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

2015

This Form is Open to Public Inspection

Part I	Annual Repor	t identification information	1			
For calenda	ar plan year 2015 or	fiscal plan year beginning 11/01/	2015	and ending 1	0/31/2016	
		🛚 a single-employer plan		olan (not multiemployer)		
A This ret	urn/report is for:	a one-participant plan	_ · · · ·	mployer information in a	ccordance with the	e form instructions)
			a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
	,	an amended return/report	H	rn/report (less than 12 m	nonths)	
C at 1.						
C Check i	box if filing under:	X Form 5558	automatic extension		☐ DFVC	program
-	_	special extension (enter desc				
Part II		ormation—enter all requested in	formation		141	
1a Name	•	PS, LLC EMPLOYEE PENSION PL	ΛN		1b Three-digiting plan number	
LACKUSSE	DIVISION OF KEW	F3, LLC EMPLOTEE PENSION PL	AN		(PN) ▶	004
					1c Effective of	date of plan
						11/01/1969
		loyer, if for a single-employer plan)	D D\			Identification Number
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		ructions)	(EIN)	41-1336018
KEMPS, LLC			, ,	,		telephone number 507-287-7325
						code (see instructions)
406 N. BROA						
ROCHESTE	R, MIN 55906					311500
3a Dian o	dministrator's name	and address XSame as Plan Spon	oor		3b Administra	etor's FIN
Ja Flall a	ummistrator s name a	and address Same as Flan Spon	501.		3D Administra	IIOI S EIIV
					3c Administra	ator's telephone number
		he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
	, EIN, and the plan n or's name	umber from the last return/report.			4c PN	
		ts at the beginning of the plan year.			_	13
_					5b	13
		ts at the end of the plan year n account balances as of the end of				10
					5c	
		articipants at the beginning of the p			5d(1)	0
		participants at the end of the plan ye			5d(2)	0
		at terminated employment during the			5e	0
		or incomplete filing of this retur				
		other penalties set forth in the instru				
		and signed by an enrolled actuary,	as well as the electronic ve	rsion of this return/repor	rt, and to the best	of my knowledge and
	true, correct, and cor		07/40/0047	1/E) (IN 00E) /		
SIGN HERE		d/valid electronic signature.	07/18/2017	KEVIN CODY		
	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	in administrator
SIGN						
HERE		loyer/plan sponsor	Date			nployer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's telep	hone number
•						

Form 5500-SF 2015		Page 2						
 Were all of the plan's assets during the plan year invested in eligit 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 can 	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC i	insurance pr	ogram (see ERISA se	ection 4	021)?	X	Yes	No N	ot determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of	Year
a Total plan assets	7a		312	2157				290639
b Total plan liabilities	7b		046	4.57	-			000000
C Net plan assets (subtract line 7b from line 7a)	., 7с			2157				290639
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Tota	<u> </u>
(1) Employers	8a(1)		1	914				
(2) Participants	8a(2)							
(3) Others (including rollovers)	1 1							
b Other income (loss)			5	649				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7563
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		28	3147				
e Certain deemed and/or corrective distributions (see instructions)								
f Administrative service providers (salaries, fees, commissions)	8f			934				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							29081
i Net income (loss) (subtract line 8h from line 8c)	8i							-21518
j Transfers to (from) the plan (see instructions)	·· 8j							
Part IV Plan Characteristics								
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instruction	s:
10 During the plan year:				Yes	No	N/A	А	mount
Was there a failure to transmit to the plan any participant contribing described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				5000000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bon	nd, that was caused	10d		X			300000
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ther persons	by an insurance the benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount			10g		Х			
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g		,,			
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	10ii					
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance			. •,			<u>. </u>		
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Yes X No
11a Enter the unpaid minimum required contribution for all years from						11a	<u> </u>	
12 Is this a defined contribution plan subject to the minimum funding	g requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of El	RISA?	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne 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		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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).

