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 01/01/2015 and ending 12/31/2015

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
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ACR ELECTRONICS, INC. 401(K) RETIREMENT SAVINGS

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1992

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)

ACR ELECTRONICS, INC.

5757 RAVENSWOOD ROAD
FORT LAUDERDALE, FL 33312

2b Employer Identification Number (EIN)
65-0160389

2c Plan Sponsor's telephone number
954-862-2121

2d Business code (see instructions)
334200

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.	09/27/2016	RICHARD HORN
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	218
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	**6a(1)**	191
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 2F 2G 2J 2K 3D 2T 2S

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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ACR ELECTRONICS, INC. 401(K) RETIREMENT SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACR ELECTRONICS, INC.

D Employer Identification Number (EIN)
65-0160389

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	006072	0	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	2358

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AMERICAN PORTFOLIOS FIN. SVCS INC.
4TH FLOOR EAST
4250 VETERANS MEMORIAL
HOLBROOK, NY 11741-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2358	SERVICES TO INSURER OR PLAN	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	1594877
c	Additions: (1) Contributions deposited during the year	7c(1)	146022		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	28112		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	181908		
	▶ LOAN REPAYMENTS TRANSFERS IN MISCELLANEOUS IN				
	(6) Total additions			7c(6)	356042
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1950919
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1862520		
	(2) Administration charge made by carrier	7e(2)	247		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	88152		
	▶ LOAN INITIATIONS, TRANSFERS OUT MISCELLANEOUS OUT FORFEITURES DEBITS				
	(5) Total deductions			7e(5)	1950919
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ACR ELECTRONICS, INC. 401(K) RETIREMENT SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACR ELECTRONICS, INC.

D Employer Identification Number (EIN)
65-0160389

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).. . . . . [X] 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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

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

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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)

TRONCONI SEGARRA & ASSOCIATES

04-3728817

(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?
10	NONE	5684	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(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?
13 15 37 50 64	NONE	2876	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AMERICAN PORTFOLIOS FIN SVCS INC

11-3018002

(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?
33 71	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	8547	Yes [ ] No [X]

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)

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
15 37 50 64	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
PRUDENTIAL RETIREMENT INSURANCE AND	15 64	0

(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.
PRUDENTIAL RETIREMENT INSURANCE AND 06-1050034	40.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2015 TO 12/31/2015 GUARANTEED INCOME FUND

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2015 TO 12/31/2015 PRU JENN 20 20 FOCUS A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2015 TO 12/31/2015 PRU JENN SMALL COMPANY A

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2015 TO 12/31/2015 PRU JENN UTILITY A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2015 TO 12/31/2015 PRU JENN VALUE A

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	27.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2015 TO 12/31/2015 PRU SHORT-TERM CORP BD A

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
THE PRUDENTIAL INSURANCE COMPANY OF	15 60 64	0

(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.
PRUDENTIAL INVESTMENTS, LLC 22-3468527	22.000 BPS AND $0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2015 TO 12/31/2015 PRU TOTAL RETURN BOND A

(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 01/01/2015 and ending 12/31/2015

A Name of plan
ACR ELECTRONICS, INC. 401(K) RETIREMENT SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACR ELECTRONICS, INC.

D Employer Identification Number (EIN)
65-0160389

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)	149362	0
(2) Participant contributions	1b(2)		
(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)	125146	0
(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)	5692285	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1594877	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	7561670	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7561670	0

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) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	874036	
	(C) Others (including rollovers)	2a(1)(C)	25354	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		899390
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	5970	
	(F) Other	2b(1)(F)	28112	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		34082
	(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)	66867	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		66867
	(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)		-165676
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		834663
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	405090	
(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)		405090
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3209	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3209
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		408299
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		426364
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		7988034

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: TRONCONI SEGARRA & ASSOCIATES LLP **(2)** EIN: 04-3728817

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X		
e	Was this plan covered by a fidelity bond?	4e	X			1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j		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?	4k	X			
l	Has the plan failed to provide any benefit when due under the plan?	4l		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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..... [X] **Yes** [ ] **No** **Amount:** 0

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)
DREW MARINE EMPLOYEE SAVINGS PLAN	27-0440420	001

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
ACR ELECTRONICS, INC. 401(K) RETIREMENT SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ACR ELECTRONICS, INC.

