Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	t Identification Information	1							
For calend	ar plan year 2016 or f	fiscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016					
A This re	turn/report is for:	X a single-employer plan		r plan (not multiemployer) employer information in a						
71	,	a one-participant plan	a foreign plan			· · · · · · · · · · · · · · · · · · ·				
B This ret	urn/report is	the first return/report	the final return/repo	ort						
•		an amended return/report	a short plan year re	turn/report (less than 12 n	2 months)					
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extensio	n	DFVC program					
Part II	Rasic Plan Info	ormation—enter all requested in	•							
1a Name		ormation—enter an requested in	liornation		1b Three-digit					
		, LTD. DEFINED BENEFIT PENSI	ON PLAN		plan number					
					(PN) •	002				
					1c Effective dat	e of plan 1/01/2003				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0) Box)		, ,	entification Number 3-1025621				
City or		ce, country, and ZIP or foreign pos		nstructions)	2c Sponsor's te	lephone number				
						640-6577				
P.O. BOX 24	1844					de (see instructions) 41990				
LOUISVILLE	E, KY 40224-0000				3.	¥1330				
3a Plan a	dministrator's name a	and address 🛚 Same as Plan Spo	nsor.		3b Administrato	r's EIN				
					3c Administrato	r's telephone number				
					JC Administrato	i s telepriorie number				
		ne plan sponsor has changed since	the last return/report file	ed for this plan, enter the	4b EIN					
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN					
-		s at the beginning of the plan year.			5a	3				
		s at the end of the plan year			5b	3				
C Numb	er of participants with	account balances as of the end of	the plan year (only defin		5c					
		articipants at the beginning of the p			5d(1)					
		articipants at the end of the plan ye	-		5d(2)					
		t terminated employment during the			1,7					
than	100% vested				5e					
		e or incomplete filing of this returnation of the orthogonal of the orthogonal tree or incomplete or								
SB or Scho		and signed by an enrolled actuary,								
SIGN		d/valid electronic signature.	10/12/2017	CLIFFORD KEITH PO	OWELL					
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan	administrator				
SIGN										
HERE		oyer/plan sponsor	Date		dividual signing as employer or plan sponsor					
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite nur	mber)	Preparer's telepho	one number				

Form 5500-SF 2016 Page **2**

	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 cann		X	Yes No						
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not	determined
Pa	t III Financial Information	1	r							
7	Plan Assets and Liabilities		(a) Beginning of					(b) End	of Year	
	Total plan assets	7a	11	041117					122	9809
	Total plan liabilities	7b	1	0 041117		1229809				
	Net plan assets (subtract line 7b from line 7a)	7c								9009
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ıt		(b) Total				
а	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		188692						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							18	8692
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	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								
i	Net income (loss) (subtract line 8h from line 8c)	8i							18	8692
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in	the ins	structions	s:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he inst	ructions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period		103	140	IVA		AIIIO	unt
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)									
f	f Has the plan failed to provide any benefit when due under the plan?									
g	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? 2520.101-3.)		10h							
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Page 3-	1	

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No	
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No	
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling	
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I			
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
		he 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	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information		ı					
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [] "Prior ye test	ear" ADP	
			- □ □ □	Curre ADP t	ent year est	"	N/A		
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	🔲	Ratio perce test	entage		verage enefit test	N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No		

