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 Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 02/17/2015

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
- [ ] a one-participant plan
- [ ] a foreign plan

B This return/report is
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] a short plan year return/report (less than 12 months)

C Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KELLER FENCE INC 401 K PROFIT SHARING PLAN TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2012

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)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
KELLER FENCE INC

505 RANDOLPH AVE
SAINT PAUL, MN 55102-3615

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SAINT PAUL, MN 55102-3615

2b Employer Identification Number (EIN) 41-1605848

2c Sponsor's telephone number 651-646-8305

2d Business code (see instructions) 442299

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.
a Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	6
b Total number of participants at the end of the plan year	**5b**	0
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	0
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	4
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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 belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2018	REBECCA MADDAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2018	REBECCA MADDAS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)
REBECCA MADDAS

505 RANDOLPH AVENUE
SAINT PAUL, MN 55102-3615

Preparer's telephone number 651-646-8305

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ..... [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [ ] Yes [ ] No [X] Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	35301	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	35301	0
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a 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	0	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35301	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		35301
i Net income (loss) (subtract line 8h from line 8c)	8i		-35301
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c		X		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
j Did the plan trust incur unrelated business taxable income?	10j			X	

Part VI Pension Funding Compliance

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) ..... [ ] Yes [X] No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 ..... **11a**

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ... [ ] 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 instructions, and enter the date of the letter ruling granting the waiver. ..... Month _____ Day _____ Year _____

If 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**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ 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?		☒ 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 under the control of the PBGC?		☒ Yes ☐ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)
KELLER FENCE INC - SIMPLE IRA	37-1783472	001

Part VIII Trust Information

14a Name of trust	**14b** Trust's EIN
14c Name of trustee or custodian	**14d** Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan?	☐ Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
17a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

17b Date the last plan amendment/restatement for the required tax law changes was adopted____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).

17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No
19 Were in-service distributions made during the plan year?	☐ Yes	☐ No
If "Yes," enter amount	**19**	
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	☐ Yes	☐ No ☐ N/A

Business Transaction and Hardship Exception for Testing
Your plan may be exempt from the safe harbor compliance testing requirement if the plan termination resulted from a business transaction or hardship as follows.

IRC §410(b)(6)(C) - Business Transactions that Allow for Testing Exemption
- Change of related group
- Acquisition of stock or assets
- Merger of companies or similar transaction

IRC §412(c)(2) - Business Hardships that Allow for Testing Exemption
- The employer is operating at an economic loss
- There is substantial unemployment or underemployment in the trade or business and in the industry concerned
- The sales and profits of the industry concerned are depressed or declining

Please consult with your tax advisor or attorney to determine if a testing exemption applies to your situation.

- Complete the following section and **return this letter by fax to 585-218-8141, along with the enclosed Plan Termination Form to Paychex Retirement Services.**

Please acknowledge the reason for termination and return this signed letter so that we can process your plan termination:

☐ I acknowledge as Plan Administrator that we are terminating our qualified plan because of business hardship.

☑ I acknowledge as Plan Administrator that we are terminating our qualified plan because of a business transaction.

☐ I acknowledge as Plan Administrator that the plan is terminating for neither business hardship nor business transaction reasons; therefore, the plan is required to have compliance testing performed for the plan year.

Plan Administrator (print) Rebecca Maddas

Plan Administrator (signature) Rebecca Maddas Date 02/17/2015

Client Number 56 - U475 Plan Number 240623

If you have questions or require additional information, please call us at 800-472-0072. Representatives are available to assist you Monday through Friday between 8:00 a.m. and 8:00 p.m. ET.

Sincerely,

Paychex Retirement Services

Enclosure

Plan Termination Form

All items must be filled out completely. Failure to do so will delay the plan termination process.

Company Name Keller Fence Inc **Plan Number** 240623

Office/Client Number 56-U475 **E-Mail Address (required)** bmaddas@kellerfence.com

Fax Number 651-646-1615 **Phone Number** 651-646-8305

1. **Will you continue to use Paychex Payroll Services?** ☐ **Yes** (go to question 2.) ☑ **No**

   Did you know that even if you have canceled your Paychex Payroll Services, you can continue your 401(k) recordkeeping services through our non-payroll option? **Would you like to remain on Retirement Services as a non-payroll (NPR) client?**

   ☐ **Yes.** There is no need to complete the remainder of this form. Fax or mail the form using the contact information at the bottom of the page and we will provide you with NPR paperwork.

   How would you like to receive the paperwork? ☐ Fax ☐ E-mail ☐ U.S. Postal Mail

   ☑ **No.** Complete, sign, and return this form.