D Employer Identification Number (EIN)
65-0160389

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** 0

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): 22-1211670

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 of 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**

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

ACR Electronics, Inc.
401(k) Retirement Savings Plan

Financial Statements

December 31, 2015 (liquidated) and
December 31, 2014

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Financial Statements
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TRONCONI SEGARRA & ASSOCIATES LLP
Certified Public Accountants
Business Consultants

Report of Independent Auditors

To the Plan Sponsor and Participants of the
ACR Electronics, Inc. 401(k) Retirement Savings Plan
Ft. Lauderdale, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ACR Electronics, Inc. 401(k) Retirement Savings Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2015 (liquidated) and 2014, and the related statements of changes in net assets available for benefits for the years then ended, 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 accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Prudential Insurance Company of America, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, 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.

Plan Termination and Liquidation Basis of Accounting

As described in Note 2 to the financial statements, the governing body of ACR Electronics, Inc. 401(k) Retirement Savings Plan approved a plan of liquidation on December 23, 2015 with liquidation complete effective December 31, 2015. As a result, the Plan changed its basis of accounting from the ongoing plan basis used in presenting the 2014 financial statements to the liquidation basis used in presenting the 2015 financial statements. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Troncoso Segura & Associates LLP

September 1, 2016

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Statements of Net Assets Available for Benefits
as of December 31, 2015 (liquidated)
and December 31, 2014

	2015	2014
Investments, at fair value	$ 0	$ 7,287,162
Receivables:		
Employer contributions	0	149,362
Notes receivable from participants	0	125,146
Total receivables	0	274,508
Net assets available for benefits	$ 0	$ 7,561,670

See report of independent auditors and notes to financial statements.

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
for the years ended December 31, 2015 (liquidated) and
and December 31, 2014

	2015	2014
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	$ 100,949	$ 95,325
Contributions:		
Employer	0	134,168
Participant	899,390	774,385
Total contributions	899,390	908,553
Total additions	1,000,339	1,003,878
Net Appreciation (Depreciation) in Fair Value of Investments	(165,676)	275,638
Deductions from Net Assets Attributed to:		
Benefits paid to participants	405,090	409,137
Administrative expenses	3,209	2,497
Total deductions	408,299	411,634
Net increase	426,364	867,882
Net Assets Available for Benefits:		
Beginning of year	7,561,670	6,693,788
Transfer to Alternate Funding Agencies	(7,988,034)	0
End of year	$ 0	$ 7,561,670

See report of independent auditors and notes to financial statements.

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Notes to Financial Statements

1. Description of the Plan

The following description of the ACR Electronics, Inc. 401(k) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan was a defined contribution plan covering substantially all employees of ACR Electronics, Inc. (the "Plan Sponsor"). Employees needed to be at least 21 years of age in order to become a participant in the Plan and begin making elective deferrals. Employees covered by a collective bargaining agreement, which includes retirement benefits, were excluded from eligibility.

The Plan was established effective July 1, 1992 and was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of December 31, the Plan has been terminated, and all assets have been liquidated and transferred to the Drew Marine Retirement Savings Plan. The Form 5500 covering the period from January 1, 2015 to December 31, 2015 will be the Plan's final Federal return filing.

Contributions – Participants were automatically enrolled in the Plan at a 3% deferral rate on the first of the month following their date of hire, unless they opted out of the Plan by contacting the Plan administrator. The participants were able to elect to contribute between 1% and 85% of their annual compensation, limited by the amount imposed by law. Additionally, participants age 50 or older could elect to make a catch-up contribution limited to the amount imposed by law. Participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans (i.e., rollovers). Rollover contributions totaled $25,354 and $44,743 for the years ended December 31, 2015 and 2014, respectively.

