

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	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 <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EMPO CORPORATION 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/2000</u>					
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) <u>EMPO CORPORATION</u> <u>7760 FRANCE AVE SOUTH</u> <u>SUITE 1100</u> <u>BLOOMINGTON, MN 55435</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>41-1943030</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>763-566-4664</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541214</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-1943030</u>	2c Plan Sponsor's telephone number <u>763-566-4664</u>	2d Business code (see instructions) <u>541214</u>	
2b Employer Identification Number (EIN) <u>41-1943030</u>					
2c Plan Sponsor's telephone number <u>763-566-4664</u>					
2d Business code (see instructions) <u>541214</u>					

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 accompanying schedules, statements and attachments, 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.	<u>10/17/2016</u>	<u>ALAN REID</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ 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
5 Total number of participants at the beginning of the plan year	5 355
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 277 6a(2) 298 6b 0 6c 64 6d 362 6e 0 6f 362 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
-----------------	---

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan EMPO CORPORATION 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EMPO CORPORATION	D Employer Identification Number (EIN) 41-1943030	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TD AMERITRADE TRUST COMPANY
20-0937408

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE FINWAY GROUP

42-1468222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	TPA	38389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ASPIRE FINANCIAL

27-1033755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	RECORDKEEPER	22515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

REGAL INVESTMENT ADVISORS

22-3844414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	20457	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TD-AMERITRADE

20-0937408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	6164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>EMPO CORPORATION 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMPO CORPORATION</u>	D Employer Identification Number (EIN) <u>41-1943030</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	442365	468027
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10569955	7769717
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11012320	8237744

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3971	6826
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3971	6826

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11008349	8230918
---	-----------	----------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	233587	
(B) Participants	2a(1)(B)	639724	
(C) Others (including rollovers)	2a(1)(C)	8512	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		881823

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	137	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9249	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9386

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	168925	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		168925

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-285015
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		775119

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1945667	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1945667
f Corrective distributions (see instructions)	2f		4796
g Certain deemed distributions of participant loans (see instructions)	2g		11903
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	114830	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		114830
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2077196

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1302077
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1475354

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HARRINGTON LANGER & ASSOCIATES

(2) EIN: 41-1532347

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DOHERTY EMPLOYMENT GROUP, INC. 401(K) PLAN	41-1373641	333

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>EMPO CORPORATION 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMPO CORPORATION</u>	D Employer Identification Number (EIN) <u>41-1943030</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-0937408</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b 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
20c 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
21a 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
21b 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
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b 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).		
22c 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 _____.		
22d 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 ____/____/____.		
23 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

EMPO CORPORATION
401(k) PROFIT SHARING PLAN
AUDITED FINANCIAL STATEMENTS
December 31, 2015 and 2014

Mark D. Harrington, CPA
Wayne A. Langer, CPA
Nichole Fairbanks, CPA
Jesse Fraley, CPA



Gregory W. Heck, CPA, CVA
Greg L. Emmerich, CPA
Michael Belknap, CPA
Bryan W. Swartz, CPA

563 PHALEN BOULEVARD • ST. PAUL, MN 55130
phone 651.481.1128 • fax 651.481.0982

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants
EMPO Corporation 401(k) Profit Sharing Plan
Minneapolis, Minnesota

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of EMPO Corporation 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by TD Ameritrade Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at end of year (modified cash basis) as of the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedule (modified cash basis), other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Harrington Langer & Associates
October 14, 2016

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(modified cash basis)
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
INVESTMENTS, at fair value	<u>\$ 7,769,717</u>	<u>\$ 10,569,955</u>
RECEIVABLES		
Notes receivable from participants	<u>468,027</u>	<u>442,365</u>
TOTAL ASSETS	8,237,744	11,012,320
LIABILITIES		
Excess contributions payable	<u>6,826</u>	<u>3,971</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,230,918</u></u>	<u><u>\$ 11,008,349</u></u>

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(modified cash basis)
For the Year Ended December 31, 2015

ADDITIONS

Additions to net assets attributed to:

Contributions:

Employers	\$ 233,587
Participants	639,724
Rollovers	8,512
Total contributions	<u>881,823</u>

Investment income:

Interest and dividend income	178,311
Net appreciation (depreciation) in fair value of investments	<u>(285,015)</u>
Total investment income	<u>(106,704)</u>

