Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		<u>t Identification Information</u>	1							
For calenda	ar plan year 2017 or f	fiscal plan year beginning 01/01/2	2017		and ending 1	2/31/2017				
A This ret	urn/report is for:	a single-employer plan			an (not multiemployer) (aployer information in ac		-			
		a one-participant plan	a	foreign plan						
B This retu	urn/report is	the first return/report	H	e final return/report						
		an amended return/report	∐as —	short plan year returr	n/report (less than 12 m	onths)				
C Check I	oox if filing under:	X Form 5558		itomatic extension		DFVC pro	gram			
		special extension (enter descr	. /							
Part II		ormation—enter all requested in	formation	on						
1a Name	•					1b Three-	_			
KEITH POW	ELL & ASSOCIATES	S, LTD. DEFINED BENEFIT PENSION	ON PLA	AN		plan nı (PN)		002		
						` ,				
						1c Effective		/2003		
Mailing	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)							ication Number 025621		
	ELL & ASSOCIATES	ce, country, and ZIP or foreign post 5, LTD.	tai code	e (ir foreign, see instr	uctions)	2c Spons	or's teleph 502-640	none number -6577		
						2d Busine	ss code (see instructions)		
P.O. BOX 24						541990				
LOUISVILLE	, KY 40224-0000									
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor			3b Admini	strator's F	-IN		
Ju Flama	arrimotrator o riarrio e	and dudicoo M came as I lair oper								
						3C Admini	strator's to	elephone number		
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN				
	or's name					4d PN				
C Plan N	lame									
5a Total i	number of participants	s at the beginning of the plan year				5a		3		
b Total i	number of participant	s at the end of the plan year				5b		0		
C Numb	er of participants with	account balances as of the end of	the plan	n year (only defined	contribution plans	5c				
•	•	articipants at the beginning of the pl				5d(1)		2		
		articipants at the end of the plan year				5d(2)		0		
		o terminated employment during the				5e		0		
Caution: A	penalty for the late	or incomplete filing of this return	n/repor	t will be assessed	unless reasonable ca	use is establ	ished.			
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a collete								
SIGN		d/valid electronic signature.		10/14/2018	CLIFFORD KEITH PO	OWELL	-			
HERE	Signature of plan	administrator		Date	Enter name of individ	ual signing as	plan adn	ninistrator		
SIGN	Filed with authorized	d/valid electronic signature.		10/14/2018	CLIFFORD KEITH POWELL					

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
_						_	_		
С	If the plan is a defined benefit plan, is it covered under the PBGC in						-	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th	е РВСС р	remium filing for this p	an yea				. (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	122	29809				0	
b	Total plan liabilities	. 7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	. 7c	122	29809				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	. 8a(3)		0					
b	Other income (loss)	. 8b	22	23590					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						223590	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	148	53399					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)		0						
g	Other expenses								
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)							1453399	
i	i Net income (loss) (subtract line 8h from line 8c)							-1229809	
j	Transfers to (from) the plan (see instructions)	- 8j		0					
Par	t IV Plan Characteristics	<u> </u>							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribu	ıtions withi	n the time period				·	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)		7	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X	_		
С	Was the plan covered by a fidelity bond?			10c		Χ			
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.)					X			
f	the plan? (See instructions.)								
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
_					_				

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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)		B 	X	Yes	No			
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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								
lf y	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							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (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	N/A				
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	N	lo				
	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?		X Yes No						
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							
1	3c(1) Name of plan(s): 13c(2	EIN(s)		13c(3) PN(s)				

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2017 or fiscal plan year beginning

Internal Revenue Service

Department of Labor

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).

File as an attachment to Form 5500 or 5500-SF.

