## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Parti	Annual Repor	t identification information										
For calend	ar plan year 2015 or f	fiscal plan year beginning 01/01/	2015	and ending 12	2/31/2015							
A This re	turn/report is for:		er) (Filers checking this box must attach a accordance with the form instructions)									
71 1111010	turn/report to for.	a one-participant plan	a foreign plan									
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	ort								
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC	program						
		special extension (enter desc	. ,									
Part II	Basic Plan Infe	ormation—enter all requested ir	formation									
1a Name ADO PROD	of plan OUCTS, LLC 401(K) P	PLAN & TRUST			1b Three-digit plan number (PN) ▶							
					1c Effective da	ate of plan 01/01/1996						
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0		tructions)		dentification Number 26-2944301						
ADO PRODI		ce, country, and ZIP or foreign pos	tai code (ii foreign, see ins	tructions)		telephone number 52-885-7202						
					2d Business co	ode (see instructions)						
2905 NORTI PLYMOUTH	HWEST BLVD STE 2 , MN 55441	30				326100						
3a Plan a	idministrator's name a	and address XSame as Plan Spon	sor.		<b>3b</b> Administrat	or's EIN						
4 If the i	name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	or's telephone number						
	e, EIN, and the plan nu sor's name	umber from the last return/report.			4c PN							
<b>5a</b> Total	number of participant	s at the beginning of the plan year.			5a	32						
_		s at the end of the plan year			5b	32						
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (defined ber	nefit plans do not	5c	24						
	,	articipants at the beginning of the p			5d(1)	27						
		articipants at the end of the plan ye	-		5d(2)	29						
<b>e</b> Numl	ber of participants tha	t terminated employment during the	e plan year with accrued be	enefits that were less	5e	0						
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	l unless reasonable car	use is establishe	d.						
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nolete.										
SIGN		d/valid electronic signature.	05/26/2016	KEITH OBERMEYER								
HERE	Signature of plan		Date	Enter name of individ	ual signing as plar	n administrator						
SIGN												
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing as emi	ployer or plan sponsor						
Preparer's		name, if applicable) and address (i	nclude room or suite numb		Preparer's teleph	· · · · · · · · · · · · · · · · · · ·						

Form 5500-SF 2015		Page <b>2</b>							
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>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 lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second</li></ul>	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	r
a Total plan assets	7a		2354					24	55627
<b>b</b> Total plan liabilities	7b			291					
C Net plan assets (subtract line 7b from line 7a)	7c		2354	635					55627
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) .	Total	
Contributions received or receivable from:     (1) Employers	8a(1)		70	054					
(2) Participants	8a(2)		159	090					
(3) Others (including rollovers)	8a(3)								
<b>b</b> Other income (loss)	8b		22	2357					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2	51501
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	8d		146	6737					
to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		140	77 07					
f Administrative service providers (salaries, fees, commissions)	8f			3772					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	50509
i Net income (loss) (subtract line 8h from line 8c)	8i							1	00992
j Transfers to (from) the plan (see instructions)	8i								
Part IV Plan Characteristics	<u> </u>								
<b>9a</b> If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Pl	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare fe		or frame that I had a CDIa	. 01			laa ta da			
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pia	n Chara	acterist	ic Coc	ies in the	e instruc	tions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
<b>a</b> Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?			10c	X					235464
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				200101
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e	X					6886
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 a	s of vear er	nd.)	10g		Χ				
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	ctions and 29 CFR	10g 10h		X				
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	he required	notice or one of the	10ii						
j Did the plan trust incur unrelated business taxable income?			10i						
Part VI Pension Funding Compliance			ıvj	<u> </u>	<u> </u>	l l			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes 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						302 of E	RISA?	. 🛮 .	Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 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	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 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)   • Will the minimum funding amount reported on line 12d be met by the funding deadline?						No 🗆	N/A			
Part		Plan Terminations and Transfers of Assets			Yes	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	Γrust's EIN	١				
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's			
140 Name of Busice of Sustainan					telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan?		Ye	S	No				
15b	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 ADP/ACP harbor test method				
15c	fc 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 secti	on 410(b):		atio ercentage st	Average benefit 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 yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		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 fav	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	;	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			

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> 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

	rt Identification Information			10/21	1/2015				
For calendar plan year 2015 or		01/01/2015	and ending		1/2015				