TOTAL ADDITIONS	<u>775,119</u>
------------------------	----------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	1,962,366
Administrative expenses	114,830
Total expenses	<u>2,077,196</u>

Net increase (decrease) before transfers from the plan	(1,302,077)
--	-------------

TRANSFERS FROM THE PLAN	<u>(1,475,354)</u>
--------------------------------	--------------------

NET DECREASE	(2,777,431)
---------------------	-------------

NET ASSETS AVAILABLE FOR BENEFITS

BEGINNING OF YEAR	<u>11,008,349</u>
-------------------	-------------------

END OF YEAR	<u><u>\$ 8,230,918</u></u>
--------------------	----------------------------

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following description of the EMPO Corporation 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

Prior to January 1, 2003, the Plan was a single employer defined contribution plan covering substantially all employees of EMPO Corporation (the Principal Participating Employer). Effective January 1, 2003, the Plan was amended in its entirety by the adoption of a volume submitter multiple employer tax-favored savings and discretionary contribution plan and trust agreement. The multiple employer plan covers substantially all employees of the participating employers. During 2013 EMPO Corporation entered into an agreement to sell a portion of its business to G&A Partners, Inc.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a "salary reduction plan", typically referred to as a "401(k) plan". Under the Plan, participants may choose to reduce their compensation and have these amounts contributed to the Plan on their behalf.

Plan Year:

The Plan's current fiscal year runs from January 1, 2015 to December 31, 2015.

Eligibility:

Substantially all full-time employees of the participating employers are eligible to participate in the Plan upon attaining the minimum age and service requirements as selected and adopted by each participating employer. Participants should refer to the Plan documents for eligibility requirements applicable to them.

Contributions:

Each year, participants may contribute up to 50% of pretax annual compensation, subject to the maximum limits as established annually by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participating employers may provide matching contributions and profit sharing, non-matching contributions based on the options selected and adopted by each employer. Participants should refer to the Plan documents for employer contribution provisions applicable to them.

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN (continued)

Funding:

Employee contributions are withheld from each participating employer's payroll. Participant withholdings and matching employer contributions are funded by the participating employer following each payroll period.

Participant Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Participating Employer's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Participating Employer's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after no more than six years of credited service, depending on the vesting options selected and adopted by each employer. Participants should refer to the Plan documents for vesting provisions applicable to them.

Benefit Payments:

Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in other installments as defined by the Plan. For termination of service for other reasons, a participant can elect to receive the value of the vested interest in his or her account in a lump-sum distribution.

Forfeited Accounts:

At December 31, 2015 and 2014, forfeited non-vested accounts totaled \$3,847 and \$8,215, respectively. These accounts are to be used to reduce future employer contributions or employer Plan expenses. During 2015 \$7,255 of forfeitures were used to pay for Plan expenses. Participants should refer to the Plan documents relating to forfeiture provisions applicable to them.

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements of the Plan are prepared on the modified cash basis of accounting. Accordingly, the financial statements are intended to present the net assets available for benefits and changes in net assets available for benefits of the Plan in accordance with the modified cash basis of accounting. The primary difference between the modified cash basis and the accrual basis is the cash basis recording of contributions made to the Plan.

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements. Purchases and sales of investment units are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains or losses on investments bought and sold, as well as held during the year.

Administrative Expenses

Except for loan origination fees associated with notes receivable from participants, all administrative expenses of maintaining the Plan are paid by the Plan.

Payment of Benefits:

Benefits are recorded when paid.

Use of Estimates:

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Notes Receivable from Participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 4.25 percent, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through payroll deductions.

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events:

In preparing these financial statements, the Plan's management has evaluated events and transactions for potential recognition or disclosure through October 14, 2016, the date the financial statements were available to be issued.

NOTE 3. INVESTMENTS

Unaudited Information Certified by the Plan Trustees:

The December 31, 2015 and 2014 statements of net assets available for benefits, investment activities included on the statement of changes in net assets available for benefits for the year ended December 31, 2015 and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the trustees in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of \$7,769,717 and \$10,569,955, respectively, at December 31, 2015 and 2014.