01/01/2017

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

09/01/2017

and ending

	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable ca	use is established	1 .					
Α	Name of plan KEITH POWELL & ASSOCIATES, LTD. DEFINED BENEFIT PENSION PLAN	B Three-dig						
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KEITH POWELL & ASSOCIATES, LTD.	D Employer	Identific 33-102	ation Number (E 25621	EIN)			
E	Гуре of plan: X Single	X 100 or fewer	101-	500 More th	an 500			
F	Part I Basic Information	<u> </u>		<u> </u>				
1	Enter the valuation date: Month01 Day01 Year _2017	_						
2	Assets:							
	a Market value		2a		1229809			
	b Actuarial value		2b		1229809			
3	i difding target/participant obdit breakdown	Number of articipants		sted Funding Target	(3) Total Funding Target			
	a For retired participants and beneficiaries receiving payment	0		0	0			
	b For terminated vested participants	1		91	91			
	C For active participants	2		938745	938745			
	d Total	3		938836	938836			
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)							
	a Funding target disregarding prescribed at-risk assumptions		4a					
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that at-risk status for fewer than five consecutive years and disregarding loading factor		4b					
5	Effective interest rate		5		5.22 %			
6	Target normal cost		6		0			
	tement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachm accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the ecombination, offer my best estimate of anticipated experience under the plan.							
	SIGN HERE			10/11/201	8			
	Signature of actuary			Date				
H	ANS NIENABER	<u> </u>		17-05737	,			
	Type or print name of actuary		Most	recent enrollme				
C	EUNI, RUST & STRENK, INC.			513-985-61				
S	Firm name 555 LAKE FOREST DRIVE UITE 620 INCINNATI, OH 45242	Te	lephone	number (includ	ing area code)			
	Address of the firm							
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statute in comple	eting this schedule	e, check	the box and see	e []			

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Pa	art II	Begir	ning of Year	Carryov	er and Prefunding B	alances								
						_	(a) Carryover balance (b) Prefunding balance						ng balance	
7		-	•		able adjustments (line 13 fro				()			0	
8				•	nding requirement (line 35 f								0	
9	Amount r	emaining	g (line 7 minus line	€ 8))		0		
10	Interest of	n line 9 ı	using prior year's	actual retu	rn of%				()			0	
11	Prior yea	r's exces	s contributions to	be added	to prefunding balance:									
	a Present value of excess contributions (line 38a from prior year)									0				
					a over line 38b from prior ye e interest rate of5.44								0	
	` '		•	•	edule SB, using prior year's								0	
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding baland	æ							0	
	d Portion	of (c) to	be added to pref	unding bal	ance								0	
12	Other red	ductions i	in balances due to	elections	or deemed elections)			0	
					line 10 + line 11d – line 12))			0	
	art III		ding Percent				<u> </u>							
	4 Funding target attainment percentages							14	130.99%					
	15 Adjusted funding target attainment percentage							15	130.99%					
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								16	131.03%				
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage							17	%						
Р	Part IV Contributions and Liquidity Shortfalls													
18					ar by employer(s) and empl	·								
(1)	a) Date) MM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-DI	Date D-Y\		(b) Amount p employer		(0	(c) Amount paid by employees		
•		•		•	·	Ì		·		•			•	
						Totals ▶		18(b)			18(c)			
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation d	ate a	after the	beginning of the	/ear:		1		
	a Contril	outions a	llocated toward u	npaid minir	num required contributions	from prior ye	ears			19a			0	
	b Contrib	outions m	nade to avoid rest	rictions adj	usted to valuation date					19b			0	
	C Contrib	outions all	ocated toward min	imum requi	ired contribution for current ye	ear adjusted	to va	luation d	ate	19c			0	
20	•		itions and liquidity											
	a Did the	e plan ha	ve a "funding sho	rtfall" for th	e prior year?								Yes X No	
	b If line	20a is "Y	es," were required	d quarterly	installments for the current	year made i	n a t	imely ma	anner?	<u>.</u>			Yes No	
	C If line	20a is "Y	es," see instructio	ns and cor	nplete the following table as									
		(1) 10	t	I	Liquidity shortfall as of en	d of quarter	of th					(A) A+L		
		(1) 1s	l .		(2) 2nd			(3)	3rd			(4) 4th		
				L										