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

			rile as	an attachment to Form	5500 OF 5500-SF.				
For	calendar	plan year 2015 or fiscal pla	n year beginning	11/01/2015	and e	ending	10/31	/2016	
		ff amounts to nearest dolla							
_		A penalty of \$1,000 will be a	assessed for late filing	of this report unless reason	nable cause is estab	lished.			
	Name of p	olan E DIVISION OF KEMPS, LLC	S EMPLOYEE DENSIC	NI DI ANI		e-digit			
LA	CROSSE	DIVISION OF KLINES, LLC	, LIVIFLOTEL FENSIO	IN FLAIN	plan	number	(PN)	•	004
CF	Plan spon	sor's name as shown on line	= 2a of Form 5500 or 5	500-SF	D Emplo	yer Idei	ntificatio	on Number (E	IN)
	MPS, LL					4	1-13360)18	,
ΕT	ype of pla	an: X Single Multiple-/	A Multiple-B	F Prior year pla	n size: X 100 or few	er	101-50	0 More th	an 500
Pa	art I	Basic Information		·					
1		ne valuation date:	Month	Day 01 Year 2	2015				
2	Assets:			•					
	a Marke	et value					2a		312737
	b Actua	arial value					2b		319906
3	Funding	g target/participant count bre			(1) Number of	(2	2) Veste	ed Funding	(3) Total Funding
					participants		Ta	rget	Target
	a For re	etired participants and benef	iciaries receiving paym	nent		7		256806	256806
	b For te	erminated vested participants	s			6		73210	73210
	C For a	ctive participants				0		0	0
	d Total					13		330016	330016
4	If the pla	an is in at-risk status, check	the box and complete	lines (a) and (b)					
	a Fundi	ing target disregarding preso	cribed at-risk assumption	ons			4a		
	_	ling target reflecting at-risk a				_	4b		
	at-	risk status for fewer than five	e consecutive years an	nd disregarding loading fac	ctor		-		
5	Effective	e interest rate					5		6.12%
6		normal cost					6		1000
	-	y Enrolled Actuary of my knowledge, the information supp	nlied in this schedule and acco	mnanving schedules statements	and attachments if any is c	omolete a	nd accura	te Fach prescribe	ed assumption was applied in
	accordance v	with applicable law and regulations. Ir	n my opinion, each other assur						
	,		expensive and the plant						
	IGN ERE							07/02/20	14.7
П	EKE	Cia	rooture of oatuers					07/03/20)17
N A A I		Sig E DUTEMPLE	gnature of actuary					Date 17-0666	25
IVIAI	KT AININE		r print name of actuary				Most ro	cent enrollme	-
TO	MEDS M	ATSON DELAWARE, INC.	print name of actuary			ľ	viosi rei	314-719	
101	VERS W	ATSON DELAWARE, INC.	Firm name			Talan	hone n		ling area code)
		HANLEY	i iiii iiaiiie			reiep	nione n	umber (moluc	allig area code)
ST.	LOUIS, N	MO 63105-3411							
			ddees of the C						
		A	ddress of the firm						
If the	actuary h	has not fully reflected any re	gulation or ruling prom	ulgated under the statute	in completing this sch	edule,	check t	he box and se	ee 🗌