In accordance with the Plan document, the Plan Sponsor was able to make a contribution equal to a discretionary percentage of each contributing participant's elective deferrals. During 2014, the Plan Sponsor matched 30% of the first 6% of compensation contributed to the Plan by each participant. In order to receive matching contributions, participants must have been actively employed by the Plan Sponsor or an affiliated company on the last day of the Plan year.

1. Description of the Plan (continued)

Participant Accounts – Individual accounts were maintained for each Plan participant. Participant accounts were increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts were decreased by participant distributions and the participant's share of Plan expenses and losses. The allocation of earnings and losses to participant accounts was based upon the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting – Up until the determination that the Plan was terminating, participants were immediately vested in their salary deferral and rollover contributions and actual earnings thereon. Participants vested in Plan Sponsor contributions at the rate of 20% per year of service and became fully vested after five years.

Payment of Benefits – Upon termination of service due to retirement, death, disability, or as required by law, a participant was able to elect to receive installment distributions or a lump-sum distribution in an amount equal to the vested value of their account. The Plan permitted in-service distributions for participants older than age 59½.

Forfeitures – The non-vested account balances of participants who ceased employment with the Plan Sponsor were forfeited upon the distribution of vested balances or upon the occurrence of five consecutive one-year breaks in service. The forfeiture account balance at December 31, 2015 was transferred to the Drew Marine Retirement Savings Plan. Forfeitures for 2014 were reallocated as additional discretionary matching contributions. Forfeitures totaled $10,286 and $1,403 during the years ended December 31, 2015 and 2014, respectively.

Notes Receivable from Participants – In accordance with Plan provisions, participants were permitted to borrow a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. The notes were secured by the balance in the participant's account. Repayment terms could not exceed five years, with the exception of a note used to purchase a primary residence, in which case the note was payable within a reasonable time commensurate with the repayment period permitted by commercial lenders for similar notes. Notes receivable from participants were presented at the unpaid principal balance plus any unpaid accrued interest. Principal and interest was paid ratably through each payroll deduction. Delinquent notes receivable from participants were recorded as a distribution based upon the terms of the plan document.

1. Description of the Plan (continued)

Income Taxes – The Plan Sponsor obtained a letter dated March 31, 2008 in which the Internal Revenue Service (the "IRS") stated that the prototype plan was qualified under Section 401(a) of the Internal Revenue Code (the "Code"). Adopting employers were able to rely upon that letter with respect to qualification of its plan under Section 401(a) of the Code. The Plan was amended subsequent to this letter. However, the Plan administrator believes that the Plan was operating in compliance with the requirements of the Code and therefore, believes that the Plan was qualified and the related trust was tax exempt. Accordingly, no provision for income taxes was included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management was not aware of any uncertain tax positions that would cause the Plan to lose its tax status or to otherwise be subject to other taxes or penalties.

Plan Termination – As noted in Note 1, the Plan has been terminated, and all assets transferred to the Drew Marine Retirement Savings Plan as of December 31, 2015.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared under the liquidation method of accounting for the year ended December 31, 2015 and the accrual method of accounting for the year ended December 31, 2014.

Valuation of Investments – The Plan's investments were stated at fair value, as determined by Prudential Insurance Company of America (the "Trustee"). Fair value was 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. Shares of registered investment companies were valued at quoted market prices which represented the net asset value of shares held by the Plan at year end. The Plan's investment in a guaranteed interest account was reported at fair value, which approximated contract value, and represented the value paid if the funds were withdrawn prior to their maturity. Interest was credited on contract balances using a single interest crediting rate applied to all contributions made regardless of the timing of the contributions. Interest crediting rates were reviewed on a semi-annual basis for resetting.