P	art V	Assumpti	ons Used to Determin	e Funding Target ar	nd Target N	Iormal Cost			
21	Discount	rate:							
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %		3rd segment: 6.48 %		N/A, full yield	curve used
	b Applica	able month (er	nter code)				21b	0	
22	Weighted	l average retire	ement age				22	65	
23	Mortality	table(s) (see	instructions) X Pre	scribed - combined	Prescribed	- separate	Substitu	ute	
Pa	art VI	Miscellane	ous Items						
24		J	de in the non-prescribed actu	•		•		· · -	Yes X No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment								
26	Is the pla	n required to p	provide a Schedule of Active I	Participants? If "Yes," see	instructions re	garding required	attachmen	t	Yes X No
27			alternative funding rules, ente				27		
Pa	art VII	Reconcilia	ation of Unpaid Minim	um Required Contri	butions Fo	r Prior Years			
28	Unpaid m	ninimum requir	ed contributions for all prior y	ears			28		0
29			ontributions allocated toward				29		0
30	Remainir	ng amount of u	inpaid minimum required conf	tributions (line 28 minus lin	e 29)		30		0
Pa	art VIII	Minimum	Required Contribution	n For Current Year					
31	Target n	ormal cost and	d excess assets (see instruction	ons):					
	a Target	normal cost (li	ne 6)				31a		0
			licable, but not greater than li	ne 31a			31b		0
32		tion installmen				Outstanding Bala	nce	Installme	ent
			tion installment				0		0
22			installment				0		0
33			proved for this plan year, ent ay Year				33		
34	Total fund	ding requireme	ent before reflecting carryover	r/prefunding balances (line	s 31a - 31b + 3	32a + 32b - 33)	. 34		0
				Carryover balance	Э	Prefunding bala	nce	Total bala	ince
35			se to offset funding		0		0		0
36	Additiona	Il cash require	ment (line 34 minus line 35)				36		0
37			toward minimum required co				37		0
38	Present v	alue of exces	s contributions for current year	ar (see instructions)					
	a Total (e	excess, if any,	of line 37 over line 36)				38a		0
	b Portion	included in lin	ne 38a attributable to use of p	refunding and funding star	dard carryove	r balances	38b		0
39	Unpaid m	ninimum requir	red contribution for current ye	ar (excess, if any, of line 3	6 over line 37)		39		0
40	Unpaid m		red contributions for all years.				40		0
Pa	rt IX	Pension	Funding Relief Under	Pension Relief Act of	of 2010 (Se	e Instructions	s)		
41	If an elec	tion was made	to use PRA 2010 funding rel	ief for this plan:				_	
	a Schedu	ıle elected					<u> </u>	2 plus 7 years	15 years
	b Eligible	plan year(s) f	or which the election in line 4	1a was made			20	08 2009 2010	2011
42	Amount o	f acceleration	adjustment				42		
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years			43		

Form 5500-SF Short Form Annual Return/Report of Small Employee Agent Teach of the Trees. OMB Not 12104010 Benefit Plan This form is required to be filed under sections 194 and 4065 of the Employee and the second Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6056(a) of 2017 the second section of the second the Internal Revenue Code (the Code) This Form is Open to Public Complete all entries in accordance with the instructions to the Form 5500-5F. Part I Annual Report Identification Information Inspection For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending a single-employer plan This return/report is for a multiple-employer plan (not multiemployer) (Paers checking this box must attach. a first of participating employer information in accordance with the form instructions.) 9 one paracipant plan. This return/report is: a foreign plan the first returning or the final return/report an amended return/report a short plan year return/report (less than 12 months) C - Check box if filing under: X Form 5556 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information — enter all requested information 1b Three-digit Keith Powell & Associates, Ltd. Defined Benefit Pension Plan plan number (PN) » 002 1¢. Effective date of plan Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., state no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 01/01/2003 2b Employer Identification Number (EW) 33-1025621 Neith Powell & Associates, Ltd. 2c Sponsor's telephone number (502) 640-6577 2d Business code (see instructions) P.O. Box 24844 541990 25 Louisville KY 40224-0000 3a Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's Ethi 3C. Administrator's telephone number If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for 4b Fill this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report, Ad PN а Sponsor's name C Plan Name Sa 3 5a. Total number of participants at the beginning of the plan year ... 56 ń Total number of participants at the end of the plan year b Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item. 5d(1) d(1) Total number of active participants at the beginning of the plan year 9

Number of participants who terminated employment during the plan year with accrued benefits that were

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

Design it is not contact to a fine of the cont	10/14/18	Clifford Keith Powell
Sign 1911 1 (2017, 100,000) HERE Signature of plan administrator,	Date	Enter name of individual signing as plan administrator
Blest COLLA KELL KOUNT	10/14/19	Clifford Keith Powell
SIGN CONTRACTOR PROPERTY	Date	Enter name of individual signing as employer or plan sponsor
HERE Signature of employer/plan sponsor		e - enne et 1944

d(2) Total number of active participants at the end of the plan year

n

0

5d(2)