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

	Ferision Benefit Guaranty C	orporation	▶ File	as an attac	hment to Form	5500 or	5500-SF.			
Foi	calendar plan year 20°	16 or fiscal pla	in year beginning	01/01/2016	6		and endin	g 12/3	31/2016	
•	Round off amounts to	nearest doll	ar.							
<u> </u>	Caution: A penalty of	\$1,000 will be	assessed for late filing	g of this repo	ort unless reaso	nable cau	se is established	d	1	
	Name of plan						B Three-dig	git		
	KEITH POWELL & ASS	SOCIATES, LT	D. DEFINED BENEF	II PENSION	I PLAN		plan num	ber (PN) •	002
<u>C </u>	Plan sponsor's name as	s shown on line	e 2a of Form 5500 or	5500-SE			D Employer	Identific:	ation Number (E	=INI)
	KEITH POWELL & ASS			0000 01			Linployer	33-102	,	-114)
								33-102	.5021	
E 1	ype of plan: X Single	Multiple-	A Multiple-B		F Prior year pl	an size:	100 or fewer	101-	500 More th	nan 500
					- · · · · · · · · · · · · · · · · · · ·					
<u> </u>	art I Basic Info		11 10	D 04		04.0				
1	Enter the valuation da	ate:	Month12	Day31	Year <u>2</u>	016				
2	Assets:							20		1229809
								2a		
						1		2b		1229809
3	Funding target/partici	•				pa	Number of rticipants		sted Funding Target	(3) Total Funding Target
	a For retired participa	ants and benef	ficiaries receiving pay	ment			0		0	0
	b For terminated ves	ted participant	ts				1		88	88
	c For active participa	nts					2		938460	938460
	d Total						3		938548	938548
4	If the plan is in at-risk	status, check	the box and complete	e lines (a) ar	nd (b)		1			
	•		cribed at-risk assump	` '	` '	_		4a		
	b Funding target refle	ecting at-risk a	·	garding trans	sition rule for pla	ans that h	ave been in at-ri	sk 4h		
5			dive years and disreg							5.44%
6								6		0
	ement by Enrolled Ac									
	To the best of my knowledge, t	he information sup								
	accordance with applicable law combination, offer my best esti			umption is reaso	nable (taking into acc	count the exp	erience of the plan a	na reasona	bie expectations) an	d such other assumptions, in
	SIGN									
	HERE								10/10/201	7
		Si	ignature of actuary						Date	
Н	ANS NIENABER		·g·······						17-05737	7
	7 IVO IVIETVIBER	Type o	or print name of actua	rv				Most r	ecent enrollme	
C	UNI, RUST & STRENK	•	or print riamo or aotaa	.,				Wooti	513-985-61	
	ON, ROOT & OTREM	ι, πτο.	Firm name				- <u></u>	lenhone	number (includ	
	555 LAKE FOREST DE	RIVE	· ·······					юрноно	Trainibol (Illolad	mig area eede,
	UITE 620 INCINNATI, OH 45242									
	,		A data a a a field of				_			
		,	Address of the firm							
	actuary has not fully reactions	eflected any re	gulation or ruling pror	mulgated und	der the statute in	n complet	ing this schedule	e, check	the box and se	е

Page	2	_	1
uu			

Pa	art II	Beair	ning of Year	Carrvov	er and Prefunding Ba	alances								
			3	,	<u> </u>			(a) C	arryover baland	е	(b)	Prefundi	ng balance	
7		-	•		able adjustments (line 13 fro	•				0			0	
8			•	-	nding requirement (line 35 fr					0			0	
9	Amount	remaining	g (line 7 minus line	e 8)						0			0	
10	Interest	on line 9	using prior year's	actual retu	rn of%					0			0	
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:									
	a Preser	nt value o	of excess contribut	ions (line 3								0		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of											0			
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual													
					ar to add to prefunding balance								0	
	_			, ,		-							0	
	d Portio	n of (c) to	be added to pref	unding bal	ance								0	
12	Other re	ductions i	in balances due to	elections	or deemed elections					0			0	
13	Balance	at beginn	ning of current yea	r (line 9 +	line 10 + line 11d – line 12).					0			0	
Р	art III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								. 14	131.03%	
15	Adjusted	I funding	target attainment _l	percentage	·							15	131.03%	
16					of determining whether carry							16	117.07%	
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the f	unding targ	et, ente	er suc	h percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls									
18	Contribu	tions mad			ar by employer(s) and emplo	yees:								
//	(a) Date //M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Date (b) Amount pa (MM-DD-YYYY) employer(s					(0	-	nt paid by oyees	
(1)	/IIVI-DD-1	111)	employen	(5)	employees	(MM-DD-YYY)			еттрюус	51(5)		empi	Јуссъ	
						Totals ▶	18	3(b)			18(c)			
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation da	ate afte	er the	beginning of the	e year:				
	a Contri	butions a	llocated toward ur	npaid minir	mum required contributions f	rom prior ye	ears			19a			0	
	b Contri	butions m	nade to avoid restr	ictions adj	usted to valuation date					19b			0	
	c Contril	outions all	ocated toward min	imum requi	ired contribution for current yea	ar adjusted t	o valua	tion d	ate	19c			0	
20	Quarterly	contribu	itions and liquidity	shortfalls:										
a Did the plan have a "funding shortfall" for the prior year?									Yes X No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?									Yes No					
	C If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as	applicable:								
		<i>(1)</i>			Liquidity shortfall as of end	of quarter								
		(1) 1s	t		(2) 2nd			(3)	3rd			(4) 4th	1	