2. Summary of Significant Accounting Policies (continued)

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains (losses) and the unrealized appreciation (depreciation) of those investments.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

The Plan utilized the following fair value hierarchy for measuring fair value that prioritized the inputs to valuation techniques used to measure fair value. The hierarchy consisted of three levels, with Level 1 as the highest priority and 3, the lowest priority. The three levels of the fair value hierarchy were as follows:

- Level 1 – Valuations were unadjusted quoted prices for identical assets in active markets.
- Level 2 – Valuations were quoted prices for similar assets in active markets or identical or similar assets in inactive markets.
- Level 3 – Valuation methods were unobservable and significant to the fair value measurement.

The Plan adopted the provisions of Accounting Standards Update No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962): Part II - Plan Investment Disclosures for the year ended December 31, 2015, which eliminates the requirement to disclose individual investments that represent 5 percent or more of net assets available for benefits.

Plan Expenses – Certain accounting and administrative expenses of the Plan were paid by the Plan Sponsor. Expenses relating to investment activity were paid by the Plan.

Benefit Payments – Benefits were recorded when paid.

Party-in-Interest Transactions – Certain Plan investments were shares of mutual funds managed by the Trustee. Prudential Insurance Company of America was the trustee as defined by the Plan, and, therefore, these transactions qualified as party-in-interest transactions.

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate and market risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would have materially affected participants' account balances and the amount reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Subsequent Events – The Plan administrator has evaluated subsequent events, for recognition or disclosure, through September 1, 2016, the date the accompanying financial statements were available to be issued, and has determined that no additional recognition or disclosure was necessary.

3. Information Certified by the Trustees (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate, as of the years ended December 31, 2015 and December 31, 2014:

	2015	2014
Investments, at fair value	$ 0	$ 7,287,162
Interest and Dividends	100,949	95,325
Net (depreciation) appreciation in current value	(165,676)	275,638

4. Investment Contract with Insurance Company

The Plan had a fully benefit-responsive group annuity insurance contract with Prudential Insurance. Prudential Insurance maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract was included in the accompanying financial statements at fair value which approximated contract value at December 31, 2014. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The guaranteed investment contract did not allow the issuer to terminate the contract, which would require the Plan to settle at an amount different than contract value. Additionally, there were no events that could limit the ability of the Plan to transact at contract value. The Plan owned a promise to pay interest at crediting rates which were announced in advance and guaranteed for a specified period of time as outlined in the contract.

5. Fair Value Measurements

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	2015	2014
Level 1:		
Mutual funds	$ 0	$ 5,692,285
Level 2		
Guaranteed interest account	0	1,594,877
	$ 0	$ 7,287,162

ACR Electronics, Inc.
401(k) Retirement Savings Plan

Financial Statements

December 31, 2015 (liquidated) and
December 31, 2014

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TRONCONI SEGARRA & ASSOCIATES LLP
Certified Public Accountants
Business Consultants

Report of Independent Auditors

To the Plan Sponsor and Participants of the
ACR Electronics, Inc. 401(k) Retirement Savings Plan
Ft. Lauderdale, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ACR Electronics, Inc. 401(k) Retirement Savings Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2015 (liquidated) and 2014, and the related statements of changes in net assets available for benefits for the years then ended, 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 accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Prudential Insurance Company of America, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, 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.

Plan Termination and Liquidation Basis of Accounting

As described in Note 2 to the financial statements, the governing body of ACR Electronics, Inc. 401(k) Retirement Savings Plan approved a plan of liquidation on December 23, 2015 with liquidation complete effective December 31, 2015. As a result, the Plan changed its basis of accounting from the ongoing plan basis used in presenting the 2014 financial statements to the liquidation basis used in presenting the 2015 financial statements. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Troncoso Segura & Associates LLP

September 1, 2016

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Statements of Net Assets Available for Benefits
as of December 31, 2015 (liquidated)
and December 31, 2014

	2015	2014
Investments, at fair value	$ 0	$ 7,287,162
Receivables:		
Employer contributions	0	149,362
Notes receivable from participants	0	125,146
Total receivables	0	274,508
Net assets available for benefits	$ 0	$ 7,561,670

See report of independent auditors and notes to financial statements.