Form	FEAR	C.E.	204	7
$-\alpha m$	22011	->-	701	1

Р	ad	е	2

6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	*******	*******			*******	XYes	□No
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							*******	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot	ot use For	m 5500-SF and must ins	tead	use F	orm	5500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA sectio	n 402	21)?	[Yes	X No	□ Not d	determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	emium filing for this year						(See instru	uctions.)
n.	art III Financial Information									
7	Plan Assets and Liabilities		(a) Reginning of	Voar	······································			(h) End	of Voor	
<u>'</u>		7-	(a) Beginning of			-		(b) End	OI Teal	
<u>a</u> b	Total plan liabilities		1,22	9,80		+				0
C	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	 	1 22		0	+				0
8	Income, Expenses, and Transfers for this Plan Year	. 7c	1 , 22 (a) Amount		J y	-		(b) :	Total	00
a	Contributions received or receivable from:		(a) Allouit					(6)	iotai	
	(1) Employers	. 8a(1)			0					
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	. 8a(3)			0					
b	Other income (loss)	. 8b	22	3,5	90					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							223	,590
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		1,45	3,3	99					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e			0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			0					
g	Other expenses	. 8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1,453	,399
<u></u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							(1,229,	809)
<u>j</u>	Transfers to (from) the plan (see instructions)	. 8j			0					
P	art IV Plan Characteristics								·	****
9a	If the plan provides pension benefits, enter the applicable pension f 1A 3D	eature cod	les from the List of Plan Cl	harac	teristi	ic Cod	des in t	he instruc	ctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	aracte	eristic	Code	s in th	e instruct	ions:	
P	art V Compliance Questions				······································					
10	During the plan year:	<u> </u>			Yes	No	N/A		Amount	
a	Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fi	duciary Correction							
	Program)	*************		10a		х				
k	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 	t? (Do not	include transactions	10h		x				
				10b	·· ·· · · · · · · · · · · · · · · · ·	x				
_	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused							
	by fraud or dishonesty?			10d		X				
•	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	ne or all of	the benefits under	10e		x				
f				10f		x				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear	end.)	10g		х				
ŀ		(See instru	uctions and 29 CFR	10h						
ī	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	notice or one of the	10i.				100		
						4		•		

Page	3	_	
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Pari	VI Pension Funding Compliance			***				
11 	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)							No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?			of		Yes	x	No
	(If "Yes," 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 instruction granting the waiver	tions, ar	nd ente		of the		rulin	g
lf y	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					
С	Enter the amount contributed by the employer to the plan for the 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)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Par	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		[3	Yes		No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u control of the PBGC?			X.	⁄es	<u> </u>	۷o	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plan(s	s) to					
1	3c(1) Name of plan(s):	3c(2) Ell	V(s)		13	c(3) P	N(s)	
							· · · · · · · · · · · · · · · · · · ·	

2017 Schedule SB, line 25 – Change in Method.

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

EIN: 33-1025621

PN: 002

Effective with the January 1, 2017 valuation, the following methods were changed:

• The valuation date was changed from December 31st to the first day of the plan year.

2017 Schedule SB, Part V – Summary of Plan Provisions

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

EIN: 33-1025621

Eligibility

b. Monthly Benefit

PN: 002

1. Effective Date: January 1, 2003. January 1st through December 31st. 2. Plan Year: 3. Covered Employees: 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. 8. Normal Retirement:

Attainment of Age 64 4/12.

Year of Benefit Service.

5.50% of Average Monthly Compensation per

2017 Schedule SB, Part V – Summary of Plan Provisions

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

EIN: 33-1025621

PN: 002

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.

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

a. Eligibility No Disability Retirement benefit offered.

b. Benefit N/A

12. Pre-Retirement Death:

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.

2017 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>: \$215,000 per year for participants retiring at age

62 during the 2017 Plan Year.

16. <u>Changes Since Last Year:</u> The Plan was terminated effective September 1,

2017.

2017 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.	Interest Rates:	IRS segment rates as of valuation date subject to the MAP-21 corridor.
	a. Minimum Required Contribution	
	Segment 1 Segment 2 Segment 3	4.16% per year.5.72% per year.6.48% per year.
	Post-retirement Lump Sum Rate	5.50% per year.
	b. Maximum Deductible Contribution	
	Segment 1 Segment 2 Segment 3	1.57% per year.3.77% per year.4.73% per year.
	Post-retirement Lump Sum Rate	5.50% per year.
2.	Mortality Rates:	
	Preretirement:	None.
	Postretirement:	Funding: IRS 2017 Combined Small Plan Static Mortality Table.
		Lump Sums: 1994 GAR Table (50% male/50% female)
3.	Salary Scale:	None.
4.	Retirement Rates:	Normal Retirement Age under the Plan.
5.	<u>Termination Rates</u> :	None.