Page	2	_

Pa	art II	Begir	ning of Year (Carryov	er and Prefunding B	alances							
							(a	Carryover balance	9	(b) F	(b) Prefunding balance		
7		U	0 , ,		cable adjustments (line 13 f				1224			(0
8					unding requirement (line 35								_
			•	-			•		1224			(0
9	Amount	remaini	ng (line 7 minus lin	e 8)					0			(0
10	Interest	on line 9	ousing prior year's	actual ret	urn of0.99%				0			(0
11	Prior ye	ar's exce	ess contributions to	be added	I to prefunding balance:								
				`	38a from prior year)							19	9
					Ba over line 38b from prior ye interest rate of <u>6.34</u> %							(0
	` '		•	•	nedule SB, using prior year's								
return C Total available at beginning of current plan year to add to prefunding balance									0				
d Portion of (c) to be added to prefunding balance									19	9			
	u Portio	on of (c)	to be added to pre	runaing ba	liance		•					(0
12	Other re	eductions	s in balances due t	o elections	s or deemed elections				0			(0
		at begir	nning of current yea	ar (line 9 +	- line 10 + line 11d – line 12	<u>')</u>			0			(0
Р	art III	Fun	ding Percenta	ges									
14	Funding	g target a	attainment percenta	age							14	96.93 %	<u>,</u>
			g target attainment								15	96.93 %)
16					of determining whether car						16	99.36 %	, D
17	If the cu	ırrent val	ue of the assets of	the plan i	s less than 70 percent of the	e funding ta	rget, ente	r such percentage			17	%	5
P	art IV	Con	tributions and	l Liquid	ity Shortfalls								
18					ear by employer(s) and emp			r		1			
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees		Date D-YYYY)	(b) Amount p employer		(0	(c) Amount paid by employees		
	2/05/2016		- 1 - 7 - (438	0	`	,	1 1/2	(-)			,	_
	5/06/2016			438	0								
08	3/08/2016	6		438	0								_
11	1/09/2016	6		438	0								
0,	1/13/2017	7		17000	0								
						Totals ▶	18(b)	18752	18(c)			0
19	Discour	nted emp	loyer contributions	- see inst	ructions for small plan with	a valuation	date after	the beginning of th	e year:				
	a Conti	ributions	allocated toward u	npaid min	imum required contributions	s from prior	years		19a				0
	b Contr	ibutions	made to avoid rest	rictions ac	ljusted to valuation date				19b				0
	C Contr	ibutions a	allocated toward mir	nimum requ	uired contribution for current y	ear adjuste	d to valuati	on date	. 19c			1751	6
20		•	outions and liquidity									_	
	a Did th	he plan h	nave a "funding sho	ortfall" for t	he prior year?						X	Yes No	
	b If line	20a is "	Yes," were require	d quarterly	installments for the curren	t year made	e in a timel	y manner?			X	Yes No	
	C If line	20a is "	Yes," see instruction	ons and co	mplete the following table a	as applicabl	e:						
		(4)			Liquidity shortfall as of e	nd of quart					(4) 4:1		
		(1) 19			(2) 2nd		(3)				(4) 4th		
			0		0			0				0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost				
21	Discour			0 0 0					
	a Segr	ment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %		N/A, full yie	ld curve	e used
	b Appli	icable month (e	enter code)			21b			0
22	Weighte	ed average ret	irement age			. 22			0
23	Mortalit	y table(s) (see	e instructions)	escribed - combined X Pres	scribed - separate	Substitu	te		
Pa	rt VI I	Miscellaned	ous Items						
24	Has a c	change been m	ade in the non-prescribed act	tuarial assumptions for the current			· · ·	ed X Yes	No
25	Has a n	nethod change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X No
27		•	•	ter applicable code and see instruc	tions regarding	27	<u> </u>		
Pa	rt VII	Reconcilia	ntion of Unpaid Minimu	um Required Contribution	s For Prior Years				
28	Unpaid	minimum requ	ired contributions for all prior	years		. 28			0
29	Discour	nted employer	contributions allocated toward	d unpaid minimum required contrib	utions from prior years	29			0
30	Remain	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30			0
Pa	rt VIII	Minimum	Required Contribution	For Current Year					
31			nd excess assets (see instruct						
						31a			1000
	_			line 31a		31b			0
32		ation installme			Outstanding Bala	ance	Instal	lment	
	a Net s	hortfall amortiz	ration installment			10110			1745
	b Waiv	er amortization	installment			0			0
33	If a wai	ver has been a	pproved for this plan year, en	ter the date of the ruling letter grar		33			0
34	Total fu	ınding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			2745
				Carryover balance	Prefunding bala	nce	Total b	alance	
35			use to offset funding	0		0			0
36	Addition	nal cash requir	ement (line 34 minus line 35)			36			2745
37				ontribution for current year adjusted		37			17516
38	Present	t value of exce	ss contributions for current ye	ar (see instructions)					
	a Total	(excess, if any	, of line 37 over line 36)			. 38a			14771
	b Portion	on included in I	ine 38a attributable to use of	prefunding and funding standard ca	arryover balances	38b			0
39	Unpaid	minimum requ	ired contribution for current y	ear (excess, if any, of line 36 over l	ine 37)	39			0
40	Unpaid	minimum requ	ired contributions for all years	S		40			0
Pa	rt IX	Pension F	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)			
41	If an ele		le to use PRA 2010 funding re						
	a Sche	dule elected					2 plus 7 years	15	years
	b Eligib	ole plan year(s)	for which the election in line	41a was made		200	8 2009 20	10	2011
42	Amount	of acceleration	n adjustment			. 42			0
43	Evcess	installment acc	celeration amount to be carrie	d over to future plan years		43			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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 section 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning	11/01/2015	and ending	10/31/20:	1.6
A This return/report is for:	a list of participating	r plan (not multiemployer) g employer information in	(Filers checking the accordance with the	nis box must attach ne form instructions)
B This return/report is: the first return/report	a foreign plan the final return/repo	· · · ·		
	_ 			
an amended return/report	a short plan year re	eturn/report (less than 12 i	months)	
C Check box if filing under:	automatic extension	n	DFVC p	rogram
Part II Basic Plan Information enter all requested				
1a Name of plan	information		1b Three-digit	
Lacrosse Division of Kemps, LLC Employee	Pension Plan		plan numb (PN) ►	er 004
			1c Effective d	•
2a Plan sponsor's name (employer, if for a single-employer plan)			11/01/1	·
Mailing Address (include room, apt., suite no. and street or P.o City or town, state or province, country, and ZIP or foreign pos	 Box) tal code (if foreign, see in 	nstructions)	(EIN) 41	dentification Number -1336018
Kemps, LLC			2C Sponsor's (507) 2	telephone number
				ode (see instructions)
406 N. Broadway			311500	ode (see instructions)
US Rochester MN 55906				
3a Plan administrator's name and address X Same as Plan Sp	onsor Name		3b Administra	tor's FIN
·			The Francisco	101 0 12114
			3C Administra	tor's talantas
			3C Administrat	tor's telephone number
4 If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN	***
a Sponsor's name			_	
			4c PN	
 5a Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year 	***************************************	******************************	5a	13
b Total number of participants at the end of the plan yearc Number of participants with account balances as of the end of	the plan year (defined be	nofit plane de net	5b	13
complete this item)	me pian year (deimed be	ment plans do not	5c	
d(1) Total number of active participants at the beginning of the pla			5d(1)	0
d(2) Total number of active participants at the end of the plan yea	ı r	777000055555557777777777000555555555777770000	5d(2)	
e Number of participants that terminated employment during the				0
less than 100% vested			5e	0
Caution: A penalty for the late or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca	use is establishe	d.
Under penalties of perjury and other penalties set forth in the instru	ctions. I declare that I ha	ve examined this return/re	anort including if	annlicable, a Schodule
SB or Schedule IVIB completed and signed by an enrolled actuary,	as well as the electronic	version of this return/repo	rt, and to the best	of my knowledge and
belief, it is true, correct, and complete.				
SIGN	7/18/17	Kevin Cody		
HERE Signature of plan administrator	Date	Enter name of individua	al signing as plan a	dministrator
SIGN	7/18/17	Kevin Cody		
HERE Signature of employer/plan sponsor	Date	Enter name of individua	al signing as emplo	ver or plan sponsor
Preparer's name (including/firm name, if applicable) and address; in		ber	Preparer's teleph	
	•			