P	art V Assumpt	ions Used to Determine	Funding Target and Targ	get Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.43%	2nd segment: 5.91 %	3rd segment: 6.65 %		N/A, full yield curve used
	b Applicable month (e	nter code)			21b	0
22	Weighted average retir	rement age			22	65
23	Mortality table(s) (see	instructions) X Presc	ribed - combined Preso	cribed - separate	Substitu	te
Pa	art VI Miscellane	eous Items				
	Has a change been ma	ade in the non-prescribed actual	rial assumptions for the current pl	•		· · · — —
25	Has a method change	been made for the current plan	year? If "Yes," see instructions re	egarding required attach	ment	Yes X No
26	Is the plan required to	provide a Schedule of Active Pa	rrticipants? If "Yes," see instruction	ons regarding required a	ittachment	Yes X No
27	,	•	applicable code and see instructi	• •	27	
P	art VII Reconcili	ation of Unpaid Minimu	m Required Contribution	s For Prior Years	<u>.</u>	
28	Unpaid minimum requi	red contributions for all prior yea	ars		28	0
29			npaid minimum required contribut	' '	29	0
30	Remaining amount of	unpaid minimum required contrib	outions (line 28 minus line 29)		30	0
Pa	art VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost and	d excess assets (see instruction	s):			
	a Target normal cost (I	ine 6)			31a	0
	b Excess assets, if app	plicable, but not greater than line	e 31a		31b	0
32	Amortization installmen	nts:		Outstanding Bala	nce	Installment
	a Net shortfall amortiza	ation installment			0	0
					0	0
33			the date of the ruling letter granti) and the waived amount		33	0
34	Total funding requirem	ent before reflecting carryover/p	refunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	0
			Carryover balance	Prefunding balan	nce	Total balance
35	Balances elected for us	se to offset funding	0		0	0
36	· · · · · · · · · · · · · · · · · · ·				36	0
37	Contributions allocated	d toward minimum required conti	ribution for current year adjusted	to valuation date (line	37	0
38	,	ss contributions for current year				
		·			38a	0
		· · · · · · · · · · · · · · · · · · ·	funding and funding standard car		38b	0
39			(excess, if any, of line 36 over line		39	0
40				·	40	0
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions	5)	
41	If an election was made	e to use PRA 2010 funding relief	f for this plan:			
					Г	2 plus 7 years 15 years
			a was made			<u>'</u>
42					42	
		•	ver to future plan years		43	

Form \$500-SF				2016	
		alamata Distriction Historia			
		. December			
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	Towns Libert 1994			35 American Ph	
e. Eits, profite per op <u>With the of</u> Turble of pertodologie	e game agreement take charges is truet byen the law interviewed at the temporary of the take of at the end of the pain year.			45 ES	
wide pursuit parts with a safe translation for a street part of artists part of a street pa	county belowers as of the en- copacts of the beginning of the copacts of the and of the plan encounted anglesymbol county	of the transper set of the first set of		55 50(1) 30(2)	
sen ICC several. Appropriate for the late of	w processives thing of this r or pergense as form in the o	ellus (riegolis) erili be se	MARIE (CARA PERCENTIC	(a en la en el cita)	
THIS KE	House	O.E. 12,1 Date CAE-12,	0/7 Clifford Rai Foto name of an 15/7 Clifford Ra	th Provide State of the State o	
infoure of employer) arme decisions firm na question	stan eponsor ma, if appricable) and addre			Skip this que	10000