The Plan's investments are held in trust. The Plan conducts transactions with parties-in-interest, which include the Participating Employers, the Plan's trustees, the Plan administrator, and the participants of the Plan. Investments that represented 5% or more of the Plan's net assets as of December 31, 2015 and 2014 were as follows:

	<u>2015</u>
iShares Russell 1000 Growth Index	\$ 592,417
TD Ameritrade Money Market	\$ 1,456,611
Vanguard REIT	\$ 421,202
Vanguard Small-Cap	\$ 465,341
Vanguard Value	\$ 785,956
	<u>2014</u>
iShares Russell 1000 Growth Index	\$ 923,710
TD Ameritrade Money Market	\$ 1,720,619
Vanguard Small-Cap	\$ 664,786
Vanguard Mid-Cap	\$ 706,971
Vanguard Value	\$ 1,029,926
Vanguard MSCI EAFE	\$ 542,046

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3. INVESTMENTS (continued)

During the year ended December 31, 2015, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$285,024.

NOTE 4. FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 inputs must be observable for substantially the full term of the asset or liability, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENT (continued)

Mutual funds: Based upon quoted net asset value (NAV) of shares held by the Plan at year end.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
<u>December 31, 2015</u>			
<i>Mutual Funds</i>			
Index Funds	\$ 3,276,246	\$ -	\$ 3,276,246
Growth Funds	2,939	-	2,939
Value Funds	801,966	-	801,966
Bond Funds	1,106,749	-	1,106,749
Specialty Funds	591,097	-	591,097
Balanced Funds	281,793	-	281,793
International Funds	214,560	-	214,560
Money Market	1,494,367	-	1,494,367
Total assets at fair value	<u>\$ 7,769,717</u>	<u>\$ -</u>	<u>\$ 7,769,717</u>

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
<u>December 31, 2014</u>			
<i>Mutual Funds</i>			
Index Funds	\$ 4,953,093	\$ -	\$ 4,953,093
Growth Funds	5,340	-	5,340
Value Funds	1,047,417	-	1,047,417
Bond Funds	1,393,960	-	1,393,960
Specialty Funds	647,591	-	647,591
Balanced Funds	476,737	-	476,737
International Funds	318,115	-	318,115
Money Market	1,727,702	-	1,727,702
Total assets at fair value	<u>\$ 10,569,955</u>	<u>\$ -</u>	<u>\$ 10,569,955</u>

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 4. FAIR VALUE MEASUREMENT (continued)

The index funds invest in funds that seek to match the components of a market index.

The growth funds invest in equities with the primary goal of capital appreciation.

The value funds invest in large cap, mid cap and small cap funds holding equities that are deemed to be undervalued in price.

The bond funds invest in bonds and interest producing investments that seek to obtain a high level of current income.

The specialty funds invest in specific industry segments such as real estate or science and technology in order to obtain long-term capital growth and appreciation.

The balanced funds invest in equities and bonds seeking to achieve current income and modest capital appreciation.

The international funds invest in large cap, mid cap and small cap funds seeking to achieve capital growth and appreciation through international investments.

The money market funds invest in cash and cash equivalent securities seeking to achieve capital preservation and current income.

NOTE 5. EXCESS CONTRIBUTIONS PAYABLE

Contributions received from participants and employers for 2015 and 2014 are net of payments of \$6,826 and \$3,971, respectively, made within two and one-half months of the Plan year-end to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2015 and 2014.

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Principal Participating Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

EMPO CORPORATION 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8. PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by TD Ameritrade Trust Company, the Plan's trustee and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 9. TAX STATUS

The Internal Revenue Service has determined and informed the Sponsor by a letter dated January 11, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, as a result, no provision for income taxes is believed necessary.

Federal and state tax authorities generally have the right to examine the current and three previous years of tax filings. The Plan is not currently under examination by any taxing jurisdiction.