	Form 5500-SF 2015		Page 2					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		********		1533466433	X Yes No
þ	Are you claiming a waiver of the annual examination and report of a	n indepen						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditi	ons.)					XYes No
С	If you answered "No" to either line 6a or line 6b, the plan cannot lf the plan is a defined benefit plan, is it covered under the PBGC in	ot use For	m 5500-SF and must in	stead	duse	Form]
10950	100000000000000000000000000000000000000	surance ρ	rogram (see ERISA sect	ion 40)21)?	******	·X Yes L	No Not determined
	art III Financial Information	Distriction and Design		1.				
<u>/</u>	Plan Assets and Liabilities		(a) Beginning (of Ye	ar	+	(b) E	nd of Year
b	Total plan liabilities	7a	3	12,	L57	-		290,639
C	Total plan liabilities	7b				+		
8	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amoun	12,: •	157			290,639 (b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amoun	1,9	 31 4			b) Total
	(2) Participants	8a(2)				120		
	(3) Others (including rollovers)	8a(3)				0000		
b	Other income (loss)	8b		5,6	49			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					ann a seem oo	7,563
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d .		28,1	47			
e	Certain deemed and/or corrective distributions (see instructions)	8e		20,1	.4/			
f	Administrative service providers (salaries, fees, commissions)	8f			34			
g	Other expenses	8g				20056 20050		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				100000		29,081
i	Net income (loss) (subtract line 8h from line 8c)	8i						(21,518)
<u></u>	Transfers to (from) the plan (see instructions)	8j			100100100000000000000000000000000000000	2590		
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe 1B	ature cod	es from the List of Plan C	Chara	cterist	ic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Ch	oraci	oriotia	Cod	oo in the instr	
	was plant provided from all defended of the applicable wender lea	itare code:	s nonz the cist of Flan Cr	iaraci	ensuc	Cou	es in the instr	uctions:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribut			Ï				Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo		-					
	Program)			10a		x		
	reported on line 10a.)	*************	*****************	10b		х		
<u>c</u>	Was the plan covered by a fidelity bond?			10c	x			5,000,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance					
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of t	he benefits under	40-		x		
f	Has the plan failed to provide any benefit when due under the plan			10e 10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х		
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruc	ctions and 29 CFR				1000	
j	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	e required	notice or one of the	10h 10i				
j	Did the plan trust incur unrelated business taxable income?			10i				
Par	t VI Pension Funding Compliance			10]				
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	*************	***************************************	•••••	• • • • • • • • • • • • • • • • • • • •		dule SB (Forn	Yes No
11a	Enter the unpaid minimum required contribution for current year fro						11a	
12	Is this a defined contribution plan subject to the minimum funding re	equiremen	ts of section 412 of the C	Code	or sec	tion 3	302 of ERISA	? Yes X No