1	Form 5500-SF 2016		Page 2			_				
b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of	f an indepen	dent qualified public acco	untai	at (IOI	PΔ\	**********		XYes	□No
	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	and conditi	ons.)rm 5500-SF and must in:	stead	use	 Form	5500	•••••••	XYes	□No
C	If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA secti	on 40	21)?	******	. ☐ Yes	x	No Not	determine
2000000	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	ır			(b) E	nd of Year	
<u>a</u>	Total plan assets	7a	1,0			+-		(-)-	1,229	800
_	Total plan liabilities				0	\top				0
	Net plan assets (subtract line 7b from line 7a)		1,0	41.1		+			1,229	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			\top		- (b) Total	, 809
	Contributions received or receivable from:								-, , , , , , , , , , , , , , , , , , , 	
	(1) Employers									
	(2) Participants						100		per per distribution	
b	(3) Others (including rollovers)	8a(3)								
	Other income (loss)		1:	88,6	92		100		12.0	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							188	, 692
	to provide benefits)	8d					18. S.			
	Certain deemed and/or corrective distributions (see instructions)			•			346			
	Administrative service providers (salaries, fees, commissions) .	8f								
	Other expenses					+				
	Total expenses (add lines 8d, 8e, 8f, and 8g)					+				
	Net income (loss) (subtract line 8h from line 8c)					-		····	4.00	
	Transfers to (from) the plan (see instructions)								188	,692
	rt IV Plan Characteristics	0]								
	If the plan provides pension benefits, enter the applicable pension	foatura cod	on from the List of Dis. C	· · · · · · · · · · · · · · · · · · ·						
	1A 3D	reature cod	es from the List of Plan C	nara	cterist	ic Co	des in ti	ne inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Plan Ch	aract	eristic	Code	es in the	e instru	uctions:	
Pa	rt V Compliance Questions									···
10	During the plan year:				Yes	No	· N/A		Amarınt	
а	Was there a failure to transmit to the plan any participant contrib	utions within	n the time period	Γ	100	110	INA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary Fig	duciary Correction							
	Program)	***********	***************************************	10a		x				
b	Were there any nonexempt transactions with any party-in-interes	st? (Do not i	nclude transactions							
С	reported on line 10a.)	*************	***************************************	10b		X				
d	Did the plan have a loss, whether or not reimbursed by the plan	s fidelity bor	nd, that was caused	10c		х			· · · · · · · · · · · · · · · · · · ·	
	by fraud or dishonesty?	••••••	**************	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	the henefits under	100	5	x					
f	Has the plan failed to provide any benefit when due under the plan	an?	***************************************	10e 10f		x				
g	Did the plan have any participant loans? (If "Yes," enter amount			10g					····	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFB	10g 10h		X				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	101						

	Form	1 5500-SF 2016		Page 3 -						
Part	VII.	Pension Funding Complian	uca.							
11	Is this a	defined benefit plan subject to minim	num funding requirements? (If "Yes,"					X Yes	· 🗆	No No
110			tions for all years from Schedule SB (
12			the minimum funding requirements of			11a ection 30	 2 of	I		
	ERISA?	· · · · · · · · · · · · · · · · · · ·		,		***********	••••••	Yes	X	No
			2c, 12d, and 12e below, as applicable for a prior year is being amortized in		instructions	s. and ent	er the date	of the let	ter rulin	<u> </u>
	granting	the waiver			Month		ay	Year		
<u>if y</u> b			, and 10 of Schedule MB (Form 550 this plan year			. 12b	T			
		Market Control of the					 			
c d			er to the plan for the plan yearount in line 12b. Enter the result (ent							
			on line 12d be met by the funding dea			•	│ │ Yes 厂	1 No [7 N/A	
	VII	Plan Terminations and Trai				* _	J 103 L	, 110 L	1 14/7	
			adopted in any plan year?				☐ Yes	x N	۰	
100			s that reverted to the employer this ye		***************************************	. 13a	<u> </u>	<u> </u>		
b	Were a	Il the plan assets distributed to partic	ipants or beneficiaries, transferred to	another plan, or br	•	r the	$+\Box$	Yes 🗓	No	
С	lf, durir	ig this plan year, any assets or liabiliti	ies were transferred from this plan to							
1:		ussets or liabilities were transferred. (me of plan(s):	See instructions.)		13c/2) EIN(s)		13c/3) PN(s)	
	(.,					<i>y</i> =(0)		,,,,,,	,,(9)	······································
Pari	t VIII	Trust Information - Skip Th	nese Questions							
*****************	Name					14	7 Trust's E	IN		
140	Name	of trustee or custodian				140	Trustee o	or custodia	์เท'ร	
							telephon	e number		
Par	tIX	IRS Compliance Questions	s - Skip These Questions							
15a	i is the p	olan a 401(k) plan? If "No," skip b	***************************************			Yes		☐ No)	
15k	How di	d the plan satisfy the nondiscrimination	on requirements for employee deferra	als under section		Design-		*Pı	rior yea	r* ADP
	401(k)(for the plan year? Check all that ap	pply:	***************************************	······ U	safe ha		tes	st	
						"Curren		Пи	/A	
16a			e coverage requirements under section		an 🗀	Ratio percent	200 []	Average	Г	 □ N/A
	year: (oneck all that apply	***************************************	*****************************	·······	test	age	benefit te	est -	
16Ł			scrimination requirements of sections a any other plan under the permissive			Yes		☐ No)	
17a	I if the p		1&P) or volume submitter plan that re rial number	ceived a favorable	IRS opinior	letter or	advisory le	etter, enter	the da	ite of
17k	If the p	lan is an individually-designed plan th	nat received a favorable determination	n letter from the IRS	S, enter the	date of t	he most re	cent deter	minatio	on
18	Were a		ension Plan Only: n year to an employee who attained a				☐ Yes	☐ No)	
19			nad attained at least age 70 ½ during			**********	Yes	☐ No)	