EMPO CORPORATION 401(K) PROFIT SHARING PLAN
SCHEDULE H, PART IV - LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (modified cash basis)
EIN: 41-1943030
PLAN NUMBER: 001
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Value
	Ariel Appreciation Fund Investor Class	Mutual fund	**	\$ 143,746
	Ariel Fund Investor Class	Mutual fund	**	138,047
	Claymore CEF GS Connect ETN	Mutual fund	**	37,273
	Claymore ETF TR Zacks Yield	Mutual fund	**	32,017
	DBC US Powershares DB Commodity Index	Mutual fund	**	61,140
	First Trust DJ GL SEL DVD	Mutual fund	**	17,147
	First Trust Russell Health Care AlphaDEX Fund	Mutual fund	**	88,703
	iShares IBoxx Invest Grade Corporate Bond Fund	Mutual fund	**	132,539
	iShares Russell 1000 Growth Index	Mutual fund	**	592,417
	iShares S&P US Preferred Stock Index Fund	Mutual fund	**	129,995
	iShares Barclays MBS Bond Fund	Mutual fund	**	21,124
	iShares DJ International Select Dividend	Mutual fund	**	23,995
	iShares Floating Rate Note	Mutual fund	**	127,420
	iShares FTSE NAREIT Real Estate	Mutual fund	**	14,504
	iShares Global Utilities	Mutual fund	**	19,348
	iShares MSCI KLD 400 Social Index Fund	Mutual fund	**	12,146
	iShares S&P Moderate Allocation Fund	Mutual fund	**	174,956
	iShares S&P/Citigroup 1-3 Year Intl Treasury	Mutual fund	**	82,471
	iShares TR Cohen & ST Realty ETF	Mutual fund	**	1,054
	iShares Select Dividend	Mutual fund	**	14,898
	iShares Dow Jones US Utilities	Mutual fund	**	1,654
	iShares JPMorgan USD Emerging Market Bd Fd	Mutual fund	**	27,466
	iShares TR MSCI EAFE Index ETF	Mutual fund	**	5,198
	iShares TR MSCI Emerging Markets ETF	Mutual fund	**	96,125
	iShares MSCI EAFE Small-Cap	Mutual fund	**	67,949
	iShares TR S&P Mid-Cap Growth ETF	Mutual fund	**	960
	iShares TR S&P Small-Cap Growth ETF	Mutual fund	**	968
	iShares TR S&P 500/BAR Growth ETF	Mutual fund	**	1,012
	iShares TR S&P Small-Cap 600 ETF	Mutual fund	**	7,939
	iShares Barclays Aggregate Bond Fund	Mutual fund	**	70,158
	JPMrgn Ch Cap XVI JP Mrgn Alerian MLP ETN	Mutual fund	**	93,290
	PowerShares 1-30 Laddered Treasury	Mutual fund	**	96,962
	PowerShares Emerging Markets SOV DE PT	Mutual fund	**	21,913
	PowerShares ETF Trust FINL PFD	Mutual fund	**	50,983
	PowerShares QQQ Trust	Mutual fund	**	169,949
	PowerShares S&P 500 Buywrite	Mutual fund	**	16,010
	SPDR S&P 500 ETF Trust	Mutual fund	**	223,144
	SPDR Barclays Capital High Yield Bond	Mutual fund	**	17,540
	SPDR Lehman International Treasury Bond	Mutual fund	**	230,045
	SPDR Barclays Short-Term High Yield	Mutual fund	**	71,645
	SPDR Gold Trust	Mutual fund	**	91,756
	SPDR Index Shares FDS DJWS Int RE ETF	Mutual fund	**	60
	SPDR Wells Fargo Preferred	Mutual fund	**	103,293
*	TD Ameritrade Money Market FTCIMA	Mutual fund	**	1,456,611
*	TD Ameritrade Money Market	Mutual fund	**	37,756
	Vanguard Bond Index Fund Income ST Bd	Mutual fund	**	6,578
	Vanguard FTSE Emerging Markets ETF	Mutual fund	**	36,033
	Vanguard REIT ETF	Mutual fund	**	421,202
	Vanguard Small-Cap VIPERS ETF	Mutual fund	**	465,341
	Vanguard Mid-Cap VIPERS ETF	Mutual fund	**	374,169
	Vanguard Value VIPERS ETF	Mutual fund	**	785,956
	Vanguard Total World Stock Index Fund	Mutual fund	**	181,117
	Vanguard Mortgage-Backed Securities	Mutual fund	**	112,783
	Vanguard Short-Term Government Bond	Mutual fund	**	28,615
	Vanguard Short-Term TIPS	Mutual fund	**	108,868
	Vanguard MSCI EAFE	Mutual fund	**	384,971
	Wisdom Tree Emerging Markets Equity Income Fund	Mutual fund	**	38,758
*	Participants	Participant loans, maturing through November 2020, with interest rates at 4.25%	**	468,027
				<u>\$ 8,237,744</u>

The above information was provided and certified by TD Ameritrade Trust Company, the Plan's trustee.