A This return/report is for:    X   a single-employer plan					the form instructions)				
B This return/report is									
	dreport (less than 12 m	ionths)							
C Check box if filing under:	Form 5558	automatic extension			VC program				
	special extension (enter desc	ription)							
Part II Basic Plan In	formation—enter all requested in	formation		r	·				
1a Name of plan ADO PRODUCTS, LLC	401(K) PLAN & TRUST			1b Three-d plan nur (PN) ▶	mber 001				
			·	1c Effective date of plan 01/01/1996					
Mailing address (include re	ployer, if for a single-employer plan) dom, apt., suite no, and street, or P.C	). Box)	- W	2b Employer Identification Number (EIN) 26-2944301					
City or town, state or provi ADO PRODUCTS, LLC	nce, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	2c Sponsor's telephone number 952-885-7202					
2905 NORTHWEST BL	VD STE 230				s code (see instructions)				
PLYMOUTH	MN 55441								
	and address XSame as Plan Spons	sor.		3b Administrator's EIN					
					······································				
				3C Adminisi	trator's telephone number				
				;	·				
4 If the name and/or EIN of name, EIN, and the plan r	the plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN					
· · · · · · · · · · · · · · · · · · ·	inition that the inertendent point			1					
a Sponsor's name	Editod trott the last total the sport			4c PN					
			***************************************		32				
5a Total number of participar	nts at the beginning of the plan year				32 32				
5a Total number of participar b Total number of participar c Number of participants will	nts at the beginning of the plan year ts at the end of the plan year th account balances as of the end of	the plan year (defined bene	fit plans do not	5a					
5a Total number of participar b Total number of participar c Number of participants will complete this item)	als at the beginning of the plan year this at the end of the plan yearh account balances as of the end of	the plan year (defined bene	fit plans do not	5a 5b	32				
Total number of participar     Total number of participar     Number of participants will     complete this item)  d(1) Total number of active	nts at the beginning of the plan year  Its at the end of the plan year  Ith account balances as of the end of	the plan year (defined bene	fit plans do not	5a 5b 5c	32				
5a Total number of participar b Total number of participar c Number of participants will complete this item)	ats at the beginning of the plan year  the at the end of the plan year  the account balances as of the end of the plan year in the plan year in the plan year terminated employment during the	the plan year (defined bene an yearar arar	fit plans do not	5a 5b 5c 5d(1) 5d(2) 5e	32				
5a Total number of participar b Total number of participar c Number of participants will complete this item)	ats at the beginning of the plan year the at the end of the plan year the account balances as of the end of the plan year increases at the participants at the end of the plan year terminated employment during the end of Incomplete filing of this return	the plan year (defined bene an yearar plan year with accrued ber	fit plans do not	5a 5b 5c 5d(1) 5d(2) 5e use is establis	32 24 27 29 0				
5a Total number of participar b Total number of participar c Number of participants will complete this item)	ats at the beginning of the plan year the account balances as of the end of the plan year in the count balances as of the end of the plan year icipants at the end of the plan year terminated employment during the eor Incomplete filing of this return	the plan year (defined bene an year plan year with accrued ber	fit plans do not lefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is establis	24 27 29 0				
5a Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active d(2) Total number of active e Number of participants the than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and co	ats at the beginning of the plan year the at the end of the plan year the account balances as of the end of the plan year increases at the participants at the end of the plan year terminated employment during the end of Incomplete filing of this return	the plan year (defined bene an year plan year with accrued ber	fit plans do not lefits that were less	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, and to the be	24 27 29 0				
5a Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active and d(2) Total number of participants the standard of participants will be standard of participants the standard of participants the standard of participants the standard of participants will be standard of participants will be standard of participants will be standard of participants the standard of participants will be standard of participants the standard of	ats at the beginning of the plan year  the account balances as of the end of the plan year in the account balances as of the end of the plan year in the plan year iterminated employment during the plan year items and signed by an enrolled actuary, amplete.	the plan year (defined bene an year plan year with accrued ber infreport will be assessed in clions, I declare that I have as well as the electronic vers	fit plans do not  lefits that were less  unless reasonable cau examined this return/repon	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be	24 27 29 0 ihed. if applicable, a Schedule last of my knowledge and				
5a Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active   d(2) Total number of active   e Number of participants the than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and co	ats at the beginning of the plan year  the account balances as of the end of the plan year in the account balances as of the end of the plan year in the plan year iterminated employment during the plan year items and signed by an enrolled actuary, amplete.	the plan year (defined bene ian year	fit plans do not  refits that were less  reasonable car  examined this return/re  sion of this return/report  KEITH OBERMEY	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be ER ual signing as t	24 27 29 0 ihed. if applicable, a Schedule last of my knowledge and				