	Form 5500-SF 2015	Page 3-					
	(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 the granting the waiver.						ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500)			Day	Yea		
b		····		12b			
c				12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter	a minus sign to th	ie left of a				
	negative amount)			12d			
e	Wilderstein Committee Comm	ne?	**********************	<u> </u>	Yes	No L	N/A
	t VII Plan Terminations and Transfers of Assets			1 —			
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	es 🗵 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	of the PBGC?	**********************	**********************	**********		Yes	X No
	If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), ider	ntify the plan(s) t	:0			
	13c(1) Name of plan(s):		13	c(2) EIN((s)	13c(3)	PN(s)
Par	t VIII Trust Information						
14a	Name of trust		."	14b T	rust's EIN		
140	Name of trustee or custodian				rustee or co		s
1911(6)							
111111111111	t IX IRS Compliance Questions			· · · · · · · · · · · · · · · · · · ·			
15a	l is the plan a 401(k) plan:	***************************************	*****************	☐ Yes	s [No	
15t	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for emp	niovaa dafarrale s	and amployer		sign- sed safe 「	□ ADP/	ΔCP
	matching contributions (as applicable) under sections $401(k)(3)$ and $401(m)(2)$?			har	bor	test	HOF
150	A IS ADDIACD took did the 404/IV also preferre ADDIACD to the first facility	41 11		me	thod		
130	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-) the "current yea -2(a)(2)(ii) and 1	ır 4∩1(m)-	Yes	s [] No	
	2(a)(2)(ii))?						
16a	Check the box to indicate the method used by the plan to satisfy the coverage require	ements under sec	ction 410(b):	Rat Per	tio centage [Avera	•
16k	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and this plan with any other plans under the permissive aggregation rules?			Tes		Bene:	it Test
17a	Has the Plan been timely amended for all required law changes?			☐ Yes] No	□ N/A
	Date of the last plan amendment/restatement for the required tax law changes was a				ible code _		
17c	instructions for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volur	ne submitter plan	that is subject t	o a favor	able IRS or	ninion or	
	advisory letter, enter the date of that favorable letter / / . and the lift the plan is an individually-designed plan and recieved a favorable determination let	e letter's serial nu	ımber				
18	determination letter / / Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands	section 1022(i)(2) has been	☐ Yes	· ·	Nr.	
19	Were in-service distributions made during the plan year?			☐ Yes		No	
	If Yes, enter amount	***************************************	•••••	19			
20	Were minimum required distributions made to 5% owners who have attained age 70 3 not retired) as required under section 401(a)(9)?	∕₂ (regardless of v	vhether or	Yes	; <u> </u>] No	□ N/A

Attachment to Schedule SB – Part V Summary of Plan Provisions LaCrosse Division of Kemps, LLC Employee Pension Plan EIN: 41-1336018 Plan Number: 004 Page 1 of 2

Summary of Plan Provisions

Plan Provisions

The most recent amendment (full plan restatement) reflected in the following plan provisions was adopted on January 17, 2014 and effective November 1, 2013.

Covered employees An employee of the LaCrosse Division that is represented by

the union for collective bargaining purposes, who has seniority status under the collective bargaining agreement,

and who was hired before November 1, 1999

Participation date Date of becoming a covered employee

Definitions

Vesting service One year if the participant worked at least 1,000 hours in the

plan year.

Pension service Based upon hours worked in a plan year, with 0.10 years of

pension service earned for each 180 hours worked, not to

exceed 1.0 in a plan year.

Normal retirement date (NRD) First of month coinciding with or next following the attainment

of age 65

Monthly pension benefit For termination dates after October 1, 2008, the monthly

pension benefit is \$21.00 for each year of pension service

Monthly preretirement death benefit 50% of the monthly pension benefit as of the date of death,

reduced for the 50% joint and survivor election

Eligibility for Benefits

Normal retirement Retirement on NRD

Early retirement Retirement before NRD and on or after both attaining age 60

and completing five years of vesting service

Postponed retirement Retirement after NRD

Vested termination Termination for reasons other than death or retirement after

completing five years of vesting service

Disability Permanent and total disability prior to NRD, and participant is

receiving a Social Security disability benefit, and has attained

15 years of vesting service

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred

vested retirement benefits, with a surviving spouse

Attachment to Schedule SB – Part V Summary of Plan Provisions

LaCrosse Division of Kemps, LLC Employee Pension Plan

EIN: 41-1336018 Plan Number: 004

Page 2 of 2

Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

Early retirement Monthly pension benefit determined as of early retirement

date, with no reduction for commencement before NRD.

Postponed retirement Monthly pension benefit determined as of actual retirement

date.

Vested termination Monthly pension benefit determined as of termination date,

reduced 6.667% for each year prior to NRD.

Disablement Monthly pension benefit determined as of the date of

disablement, payable immediately with no reduction for

commencement before NRD.

Preretirement death 50% of the monthly pension benefit as of the date of death,

reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 60th birthday.

Other Plan Provisions

Forms of payment Preretirement death benefits are payable only as described

above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, 75% joint and survivor annuity, 10-year certain and life annuity, a 15-year certain and life annuity, or a life annuity. Actuarial equivalence is based on 5.0% interest

and the 1971 Group Annuity Mortality Table.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the

maximum limitations for that year as defined in the Internal

Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Attachment to Schedule SB – Part V Statement of Actuarial Assumptions/Methods LaCrosse Division of Kemps, LLC Employee Pension Plan EIN: 41-1336018 Plan Number: 004

Page 1 of 3

Statement of Actuarial Assumptions and Methods

Assumptions and Methods for Contribution Purposes

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

Applicable month
 Interest rate basis
 November 2015
 3-Segment Rates

Interest rates:

		Reflecting Corridors	Not Reflecting Corridors
•	First segment rate	4.72%	1.36%
•	Second segment rate	6.11%	3.99%
>	Third segment rate	6.81%	5.02%
•	Effective interest rate	6.12%	4.04%
Ad	ministrative and investment expenses	\$1,000	

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date

on which the employee becomes a participant.