* Party-in-interest

** Cost omitted for participant-direct accounts

Multiple Employer Plan Participating Employer Information

(a) Acadian Candle Company	(b) 41-1818533	(c) 5.31%
(a) Accent Home & Kitchen dba Accent Precision Wood	(b) 41-1325557	(c) 0.41%
(a) Advisor Professional Services	(b) 14-1212511	(c) 5.30%
(a) AMG Alliance, LLC	(b) 20-8272062	(c) 10.69%
(a) Bolder Options	(b) 41-1909408	(c) 2.68%
(a) Dakota Unlimited, Inc.	(b) 41-1550449	(c) 5.31%
(a) Dasco Systems	(b) 41-0793501	(c) 10.82%
(a) Emmerich Wood Products	(b) 41-1305791	(c) 0.72%
(a) EMPO Corporation	(b) 41-1943030	(c) 1.12%
(a) Flagship Marketing, Inc	(b) 41-1673473	(c) 4.98%
(a) H&F Manufacturing Co., Inc.	(b) 81-0394471	(c) 8.21%
(a) Hollingsworth Davis LLC	(b) 20-2904363	(c) 29.06%
(a) IS Leaders	(b) 45-0478369	(c) 5.30%
(a) Minnesota Youth Intervention Programs Association	(b) 36-3327079	(c) 3.18%
(a) Source One Alliance	(b) 14-1213322	(c) 1.59%
(a) The Bridge for Youth	(b) 41-0983062	(c) 0.59%
(a) Upstream Investment Partners	(b) 27-1637972	(c) 4.74%

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	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 <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information											
1a Name of plan EMPO Corporation 401(k) Profit Sharing Plan 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) EMPO Corporation 7760 France Ave South Suite 1100 Bloomington MN 55435	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center;">001</td> </tr> <tr> <td style="background-color: #f2f2f2;">1c Effective date of plan</td> <td style="text-align: center;">06/01/2000</td> </tr> <tr> <td style="background-color: #f2f2f2;">2b Employer Identification Number (EIN)</td> <td style="text-align: center;">41-1943030</td> </tr> <tr> <td style="background-color: #f2f2f2;">2c Plan Sponsor's telephone number</td> <td style="text-align: center;">763-566-4664</td> </tr> <tr> <td style="background-color: #f2f2f2;">2d Business code (see instructions)</td> <td style="text-align: center;">541214</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	06/01/2000	2b Employer Identification Number (EIN)	41-1943030	2c Plan Sponsor's telephone number	763-566-4664	2d Business code (see instructions)	541214
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	06/01/2000										
2b Employer Identification Number (EIN)	41-1943030										
2c Plan Sponsor's telephone number	763-566-4664										
2d Business code (see instructions)	541214										

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 accompanying schedules, statements and attachments, 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	 Signature of plan administrator	<u>10/17/14</u> Date	Alan Reid Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10/17/14</u> Date	Alan Reid Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number _____

3a Plan administrator's name and address ☒ 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
5 Total number of participants at the beginning of the plan year	5 355
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 277 6a(2) 298 6b 0 6c 64 6d 362 6e 0 6f 362 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2F 2G 3D 2A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

EMPO CORPORATION 401(K) PROFIT SHARING PLAN
SCHEDULE H, PART IV - LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (modified cash basis)
EIN: 41-1943030
PLAN NUMBER: 001
December 31, 2015