5a Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active   d(2) Total number of active   e Number of participants the than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and co	ats at the beginning of the plan year	the plan year (defined bene an year	fit plans do not  lefits that were less  linless reasonable cau examined this return/report  KEITH OBERMEY  Enter name of individ  KEITH OBERMEY	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be ER ual signing as gereat sig	24 27 29 0 hed. if applicable, a Schedule st of my knowledge and plan administrator employer or plan sponsor				
5a Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active of d(2) Total number of participants the stand 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and completed belief, it is true. Signature of plar Sign Here Signature of emp	ats at the beginning of the plan year  the account balances as of the end of the plan year in the account balances as of the end of the plan year in the plan year iterminated employment during the plan year items and signed by an enrolled actuary, amplete.	the plan year (defined bene an year	intername of individ	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be ER ual signing as gereat sig	24 27 29 0 shed. if applicable, a Schedule st of my knowledge and				
5a Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active of d(2) Total number of participants the stand 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and completed belief, it is true. Signature of plar Sign Here Signature of emp	ats at the beginning of the plan year	the plan year (defined bene an year	intername of individ	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be ER ual signing as gereat sig	24 27 29 0 hed. if applicable, a Schedule st of my knowledge and plan administrator employer or plan sponsor				
5a Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active of d(2) Total number of participants the stand 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct and completed belief, it is true. Signature of plar Sign Here Signature of emp	ats at the beginning of the plan year	the plan year (defined bene an year	intername of individ	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be ER ual signing as gereat sig	24 27 29 0 hed. if applicable, a Schedule st of my knowledge and plan administrator employer or plan sponsor				
b Total number of participar b Total number of participar c Number of participants will complete this item) d(1) Total number of active of d(2) Total number of participants the standard of participants and standard of participants the standard of participants and standard of participants the standard of participants and standard of standard of participants and standard of participan	ats at the beginning of the plan year	the plan year (defined bene an year	intername of individ	5a 5b 5c 5d(1) 5d(2) 5e use is establis port, including, t, and to the be ER ual signing as gereat sig	24 27 29 0 ihed. if applicable, a Schedule est of my knowledge and plan administrator employer or plan sponsor lephone number				

. Form 5500-SF 2015		Page 2									
6a Were all of the plan's assets during the plan year invested in eligible. 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 confirm the plan is a defined benefit plan, is it covered under the PBGC	f an indepe y and condii not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	account st inste	ant (IC	PA)  Forn	n 5500.		_	X Ye X Ye	s []	No
Part III Financial Information	modrance p	Togram (see Elvion s	CONGIL	102 171			П				
7 Plan Assets and Liabilities		(a) Beginnin	n of Ye	ar	Т		(b) En	d of \	ear		
a Total plan assets		(4) = 0 3		5492	б					455	627
b Total plan liabilities				29	1						
C Net plan assets (subtract line 7b from line 7a)			23	5463	5				2	455	627
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(d)	Tota	<u> </u>		
a Contributions received or receivable from:			70054								
(1) Employers			1	5909	133	Control of the Contro				::::::::::::::::::::::::::::::::::::::	
(2) Participants	1			3303						1	4
(3) Others (Including rollovers)				2235	7					(45%)	1:33
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<del></del>									251	501
d Benefits paid (including direct rollovers and insurance premiums				4677	7						
to provide benefits)	1		Т.	4673	7 See						andrew Transport
e Certain deemed and/or corrective distributions (see instructions)				377	2						
f Administrative service providers (salaries, fees, commissions)	-			311	2 00	710505					
g Other expenses			eigiaya);		(A)	ere processes	Gardan et sandet and	strategy.		150	509
Net income (loss) (subtract line 8h from line 8c)	otal expenses (add lines 8d, 8e, 8f, and 8g)										992
Transfers to (from) the plan (see instructions)											
Part IV Plan Characteristics	1 0							·			**********
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H  B If the plan provides welfare benefits, enter the applicable welfare				***							
Part V Compliance Questions  10 During the plan year:				Yes	No	N/A	T	Δπ	nount		
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)      Were there any nonexempt transactions with any party-in-Interest	Voluntary F	iduciary Correction	10a		х						
reported on line 10a.)			10b	<u> </u>		\$18.5 \$18.50					
C Was the plan covered by a fidelity bond?			10c	X						23	5464
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		***************************************	10d		х				·····		
e 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.)	ne or all of	the benefits under	10e	х					<del></del> .		688
f Has the plan failed to provide any benefit when due under the plan	an?		10f		Х						
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g		Х						
2520.101-3.)	ccount plan, was there a blackout period? (See instructions and 29 CFR				х						
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	10i								
j Did the plan trust incur unrelated business taxable income?	***************************************		10j								
Part VI Pension Funding Compliance											
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								] [.	Yes	: []	No
11a Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a					
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 E	RISA?.		Yes	X	No