New or rehired employees

Mortality

► Healthy Separate rates for non-annuitants (based on RP-2000

"Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount

It was assumed there will be no new or rehired employees.

adjustments, projected to 2022 using Scale AA).

Benefit commencement date:

Deferred vested benefit Age 65

Form of payment Life annuity

Percent married 100% of males; 100% of females. Used to value pre-

retirement surviving spouse benefits.

Attachment to Schedule SB - Part V Statement of Actuarial Assumptions/Methods LaCrosse Division of Kemps, LLC Employee Pension Plan

EIN: 41-1336018 Plan Number: 004 Page 2 of 3

Spouse age

Wife same age as husband.

At-risk assumptions For at-risk calculations, all participants eligible to elect

benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the

plan, which is usually the normal form of payment.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the

month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations

under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan

> year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations

under IRC §430.

Actuarial value of assets for determining minimum required

contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75%. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2014 plan year.)

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Kemps LLC regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with DFA and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Attachment to Schedule SB – Part V Statement of Actuarial Assumptions/Methods LaCrosse Division of Kemps, LLC Employee Pension Plan

EIN: 41-1336018 Plan Number: 004

Page 3 of 3

Administrative and investment expenses

Administrative and investment expenses are estimated by determining the expected actual expenses for the coming

year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described herein, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC 430.

The assumed plan-related expenses added to the target normal cost were changed from \$1,200 for the prior valuation to \$1,000 for the current valuation to account for lower expected expenses to be paid from the trust.

Change in methods since prior valuation

None

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).

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For	calendar plan year 2015 or fiscal plan year beginning 11/01/2015		and endir	ng	10/31/20)16
	Round off amounts to nearest dollar.					
•	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable ca	use is establishe	ed ₊		
	Name of plan		B Three-dig	jit		0.04
Ι	LaCrosse Division of Kemps LLC Employee Pension Pl	an	plan num	ber (PN)	•	004
			5- 4-			
C F	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identificat	ion Number (E	N)
			41 122601	0		
ŀ	Kemps LLC		41-133601	. 8		
Ет	ype of plan: X Single Multiple-A Multiple-B F Prior year p	lan size: [100 or fewer	101-50	00 More tha	an 500
Pa	art I Basic Information					
1		2015				
2	Assets:					
	a Market value			2a		312,737
	b Actuarial value			2b		319,906
3	Funding target/participant count breakdown	' '	Number of		ted Funding	(3) Total Funding Target
		pa	rticipants	Т	arget	
	a For retired participants and beneficiaries receiving payment		/		256,806	256,806
	b For terminated vested participants		6		73,210	73,210
	C For active participants		0		0	0
	d Total		13		330,016	330,016
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)				mei Ne XII	The state of the s
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for at-risk status for fewer than five consecutive years and disregarding loading f	plans that actor	have been in	4b		
5	Effective interest rate			5		6.12%
6	Target normal cost			6		1,000
Stat	tement by Enrolled Actuary					
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statement accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into combination, offer my best estimate of anticipated experience under the plan.	s and attachn account the	nents, if any, is comple experience of the plan	ete and accu and reasona	rate. Each prescribe able expectations) a	d assumption was applied in nd such other assumptions, In
•	SIGN MAD					
100	IERE MARY ANNE DUTEMPLE				07/03/20	17
	Signature of actuary		= = = = = = = = = = = = = = = = = = = =		Date	
MAR	Y ANNE DUTEMPLE				170666	5
-	Type or print name of actuary		<u></u>	Most r	ecent enrollme	nt number
TOW	ERS WATSON DELAWARE, INC.				314-719-5	900
-	Firm name		Т	elephone	number (includ	ing area code)
101	SOUTH HANLEY					
ST	LOUIS MO 63105-3411					
	Address of the firm					
If the	e actuary has not fully reflected any regulation or ruling promulgated under the statut	e in compl	eting this schedu	ıle, check	the box and s	ee 🗍
	and any many temption and transfer and the state of the s	-	-			