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description	(d) Cost	(e) Value
	Ariel Appreciation Fund Investor Class	Mutual fund	**	\$ 143,746
	Ariel Fund Investor Class	Mutual fund	**	138,047
	Claymore CEF GS Connect ETN	Mutual fund	**	37,273
	Claymore ETF TR Zacks Yield	Mutual fund	**	32,017
	DBC US Powershares DB Commodity Index	Mutual fund	**	61,140
	First Trust DJ GL SEL DVD	Mutual fund	**	17,147
	First Trust Russell Health Care AlphaDEX Fund	Mutual fund	**	88,703
	iShares IBoxx Invest Grade Corporate Bond Fund	Mutual fund	**	132,539
	iShares Russell 1000 Growth Index	Mutual fund	**	592,417
	iShares S&P US Preferred Stock Index Fund	Mutual fund	**	129,995
	iShares Barclays MBS Bond Fund	Mutual fund	**	21,124
	iShares DJ International Select Dividend	Mutual fund	**	23,995
	iShares Floating Rate Note	Mutual fund	**	127,420
	iShares FTSE NAREIT Real Estate	Mutual fund	**	14,504
	iShares Global Utilities	Mutual fund	**	19,348
	iShares MSCI KLD 400 Social Index Fund	Mutual fund	**	12,146
	iShares S&P Moderate Allocation Fund	Mutual fund	**	174,956
	iShares S&P/Citigroup 1-3 Year Intl Treasury	Mutual fund	**	82,471
	iShares TR Cohen & ST Realty ETF	Mutual fund	**	1,054
	iShares Select Dividend	Mutual fund	**	14,898
	iShares Dow Jones US Utilities	Mutual fund	**	1,654
	iShares JPMorgan USD Emerging Market Bd Fd	Mutual fund	**	27,466
	iShares TR MSCI EAFE Index ETF	Mutual fund	**	5,198
	iShares TR MSCI Emerging Markets ETF	Mutual fund	**	96,125
	iShares MSCI EAFE Small-Cap	Mutual fund	**	67,949
	iShares TR S&P Mid-Cap Growth ETF	Mutual fund	**	960
	iShares TR S&P Small-Cap Growth ETF	Mutual fund	**	968
	iShares TR S&P 500/BAR Growth ETF	Mutual fund	**	1,012
	iShares TR S&P Small-Cap 600 ETF	Mutual fund	**	7,939
	iShares Barclays Aggregate Bond Fund	Mutual fund	**	70,158
	JPMrgn Ch Cap XVI JP Mrgn Alerian MLP ETN	Mutual fund	**	93,290
	PowerShares 1-30 Laddered Treasury	Mutual fund	**	96,962
	PowerShares Emerging Markets SOV DE PT	Mutual fund	**	21,913
	PowerShares ETF Trust FINL PFD	Mutual fund	**	50,983
	PowerShares QQQ Trust	Mutual fund	**	169,949
	PowerShares S&P 500 Buywrite	Mutual fund	**	16,010
	SPDR S&P 500 ETF Trust	Mutual fund	**	223,144
	SPDR Barclays Capital High Yield Bond	Mutual fund	**	17,540
	SPDR Lehman International Treasury Bond	Mutual fund	**	230,045
	SPDR Barclays Short-Term High Yield	Mutual fund	**	71,645
	SPDR Gold Trust	Mutual fund	**	91,756
	SPDR Index Shares FDS DJWS Int RE ETF	Mutual fund	**	60
	SPDR Wells Fargo Preferred	Mutual fund	**	103,293
*	TD Ameritrade Money Market FTCIMA	Mutual fund	**	1,456,611
*	TD Ameritrade Money Market	Mutual fund	**	37,756
	Vanguard Bond Index Fund Income ST Bd	Mutual fund	**	6,578
	Vanguard FTSE Emerging Markets ETF	Mutual fund	**	36,033
	Vanguard REIT ETF	Mutual fund	**	421,202
	Vanguard Small-Cap VIPERS ETF	Mutual fund	**	465,341
	Vanguard Mid-Cap VIPERS ETF	Mutual fund	**	374,169
	Vanguard Value VIPERS ETF	Mutual fund	**	785,956
	Vanguard Total World Stock Index Fund	Mutual fund	**	181,117
	Vanguard Mortgage-Backed Securities	Mutual fund	**	112,783
	Vanguard Short-Term Government Bond	Mutual fund	**	28,615
	Vanguard Short-Term TIPS	Mutual fund	**	108,868
	Vanguard MSCI EAFE	Mutual fund	**	384,971
	Wisdom Tree Emerging Markets Equity Income Fund	Mutual fund	**	38,758
*	Participants	Participant loans, maturing through November 2020, with interest rates at 4.25%	**	468,027
				<u>\$ 8,237,744</u>

The above information was provided and certified by TD Ameritrade Trust Company, the Plan's trustee.

* Party-in-interest

** Cost omitted for participant-direct accounts