2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Plan

EIN: 33-1025621 PN: 002 1. <u>Interest Rates</u>: IRS segment rates as of valuation date subject to the MAP-21 corridor. a. Minimum Required Contribution Segment 1 4.43% per year. Segment 2 5.91% per year. Segment 3 6.65% per year. Post-retirement Lump Sum Rate 5.50% per year. b. Maximum Deductible Contribution Segment 1 1.55% per year. Segment 2 3.76% per year. Segment 3 4.73% per year. Post-retirement Lump Sum Rate 5.50% per year. 2. Mortality Rates:

<u>Preretirement:</u> None.

<u>Postretirement:</u> Funding: IRS 2016 Combined Small Plan Static

Mortality Table.

Lump Sums: 1994 GAR Table (50% male/50%

female)

3. Salary Scale: None.

4. <u>Retirement Rates</u>: Normal Retirement Age under the Plan.

2016 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Plan

EIN: 33-1025621

PN: 002

5.	Termination Rates:	None.
6.	Disability Rates:	None.
7.	<u>Plan Expenses</u> :	None.
8.	Actuarial Cost Method:	Unit Credit under PPA Rules.
9.	Asset Valuation Method:	Market Value.
10.	Form of Benefit Payment Valued:	Lump Sum Distribution.
11.	Rationale for Assumptions:	The IRS segment rates and mortality tables used to determine minimum funding and maximum deductible amounts are pursuant to IRS regulations. The selection of other actuarial assumptions is based on the actuary's best estimate of future expectations based on an examination of historical results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.
12.	Changes Since Last Year:	Interest rates updated to comply with the Pension

MAP-21.

Protection Act of 2006 (PPA) as amended by

2016 Schedule SB, Part V – Summary of Plan Provisions

EIN: 33-1025621

Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Plan

PN: 002 1. Effective Date: January 1, 2003. January 1st through December 31st. 2. Plan Year: 3. <u>Covered Employees</u>: All employees of Keith Powell & Associates, Ltd. Prior to December 15, 2006, January 1st or July 4. Eligibility: 1st following the attainment of age 21 and the completion of 2 years of service; however, the service requirement does not apply to eligible employees employed on January 1, 2003. After December 14, 2006, employees participate on the first day of employment following attainment of age 21. 5. Average Monthly Compensation: Average compensation for the three highest consecutive years. 6. <u>Vesting Service</u>: N/A 7. Benefit Service: One Year of Benefit Service is granted for each Plan Year in which the Employee was credited

with 1 hour while a Plan Participant.

2016 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Plan

EIN: 33-1025621

PN: 002

8. Normal Retirement:

a. Eligibility Attainment of Age 64 4/12.

b. Monthly Benefit 5.50% of Average Monthly Compensation per

Year of Benefit Service.

9. Early Retirement:

a. Eligibility No Early Retirement benefit offered.

b. Monthly Benefit N/A

10. <u>Vested Retirement</u>:

a. Eligibility 100% immediate vesting

b. Monthly Benefit Accrued Benefit, times the participant's vesting

percentage.

2016 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Plan

EIN: 33-1025621

PN: 002

11. <u>Disability Retirement</u>:

a. Eligibility No Disability Retirement benefit offered.

b. Benefit N/A

12. <u>Pre-Retirement Death</u>:

a. Eligibility A Participant with an Accrued Benefit.

b. Benefit The Actuarial Present Value of Participant's

Accrued Benefit.

13. Payment Forms:

a. Normal Life annuity for single participants and an

Actuarially Equivalent 50% Joint & Survivor

annuity for married participants.

b. Optional Lump sum distribution, life annuity, life annuity

with term certain, or joint & survivor annuity.

2016 Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Plan

EIN: 33-1025621

PN: 002

14. Actuarial Equivalency:

a. Other than Lump Sums Pre-retirement: No mortality and 5.50% interest.