	S	Schedule S	B (Form 5500) 2	015		Page 2	2 -						
Pá	art II	Begin	ning of Year	Carryove	r and Prefunding Ba	lances							
_							(a) C	arryover balance		(b) F	Prefundin	g balaı	псе
7		0	0 ,		ble adjustments (line 13 fro			1	,224				C
8	,				nding requirement (line 35 f								
U				•	requirement (line 33 i			1	,224				C
9	Amour	nt remainin	ng (line 7 minus li	ne 8)					0				(
10	Interes	t on line 9	using prior year'	s actual retur	n of0.99%				0				(
11	Prior y	ear's exce	ss contributions t	to be added to	o prefunding balance:								
				`	8a from prior year)	_							19
					over line 38b from prior ye interest rate of 6 · 3 4%								0
			• • •		dule SB, using prior year's								
				-									C
	C Total	l available	at beginning of cu	rrent plan yea	r to add to prefunding baland	e							19
	d Port	ion of (c) t	o be added to pre	efunding bala	ince								(
12	Other r	reductions	in balances due	to elections of	or deemed elections				0				(
					ine 10 + line 11d – line 12)				0				(
	art III		ding Percent	`	,	ı			<u> </u>				
											14	96	.93%
			target attainmen								15	96	.93%
			_		f determining whether carry						16	0.0	26
			<u> </u>									93	36%
17	If the c	urrent valu	ue of the assets of	of the plan is I	less than 70 percent of the	funding targe	et, enter si	uch percentage			17		%
	art IV		tributions an		•								
18					ar by employer(s) and empl					T .			
(N	(a) Da 1M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) Da (MM-DD-)		(b) Amount pa employer(s	•	(0	Amoun) emplo	•	ЭУ
Ò:	2/05/	2016		438	0	,	, i	. , ,	,		•	•	
0.	5/06/	2016		438	0								
	8/08/			438	0								
	1/09/			438	0								
0	1/13/	2017		17,000	0								
													-
						Totals ▶	18(b)	-	18,752	2 18(c)			(
19	Discou	inted empl	oyer contribution	s – see instru	actions for small plan with a	valuation da	te after th				•		
			-		num required contributions			Г.	19a				(
	b Cont	tributions r	made to avoid res	strictions adju	sted to valuation date				19b				(
				_	red contribution for current ye			F	19c			1	L7,516
20													
		-		-	e prior year?						X	Yes	No
	b If lin	e 20a is "\	es," were require	ed quarterly in	nstallments for the current	year made in	a timely r	nanner?			X	Yes	No
	C If line	e 20a is "Y	es," see instruct	ions and com	plete the following table as	applicable:							
				1	Liquidity shortfall as of en		of this plar	ı year	, '				
		(1) 1s	t		(2) 2nd	1	(3)	3rd			(4) 4th		

			ons Used to Determine	Funding Target and Targe	et Normal Cost						
21	Discou	int rate:		T	T	1					
	a Seg	ment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment 6.81%		N/A, full yie	ld curv	e use	ed	
	b App	licable month (enter code)			21b				0	
22	Weigh	ted average ret	tirement age			. 22					
		ity table(s) (se			scribed - separate	Substitut	te				
Pa	rt VI	Miscellane	ous Items			_		-			
				tuarial assumptions for the current	plan year? If "Yes." see	instructions	regarding require				
									; П	No	
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X	No	
26	Is the	olan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		Yes	X	No	
27	If the p	olan is subject t	o alternative funding rules, en	ter applicable code and see instruc	tions regarding	27					
	attachi	ment				. 21					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years						
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0	
29				d unpaid minimum required contrib	, ,	29				0	
- 20										0	
				ntributions (line 28 minus line 29)		. 30					
		_	Required Contribution								
31			nd excess assets (see instruct								
						. 31a			1,	,000	
				line 31a	т	. 31b				0	
32	Amortization installments: Outstanding Ba				Outstanding Bala		Install	ment			
	a Net	shortfall amortiz	zation installment			10,110			1,	,745	
	b Waiv	ver amortization	n installment			0				0	
33				iter the date of the ruling letter grar) and the waived amount		33				0	
34	Total fo	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			2,	,745	
				Carryover balance	Prefunding bala	ince	Total ba	alance	;		
35	Balanc	es elected for	use to offset funding								
				C		0				0	
36	Additio	nal cash requi	rement (line 34 minus line 35)			36			2,	,745	
37				ontribution for current year adjuste		37			17,	,516	
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)							
	a Tota	l (excess, if any	y, of line 37 over line 36)			. 38a			14,	771	
	b Porti	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b				0	
39	Unpaid	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39				0	
40				S	•	40				0	
Pa	rt IX			Pension Relief Act of 2010		;)		-			
			de to use PRA 2010 funding re		,	•					
	a Sche	edule elected					2 plus 7 years	15	year	s	
	b Eliai	ble plan vear(s) for which the election in line	41a was made					201		
42			,			. 42				0	
	43 Excess installment acceleration amount to be carried over to future plan years							0			
. •			dillount to be outlied			, 1				_	

Attachment to Schedule SB – Part V Statement of Actuarial Assumptions/Methods LaCrosse Division of Kemps, LLC Employee Pension Plan EIN: 41-1336018 Plan Number: 004

Page 1 of 3

Statement of Actuarial Assumptions and Methods

Assumptions and Methods for Contribution Purposes

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

Applicable month
 Interest rate basis
 November 2015
 3-Segment Rates

Interest rates:

		Reflecting Corridors	Not Reflecting Corridors
•	First segment rate	4.72%	1.36%
•	Second segment rate	6.11%	3.99%
>	Third segment rate	6.81%	5.02%
•	Effective interest rate	6.12%	4.04%
Ad	ministrative and investment expenses	\$1,000	

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date

on which the employee becomes a participant.