2017 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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

EIN: 33-1025621

PN: 002

6.	<u>Disability Rates</u> :	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:	The valuation date was changed from December 31 st to the first day of the plan year. Interest rates updated to comply with the Pension

MAP-21.

Protection Act of 2006 (PPA) as amended by

2017 Schedule SB, line 22 -- Description of Weighted Average Retirement Age Plan Name: Keith Powell & Associates, Ltd. Defined Benefit Pension Plan

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						
Wei	Weighted Average Retirement Age									

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 Internal Revenue Code (the Code).

2017

OMB No. 1210-0110

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

This Form is Open to Public Inspection

File as an attachme	ent to Form 5500 or 5	300-3r.	L		
For calendar plan year 2017 or fiscal plan year beginning 01/01	/2017	and ending	09/01/	/2017	
▶ Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reasonable cau	use is established			
A Name of plan		B Three-digit			
Keith Powell & Associates, Ltd. Defined Benefit Per	nsion Plan	plan numb	er (PN)	•	002
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	T. C.	D Employer Ide	entification N	Number (EIN)
Keith Powell & Associates, Ltd.		33	-1025623	l	
E Type of plan: X Single Multiple-A Multiple-B	Prior year plan size:	100 or fewer []101-500	More	than 500
Part I Basic Information					
1 Enter the valuation date: Month 01 Day 01	Year2017				
2 Assets:					
a Market value			2a		1,229,809
b Actuarial value			2b		1,229,809
3 Funding target/participant count breakdown:	(1) Number of	(2) Vested	Fundina		(3) Total Funding
Turiding target participant country broadsown.	participants	Targ		ļ	Target
	0			0	0
a For retired participants and beneficiaries receiving payment	1			91	91
b For terminated vested participants					
C For active participants	2		938,74		938,745
d Total	3		938,83	36	938,836
4 If the plan is in at-risk status, check the box and complete lines (a) and	d (b)(d) b				
a Funding target disregarding prescribed at-risk assumptions			4a		
b Funding target reflecting at-risk assumptions, but disregarding transi		have been in	4b		
at-risk status for fewer than five consecutive years and disregardi					5.22 %
5 Effective interest rate			5		
6 Target normal cost			6		0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedul	es, statements and attachmen	ts. if anv. is complete a	nd accurate. Ea	ach presribe	d assumption was applied in
accordance with applicable law and regulations. In my opinion, each other assumption is reasonab combination, offer my best estimate of anticipated experience under the plan.					
SIGN					
HERE			10.	/11/20:	18
/3/			10/	<u>.</u>	
Signature of actuary Hans Nienaber			17.	Date -05737	
					- and an unabor
Type or print name of actuary				nt enrollm 985-6	ent number
Cuni, Rust & Strenk, Inc.					
Firm name		Tel	epnone nun	nper (incl	uding area code)
4555 Lake Forest Drive Suite 620					
US Cincinnati OH 45242					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated und	ler the statute in compl	eting this schedu	le check th	e box and	d see
in the detacty has not fally renected any regulation of ruling profittingated und	or are statute in compi	oung uno sonodu	, on ook un	S DOX GIN	