Post-retirement: 1994 Group Annuity Reserve Table projected to 2002, blended 50% male/50%

female, and 5.50% interest.

b. Lump Sums The greater of the lump sum calculated under (a)

and the lump sum calculated using the 417(e) Applicable Mortality Table and 417(e) Applicable Interest Rate for the second month prior to the beginning of the Plan Year in which

the distribution occurs.

15. <u>Maximum Annual Benefit</u>: \$210,000 per year for participants retiring at age

62 during the 2016 Plan Year.

16. <u>Changes Since Last Year</u>: None.

2016 Schedule SB, line 22 -- Description of Weighted Average Retirement Ag Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Pla

EIN: 33-1025621

PN: 002

(A)	(B)	(C)	(D)	(E)	
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age	
64	0.67%	0.25000	67.00%	42.88000	
65	0.00%	0.25000	0.00%	0.00000	
66	0.00%	0.25000	0.00%	0.00000	
67	0.00%	0.25000	0.00%	0.00000	
68	0.33%	0.00000	33.00%	22.44000	
Weig	65.3				

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

SCHEDULE SB (Form 5500)

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). 2016

OMB No. 1210-0110

This Form is Open to Public

		File as an attachm	ent to Form 5500 or	SEAL OF	ļ	mspection
	calendar plan year 2016 or fiscal plan year		L/2016	and endir	g 12/31/2	016
	Round off amounts to nearest dollar.				<u> </u>	010
	Caution: A penalty of \$1,000 will be assess	sed for late filing of this repor	t unless reasonable ca	ause is establishe	ari	
AIN	iame or pian			B Three-dig		
Kei	th Powell & Associates, Ltd.	Defined Benefit Pe	nsion Plan	plan num		002
				F	33. (1.14)	002
C P	lan spansaris nama sa sheur an line a					
	lan sponsor's name as shown on line 2a of	Form 5500 or 5500-SF		D Employer to	lentification Nun	nber (EIN)
Kel	th Powell & Associates, Ltd.			3	3-1025621	
Ет	ype of plan: X Single Multiple-A	Marking D				
		Multiple-B F	Prior year plan size:	k 100 or fewer	101-500 <u></u>	More than 500
	irt I Basic Information					
	Enter the valuation date: Mon	th 12 Day 31	Year 2016			
2	Assets:					
	a Market value			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	1,229,80
	b Actuarial value	***************************************	**************	••••••	2b	1,229,80
3	Funding target/participant count breakdow	n:	(1) Number of	(2) Vested	Funding	
			participants	Tar	- 1	(3) Total Funding Target
	a For retired participants and beneficiaries	receiving payment	0	!	0	· ·
	b For terminated vested participants		1			
			2		88	88
•	C For active participants	*********			938,460	938,460
4	If the plan is in at-risk status, check the bo	v and complete lines (a)	3		938,548	938,548
	a Funding target disregarding prescribed a	t-risk assumptions	(D)	⊔ ,		
	b Funding target reflecting at-risk assumption at-risk status for fewer than five constitutions.	ione but disconnelling to a se	********	•••••	4a	
	at-risk status for fewer than five conse	ecutive years and disregarding	tion rule for plans that to to loading factor	have been in	4b	
5	Effective interest rate		· · · · · · · · · · · · · · · · · · ·	•••••	5	
6	Target normal cost			****************	6	5.44 %
State	ment by Enrolled Actuary			• • • • • • • • • • • • • • • • • • • •		
To th	e best of my knowledge, the information supplied in this strange with applicable law and regulations. In my opinion	chedule and accompanying schedule	s, statements and attachment	s, if any, is complete a	nd accurate. Each pro	estibed assumption was applied in
COME	milation, other thy best estimate of anticipated experience	under the plan.	(taking into account the expe	erience of the plan and	reasonable expectat	ions) and such other assumptions, in
The second second	GN					
H	RE	YN .			10/10/	/2017
	Signature	of actuary				
	Hans Nienaber	,			17-057	ate
	Type or print na	me of actuary				
	Cuni, Rust & Strenk, J				iviost recent enr (513) 98!	ollment number
	Firm	name		·		
	4555 Lake Forest Drive	1		ı ele	prione number	(including area code)
	Suite 620					
	US Cincinnati	OH 45242				
	Address					
the a	ictuary has not fully reflected any regulation	or ruling promulgated under	the statute in comple	ting this schedule	chack the hev	

Schedule	SB	(Form	5500	2016
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Page 2	

