				
Part I Annual Report I	dentification Information							
For calendar plan year 2017 or fis	cal plan year beginning	01/01/2017		12/31/2017				
	a single-employer plan	a multiple-employer p list of participating e a foreign plan	olan (not multiemployer) (Filers mployer information in accorda	checking this box must attach a nce with the form instructions.)				
B This return/report is								
	the first return/report	the final return/report	Irn/report (less than 12 months))				
	an amended return/report		_					
C Check box if filing under:	Form 5558	automatic extension		FVC program				
	special extension (enter desc	ription)						
Part II Basic Plan Infor	mation—enter all requested ir	formation						
1a Name of plan			1b	Three-digit				
KENTUCKY CATTLEMEN'S	ASSOCIATION, INC. 4	01(K) PLAN		plan number 001 (PN)				
				Effective date of plan				
2a Plan sponsor's name (employ Mailing address (include room	n apt, suite no, and street, or P.	O. Box)		Employer Identification Number (EIN) 23 - 7330593				
City or town, state or province KENTUCKY CATTLEMEN'S	e, country, and ZIP or foreign pos ASSOCIATION, INC.	tal code (if foreign, see in:		Sponsor's telephone number 859-278-0899				
176 PASADENA DRIVE				Business code (see instructions)				
LEXINGTON	KY 40503							
3a Plan administrator's name an		onsor	3b	Administrator's EIN				
			30	Administrator's telephone number				
4 If the name and/or EIN of the	e plan sponsor or the plan name h	has changed since the last		EIN				
	nsor's name, EIN, the plan name	and the plan number from	the last return/report.	PN				
 a Sponsor's name c Plan Name 								
5a Total number of participants	at the beginning of the plan year			5a i				
	at the end of the plan year			5b				
c Number of participants with	account balances as of the end o	f the plan year (only define	ed contribution plans	ōc				
complete this item)								
d(1) Total number of active particle	rticipants at the beginning of the	olan year		i(1)				
d(2) Total number of active pa	rticipants at the end of the plan y	ear		1(2)				
than 100% vested	terminated employment during the			5e				
Caution: A penalty for the late Under penalties of perjury and oth SB or Schedule MB completed at belief, it is true, correct, and com	her penalties set forth in the instru- nd signed by an enrolled actuary,	uctions I declare that I have	ve examined this return/report.	including, if applicable, a Schedule d to the best of my knowledge and				
		7/9/18	William Maples					
LEDE		Date		igning as plan administrator				
Signature of plan a	ummistrator	Date		grang do plan daninionator				
SIGN HERE			Fater serve of individual a	igning an amployer or plan aponeo				
For Paperwork Reduction Act Notic	oyer/plan sponsor ce, see the Instructions for Form 55	Date 00-SF.		igning as employer or plan sponsor Form 5500-SF (201 v.17020				

Form 5500-SF 2017

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 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.)	X Yes 🗌 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. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	Not determined
Pa	rt III Financial Information	

7 Dian Assats and Lipbilition		(a) Beginning o	f Year			(b) End of	Year	
7 Plan Assets and Liabilities	. 7a		556,9	86				,862
a Total plan assets	7b							
C Net plan assets (subtract line 7b from line 7a)			556,9	986			707	,862
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	t		(b) Total			
a Contributions received or receivable from:								
(1) Employers	. 8a(1)		30,9					
(2) Participants	. 8a(2)		19,3	320				
(3) Others (including rollovers)	. 8a(3)		1 0 0 0				a	
b Other income (loss)	. 8b	-	100,6	55			150	,876
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			<u> </u>		<u></u>	150	, 870
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
Certain deemed and/or corrective distributions (see instructions).	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f							
g Other expenses	. 8g						<u></u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							0
Net income (loss) (subtract line 8h from line 8c)	. 8i						150	, <u>8</u> 76
j Transfers to (from) the plan (see instructions)	- 8j							
Part IV Plan Characteristics								
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2G 2K 3D b If the plan provides welfare benefits, enter the applicable welfare 								
Part V Compliance Questions								
10 During the plan year:								
				Yes	No	Ar	mount	
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a	Yes	No X	Ar	mount	
described in 29 CFR 2510.3-102? (See instructions and DOL's	Voluntary I st? (Do not	Fiduciary Correction	10a 10b	Yes		Ar	mount	
b Were there any nonexempt transactions with any party-in-intere	Voluntary I st? (Do not	Fiduciary Correction		Yes	x	Ar		,000
described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.)	Voluntary I st? (Do not	Fiduciary Correction include transactions	10b		x	Ar		,000
described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan	Voluntary I st? (Do not s fidelity bo ther persor me or all of	Fiduciary Correction include transactions ond, that was caused the benefits under	10b 10c		x x	Ar		,000
described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so	Voluntary I st? (Do not s fidelity bo ther persor me or all of	Fiduciary Correction include transactions and, that was caused hs by an insurance f the benefits under	10b 10c 10d		x x x	Ar		9,000
 described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.) 	Voluntary I st? (Do not s fidelity bo ther persor me or all of lan?	Fiduciary Correction include transactions and, that was caused has by an insurance f the benefits under	10b 10c 10d 10e		x x x x x x x x x x x x x x x x x x x	Ar		,000
 described in 29 CFR 2510.3-102? (See instructions and DOL's Program) b Were there any nonexempt transactions with any party-in-intere reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or c carrier, insurance service, or other organization that provides so the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the p 	Voluntary I st? (Do not s fidelity bo ther persor me or all of lan? as of year- ? (See instr	Fiduciary Correction include transactions and, that was caused ond, that was caused the benefits under rend.)	10b 10c 10d 10e 10f		x x x x x x x x x x x x x x x x x x x	Ar),000

Form 5500-SF 2017

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Part	/I Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule	SB	Yes 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 d	of 	Yes 🕅 No				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			- f Alice Johnson multiple				
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lfy	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						
	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						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes					
Part								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s 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?							
С	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.)) to						
	3c(1) Name of plan(s): 13c(2)	EIN(s)	13c(3) PN(s)				
				· · · · · · · · · · · · · · · · · · ·				