New or rehired employees

Mortality

► Healthy Separate rates for non-annuitants (based on RP-2000

"Employees" table without collar or amount adjustments, projected to 2030 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount

It was assumed there will be no new or rehired employees.

adjustments, projected to 2022 using Scale AA).

Benefit commencement date:

Deferred vested benefit Age 65

Form of payment Life annuity

Percent married 100% of males; 100% of females. Used to value pre-

retirement surviving spouse benefits.

Attachment to Schedule SB - Part V Statement of Actuarial Assumptions/Methods LaCrosse Division of Kemps, LLC Employee Pension Plan

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Spouse age

Wife same age as husband.

At-risk assumptions For at-risk calculations, all participants eligible to elect

benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the

plan, which is usually the normal form of payment.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the

month.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations

under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan

> year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations

under IRC §430.

Actuarial value of assets for determining minimum required

contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.75%. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2014 plan year.)

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Kemps LLC regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with DFA and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$1,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Attachment to Schedule SB – Part V Statement of Actuarial Assumptions/Methods LaCrosse Division of Kemps, LLC Employee Pension Plan

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Administrative and investment expenses

Administrative and investment expenses are estimated by determining the expected actual expenses for the coming

year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described herein, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC 430.

The assumed plan-related expenses added to the target normal cost were changed from \$1,200 for the prior valuation to \$1,000 for the current valuation to account for lower expected expenses to be paid from the trust.

Change in methods since prior valuation

None

Attachment to Schedule SB – Part V Summary of Plan Provisions LaCrosse Division of Kemps, LLC Employee Pension Plan EIN: 41-1336018 Plan Number: 004 Page 1 of 2

Summary of Plan Provisions

Plan Provisions

The most recent amendment (full plan restatement) reflected in the following plan provisions was adopted on January 17, 2014 and effective November 1, 2013.

Covered employees An employee of the LaCrosse Division that is represented by

the union for collective bargaining purposes, who has seniority status under the collective bargaining agreement,

and who was hired before November 1, 1999

Participation date Date of becoming a covered employee

Definitions

Vesting service One year if the participant worked at least 1,000 hours in the

plan year.

Pension service Based upon hours worked in a plan year, with 0.10 years of

pension service earned for each 180 hours worked, not to

exceed 1.0 in a plan year.

Normal retirement date (NRD) First of month coinciding with or next following the attainment

of age 65

Monthly pension benefit For termination dates after October 1, 2008, the monthly

pension benefit is \$21.00 for each year of pension service

Monthly preretirement death benefit 50% of the monthly pension benefit as of the date of death,

reduced for the 50% joint and survivor election

Eligibility for Benefits

Normal retirement Retirement on NRD

Early retirement Retirement before NRD and on or after both attaining age 60

and completing five years of vesting service

Postponed retirement Retirement after NRD

Vested termination Termination for reasons other than death or retirement after

completing five years of vesting service

Disability Permanent and total disability prior to NRD, and participant is

receiving a Social Security disability benefit, and has attained

15 years of vesting service

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred

vested retirement benefits, with a surviving spouse

Attachment to Schedule SB – Part V Summary of Plan Provisions

LaCrosse Division of Kemps, LLC Employee Pension Plan

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Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

Early retirement Monthly pension benefit determined as of early retirement

date, with no reduction for commencement before NRD.

Postponed retirement Monthly pension benefit determined as of actual retirement

date.

Vested termination Monthly pension benefit determined as of termination date,

reduced 6.667% for each year prior to NRD.

Disablement Monthly pension benefit determined as of the date of

disablement, payable immediately with no reduction for

commencement before NRD.

Preretirement death 50% of the monthly pension benefit as of the date of death,

reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 60th birthday.

Other Plan Provisions

Forms of payment Preretirement death benefits are payable only as described

above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, 75% joint and survivor annuity, 10-year certain and life annuity, a 15-year certain and life annuity, or a life annuity. Actuarial equivalence is based on 5.0% interest

and the 1971 Group Annuity Mortality Table.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the

maximum limitations for that year as defined in the Internal

Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Attachment to Schedule SB - Line 24 Change in Actuarial Assumptions LaCrosse Division of Kemps LLC Employee Pension Plan

EIN: 41-1336018 Plan Number: 004

The assumed plan-related expenses added to the target normal cost were changed from \$1,200 for the 11/1/2014 plan year to \$1,000 for the 11/1/2015 plan year.

Attachment to Schedule SB - Line 32 Schedule of Amortization Bases LaCrosse Division of Kemps LLC Employee Pension Plan

EIN: 41-1336018 Plan Number: 004

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 2	Shortfall Shortfall	11/01/2015 11/01/2014	7,188 3,286	7 6	7,188 2,922	1,195 550
<u>T</u>	otal				10,110	1,745

Attachment to Schedule SB - Line 32 Schedule of Amortization Bases LaCrosse Division of Kemps LLC Employee Pension Plan

EIN: 41-1336018 Plan Number: 004

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