Balance at beginning of prior year after applicable adjustments (line 13 from prior year) Portion elected for use to offset prior year's funding requirement (line 35 from prior year) Amount remaining (line 7 minus line 8) Amount remaining (line 7 minus line 8) Prior year's excess contributions to be added to prefunding balance: a Present value of excess contributions (line 38a from prior year) b(1) Interest on line 38b from prior year's effective interest rate of 5.56 % b(2) Interest on the excess, if any, of line 38a over line 38b from prior year's Schedule SB, using prior year's effective interest rate of 5.56 % b(2) Interest on line 38b from prior year's Schedule SB, using prior year's actual return c Total available at beginning of current plan year to add to prefunding balance d Ponton of (c) to be added to prefu	Pa	tll	Beginning of Yea	r Carryo	ver and Prefunding Ba	lances						
## Salance at beginning of prior year after applicable adjustments (line 15 from prior year) ## Seption elected for use to offset prior year's funding requirement (line 35 from prior year) ## Seption elected for use to offset prior year's suctual return of	_						(a)	Carryover balance		(b)	Prefund	ling balance
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	7	Balance at beginning of prior year after applicable adjustments (line 13 from prio year)										
prior year)									0		· · · · · · · · · · · · · · · · · · ·	0
9 Amount remaining (line 7 minus line 8)	0	prior ye	elected for use to offset ar)	prior year's	funding requirement (line 35	from						
10 Interest on line 9 using prior year's actual return of % 0 11 Prior year's excess contributions to be added to prefunding balance: a Present value of excess, if any, of line 38a from prior year's b(1) Interest on the excess, if any, of line 38a from prior year's Schedule SB, using prior year's effective interest rate of 5.66 % b(2) Interest on line 38b from prior year's effective interest rate of 5.66 % b(2) Interest on line 38b from prior year's effective interest rate of 5.66 % b(3) Interest on line 38b from prior year's effective interest rate of 5.66 % b(4) Portion of (c) to be added to prefunding balance. 12 Other reductions in balances due to elections or deemed elections 0 and all aliance at beginning of current year (line 9 + line 10 + line 11d - line 12) 0 b Part IIb Funding percentages 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 16 Prior year's funding requirement 17 If the current value of the assets of the plan is tess than 70 percent of the funding balances may be used to reduce 18 Part IV Contributions and Liquidity Shortfalls 18 Contributions made to the plan for the plan year by employer(s) and employees: (a) Date (b) Amount paid by employer(s) and employees: (b) Amount paid by employer(s) (c) Amount paid by employer(s) (d) MM-DD-YYYY) (b) Amount paid by employer(s) 19 Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year: a Contributions made to the plan for the plan year by employer(s) and employees: (d) Other (d) Amount paid by employer(s) (e) Contributions and action the plan year by employer(s) and employees: (e) Contributions allocated world unpaid minimum required contributions from prior years 19a 20 Contributions allocated world unpaid minimum required contributions from prior years 20 Contributions allocated toward unpaid minimum required contributions from prior years 21 Yes ∑ No 20 Cuartery contrib	9	Amoun	remaining (line 7 minus	line 8)		•••••	 					0
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14 Funding target attainment percentage					+ line 10 + line 11d - line 12)	• • • • • • • • •			0			0
15 Adjusted funding larget attainment percentage												
15 Adjusted funding larget attainment percentage	14	Funding	target attainment perce	ntage		• • • • • • • • • •					14	131.03 %
10 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce our entry and the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	10	Adjuste	d funding target attainme	ent percenta	age						15	131.03 %
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b Contributions allocated toward unpaid minimum required contributions from prior years c Contributions made to avoid restrictions adjusted to valuation date c Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19b 20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year? b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd	19	Discount	ed employer contribution	ns see in:	structions for small plan with a	valuation	date after	the beginning of the	e year:		<u> </u>	
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Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?	ı	b Contri	butions made to avoid re	estrictions a	adjusted to valuation date	• • • • • • • • •	•••••		19b		 	0
a Did the plan have a "funding shortfall" for the prior year? b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd		C Contri	butions allocated toward	minimum i	required contribution for curre	nt year ad	usted to va	luation date				0
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 2nd (3) 2nd (3) 2nd (4) (3) 2nd (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	20	Quarterly	contributions and liquid	lity shortfall	s:							
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 2nd (3) 2nd (3) 2nd (4) (3) 2nd (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	ć	Did th	e plan have a "funding s	hortfall" for	the prior year?	• • • • • • • • • • • • • • • • • • • •	••••••			• • • • • • • • • •	Г	Yes X No
C If line 20a is "Yes," see instructions and complete the following table as applicable: Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 2nd (3) 2nd (3) 3nd	ì) If line	20a is "Yes," were requi	red quarterl	ly installments for the current	year made	in a timely	/ manner?		******		
Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 2nd (3) 2nd (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6		If line	20a is "Yes," see instruc	tions and c	omplete the following table as	applicabl	e:		ſ			≎≎ □ .40
(1) 1Si (2) 2nd					Liquidity shortfall as of end	of quarter	of this plan	n year				
			(1) 1st	 						(4) 4tr	
				L								