2. **What is the date of the last check from which Paychex Retirement Services should collect 401(k) contributions?** (Please provide a date in the future.) 02 / 18 / 2014

3. **Have you contacted Paychex Individual Services to assist with IRAs?** ☐ **Yes** ☑ **No** (refer to pg.2 for instructions.)

As the Adopting Employer of the Keller Fence Inc (*pick one*) ☑ 401(k) Profit Sharing Plan and
Company Name

Trust, ☐ Money Purchase Plan, or ☐ Profit Sharing Plan, I acknowledge the following:

- I have reviewed the Plan Termination Checklist.
- I have executed an Organization Resolution to terminate the plan.
- I have adopted all necessary plan amendments to conform to required law changes.
- I have notified all plan participants and beneficiaries regarding the termination of the plan.
- As a result of terminating the plan, all participants' account balances automatically become 100% vested.
- It is my responsibility to ensure that distributions to participants are made in a timely manner.
- In the event a participant has not returned the Distribution Election Form, before making a distribution, I must attempt to locate that individual in accordance with the U.S. Department of Labor's missing participant guidance.
- Paychex monthly administration fees will be deducted pro-rata from Plan assets (participant accounts and forfeitures) upon plan termination in accordance with the terms of the *Paychex Retirement Services Agreement*. If the plan fails the final plan year ADP/ACP test, a return of excess contributions will be processed for applicable highly compensated employees to correct the test results, unless you notify Paychex that you will fund a Qualified Non-Elective Contribution.
- Any forfeiture funds in the plan will be allocated to all eligible employees prior to plan termination. If you want to use forfeitures to pay for current year plan expenses, you must contact Paychex Human Resources Services.
- Your company's affiliates, as well as your company, must be taken into account when determining whether an alternative defined contribution plan exists that would bar distribution of assets.
- Final completion of the plan's termination is dependent upon the distribution of all assets in the plan. A Form 5500 Annual Return/Report must be filed each plan year in which assets remain in the plan. Paychex will provide a draft of Form 5500 via the Paychex Online Retirement Services Web site at https//online.paychex.com for each plan year for your review and submission.
- When a plan has distributed all assets, the plan year ends when liquidation is complete; accordingly, the deadline for filing the Form 5500 is the last day of the seventh month from the end of the plan year.
- If the plan's qualified default investment alternative (QDIA) is a GuidedSavings™ managed account, any future scheduled transfer of fund allocations will be void.
- Paychex assumes no responsibility for the plan's compliance with the qualified plan regulations and requirements under the Internal Revenue Code, the U.S. Department of Labor, or ERISA.

Adopting Employer Signature Rebecca Maddas **Title** Controller / OM
Company Representative Who Signed Adoption Agreement

Print Name Rebecca Maddas **Date Signed** 02 / 17 /2015

Fax to 585-218-8141
or mail to:
Paychex Retirement Plan Administration, 1175 John Street, West Henrietta, NY 14586

Reason for Plan Termination

Your feedback is important to us. In an ongoing effort to enhance our products and services we welcome any comments you are willing to share. Thank you for your input.

Please use numbers (with "1" being the primary reason) to indicate your reason(s) for transferring your 401(k) plan:

Change in Business Structure	**Price**
☐ Business is closing	☐ Monthly administration fees are too high
✓ Company buyout	☐ Competitor offered a better price
☐ Merging with a company that has established plan	☐ Business downsizing/experiencing financial issues
Comments New owner	Comments
Dissatisfaction with Service	**Dissatisfaction with Product**
☐ Setup/conversion experience	☐ Desired plan option not available
☐ Billing errors	☐ Information/Reports are inadequate
☐ Issues with plan compliance	☐ Web site is unsatisfactory
☐ Lack of fund advice	☐ Narrow fund selection
☐ Need more assistance with plan administration	☐ Dissatisfaction with non-payroll product
☐ Unhappy with service interaction (800 number)	Comments
Comments	**Lack of participation**
Dissatisfaction with Sales	☐ Employees are not interested/not participating
☐ Plan that was sold is not needed/expected	☐ Company no longer has employees
☐ Misrepresentation of product/service by sales rep	☐ Owner is unable to contribute
Comments	Comments
Discontinued Paychex Payroll Services	
☐ No longer using Paychex Payroll Services	
Comments	

Adopting Employer Signature Rebecca Maddas **Title** Controller/ OM

Company Representative Who Signed Adoption Agreement

Print Name Rebecca Maddas **Date Signed** 02 / 17 / 2015

Fax to 585-218-8141
or mail to:
Paychex Retirement Plan Administration, 1175 John Street, West Henrietta, NY 14586