	Schedule SB (Form 5500) 2017		Page 2							
Pa	rt II Beginning of Year Carryover and Pre	funding Bala	ances							
7	Balance at beginning of prior year after applicable adjustr year)	nents (line 13 fro	m prior	(a)	Carryover balan	ce 0	(b) Prefund	ling balance		
8	Portion elected for use to offset prior year's funding requiprior year)	rement (line 35 fr	om			0		0		
9	Amount remaining (line 7 minus line 8)					0	······································	0		
10	Interest on line 9 using prior year's actual return of	%				0	·	0		
11	Prior year's excess contributions to be added to prefundir	ng balance:			-1					
	a Present value of excess contributions (line 38a from p	rior year)						0		
	b(1) Interest on the excess, if any, of line 38a over line 3									
	Schedule SB, using prior year's effective interest ra	te of	·····					0		
	b(2) Interest on line 38b from prior year Schedule SB, u	sing prior year's a	actual							
	return	••••••	••••••					О		
	c Total available at beginning of current plan year to add	I to prefunding ba	alance .					0		
	d Portion of (c) to be added to prefunding balance	*************						0		
12	Other reductions in balances due to elections or deemed	elections				0		0		
13	Balance at beginning of current year (line 9 + line 10 + lin	e 11d - line 12)				0		0		
Pa	rt III Funding Percentages									
14	Funding target attainment percentage						14	130.99 %		
15	Adjusted funding target attainment percentage						15	130.99 %		
	Prior year's funding percentage for purposes of determinicurrent year's funding requirement	ng whether carry	over/prefund	ding bala	nces may be us	ed to reduce	46	131.03 %		
17	If the current value of the assets of the plan is less than 7						4-	%		
Pa	rt IV Contributions and Liquidity Shortfa	alls								
18	Contributions made to the plan for the plan year by emplo	yer(s) and emplo	yees:							
(1.41		int paid by	(a) C			ınt paid by		ount paid by		
(141)	M-DD-YYYY) employer(s) employer	oyees	(MM-DD-	YYYY)	emplo	oyer(s)	emp	employees		
										
						· · · · · · · · · · · · · · · · · · ·				
			Totals ▶	18(b)			18(c)			
19	Discounted employer contributions see instructions for	small plan with a	valuation d	ate after	the beginning of	the year:				
	a Contributions allocated toward unpaid minimum require					19a		0		
	b Contributions made to avoid restrictions adjusted to val					19b		0		
	c Contributions allocated toward minimum required contr					19c		0		
	Quarterly contributions and liquidity shortfalls:									

Liquidity shortfall as of end of quarter of this plan year

(4) 4th

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:

(2) 2nd

(1) 1st

P	art V Assumptio	ons Used To Determine	e Funding Target and Targ	get Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	J.,	: %	N/A, full yield curve used
					21b	0
	Weighted average re	tirement age			22	6
23	Mortality table(s) (see	e instructions) X P	rescribed - combined Pre	escribed - separate	Substitu	ute
Pa	rt VI Miscellane	ous items				
24	Has a change been n	made in the non-prescribed ac	ctuarial assumptions for the curren	t plan year? If "Yes," se	e instructio	ns regarding required
	attachment	• • • • • • • • • • • • • • • • • • • •				· · · · · · · · · · · · · · · · Yes 🔯 No
25	Has a method change	e been made for the current p	lan year? If "Yes," see instructions	s regarding required atta	chment .	· · · · · · · · · · X Yes No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instru-	ctions regarding required	d attachme	nt Yes 🕱 No
	attachment		nter applicable code and see instru		27	
			um Required Contribution			
28	Unpaid minimum requ	uired contributions for all prior	years		28	(
29	(line 19a)	• • • • • • • • • • • • • • • • • • • •	d unpaid minimum required contril		29	
	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	(
Pa	rt VIII Minimum	Required Contribution	For Current Year			
31	Target normal cost ar	nd excess assets (see instruc	tions):			
	a Target normal cost	(line 6)			31a	C
	b Excess assets, if ap	oplicable, but not greater than	line 31a		31b	C
	Amortization installme			Outstanding Bal	ance	Installment
					0	C
					0	0
33	If a waiver has been a	approved for this plan year, en DayYear	eter the date of the ruling letter gra	nting the approval	33	
34			/prefunding balances (lines 31a - 3		34	0
			Carryover balance	Prefunding Bala	ance	Total balance
35	Balances elected for u					
			0		0	0
					36	0
37	Contributions allocate (line 19c)	d toward minimum required or	ontribution for current year adjuste	d to valuation date	37	0
38		ss contributions for current ye				
					38a	0
	b Portion included in li	ine 38a attributable to use of p	prefunding and funding standard c	arryover balances	38b	0
			ear (excess, if any, of line 36 over		39	0
					40	0
Par	t IX Pension F	unding Relief Under P	ension Relief Act of 2010	(See Instructions))	
41	f an election was made	e to use PRA 2010 funding rel	lief for this plan:			
	a Schedule elected.				[2 plus 7 years 15 years
	b Eligible plan year(s)	for which the election in line 4	11a was made		. 200	
42 /	Amount of acceleration	adjustment			42	——————————————————————————————————————
43	Excess installment acco	eleration amount to be carried	l over to future plan years		43	