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P	art V Assumption	ons Used To Determine	Funding Target and Tar	ract Normal Cast		
21	Discount rate:		rang ranger and ran	get Normal Cost		
	a Segment rates:	1st segment:	2nd segment:	3rd segmen	.+.	
		4.43 %	5.91 %	6 65	9/	☐ N/A, full yield curve used
	b Applicable month	(enter code)			216	0
	vveignied average re	etirement age			. 22	
23	Mortality table(s) (se	e instructions) X Pr		escribed - separate	Substit	
Pa	rt VI Miscellane	eous items			Oubstit	ute
24	Has a change been r	made in the non-prescribed ac	tuarial assumptions for the curre	-1		
25	Has a method chang	ge been made for the current p	an year? If "Yes," see instruction	S regarding required at		· · · · · · · Yes X No
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes " see instru	etions regarding required att	acriment.	ent Yes x No
27		to differ lative initiality thies. 60	THE ADDITIONAL CODE and and inch.			ent Yes x No
•	The state of the s	· · · · · · · · · · · · · · · · · · ·	<u></u>		27	
Pa	I VII Heconcilla	ation of Unpaid Minimu	m Required Contribution	18 For Prior Vegra		
_28	Unpaid minimum req	uired contributions for all prior	vears			
29	Procedured cultiplead	CONTRIDUCIONS allocated toward	Lungaid minimum required and a	4	1	
20	1,100,100,100	<u></u>			. 29	
30	riemaining amount of	unpaid minimum required cor	itributions (line 28 minus line 29)		30	
	CVIII MINIMUM	Required Contribution	For Current Year			
31	Target normal cost ar	nd excess assets (see instructi	ons):			
	a Target normal cost	(line 6)			31a	
	Excess assets, ii ap	oplicable, but not greater than I	ine 31a		31b	
	Amortization installme	ents:		Outstanding Bal		(modelles and
i	Net shortfall amortiz	zation installment			0	Installment
	Waiver amortization	n installment			0	
33	If a waiver has been a	approved for this plan year, ent	er the date of the ruling lotter are	nting the approval	T	
		rear	—) and the waived amount .		33	
34	Total funding requirement	ent before reflecting carryover/p	prefunding balances (lines 31a - 3	1b + 32a + 32h - 33)	34	C
			Carryover balance	Prefunding Bala		0 Total balance
35	Balances elected for u	ise to offset funding		, and a second second		Total balance
	requirement		0		0	
36	Additional cash require	ement (line 34 minus line 35)			36	0
	" allocated	a lowerd minimum required cor	Stribution for current year adjusts	d to volveties state		0
					37	0
	Total /	ss contributions for current yea	r (see instructions)			
	Posting in the state of the sta	of line 37 over line 36)			38a	0
	, orden moduced in ill	rie soa attributable to use of pr	efunding and funding standard c	arnyover balances	38b	0
- 33	onpaid minimum requi	red contribution for current year	r (excess, if any, of line 36 over	line 37)	39	0
40	onpaid minimum requir	red contributions for all years	• • • • • • • • • • • •		40	
- 41.5	rension re	unding Hellet Under Pe	nsion Relief Act of 2010	(See Instructions)		0
41 If	an election was made	to use PRA 2010 funding relie	f for this plan:			
a	Schedule elected				<u></u>	
b	Eligible plan year(s) for	or which the election in line 41	a was made	•••••••••••••••••••••••••••••••••••••••	<u>· · · · 니</u>	
42 A	mount of acceleration a	adjustment	a was made			3 2009 2010 2011
43 E	xcess installment accel	leration amount to be carried of	over to future plan years	• • • • • • • • • • • • •	42	
		- and to be carried to	voi to tuture pian years	• • • • • • • • • • • • • • • • • • • •	43	-