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
for the years ended December 31, 2015 (liquidated) and
and December 31, 2014

	2015	2014
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	$ 100,949	$ 95,325
Contributions:		
Employer	0	134,168
Participant	899,390	774,385
Total contributions	899,390	908,553
Total additions	1,000,339	1,003,878
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Administrative expenses	3,209	2,497
Total deductions	408,299	411,634
Net increase	426,364	867,882
Net Assets Available for Benefits:		
Beginning of year	7,561,670	6,693,788
Transfer to Alternate Funding Agencies	(7,988,034)	0
End of year	$ 0	$ 7,561,670

See report of independent auditors and notes to financial statements.

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Notes to Financial Statements

1. Description of the Plan

The following description of the ACR Electronics, Inc. 401(k) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan was a defined contribution plan covering substantially all employees of ACR Electronics, Inc. (the "Plan Sponsor"). Employees needed to be at least 21 years of age in order to become a participant in the Plan and begin making elective deferrals. Employees covered by a collective bargaining agreement, which includes retirement benefits, were excluded from eligibility.

The Plan was established effective July 1, 1992 and was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of December 31, the Plan has been terminated, and all assets have been liquidated and transferred to the Drew Marine Retirement Savings Plan. The Form 5500 covering the period from January 1, 2015 to December 31, 2015 will be the Plan's final Federal return filing.

Contributions – Participants were automatically enrolled in the Plan at a 3% deferral rate on the first of the month following their date of hire, unless they opted out of the Plan by contacting the Plan administrator. The participants were able to elect to contribute between 1% and 85% of their annual compensation, limited by the amount imposed by law. Additionally, participants age 50 or older could elect to make a catch-up contribution limited to the amount imposed by law. Participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans (i.e., rollovers). Rollover contributions totaled $25,354 and $44,743 for the years ended December 31, 2015 and 2014, respectively.

In accordance with the Plan document, the Plan Sponsor was able to make a contribution equal to a discretionary percentage of each contributing participant's elective deferrals. During 2014, the Plan Sponsor matched 30% of the first 6% of compensation contributed to the Plan by each participant. In order to receive matching contributions, participants must have been actively employed by the Plan Sponsor or an affiliated company on the last day of the Plan year.

1. Description of the Plan (continued)

Participant Accounts – Individual accounts were maintained for each Plan participant. Participant accounts were increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts were decreased by participant distributions and the participant's share of Plan expenses and losses. The allocation of earnings and losses to participant accounts was based upon the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting – Up until the determination that the Plan was terminating, participants were immediately vested in their salary deferral and rollover contributions and actual earnings thereon. Participants vested in Plan Sponsor contributions at the rate of 20% per year of service and became fully vested after five years.

Payment of Benefits – Upon termination of service due to retirement, death, disability, or as required by law, a participant was able to elect to receive installment distributions or a lump-sum distribution in an amount equal to the vested value of their account. The Plan permitted in-service distributions for participants older than age 59½.

Forfeitures – The non-vested account balances of participants who ceased employment with the Plan Sponsor were forfeited upon the distribution of vested balances or upon the occurrence of five consecutive one-year breaks in service. The forfeiture account balance at December 31, 2015 was transferred to the Drew Marine Retirement Savings Plan. Forfeitures for 2014 were reallocated as additional discretionary matching contributions. Forfeitures totaled $10,286 and $1,403 during the years ended December 31, 2015 and 2014, respectively.

Notes Receivable from Participants – In accordance with Plan provisions, participants were permitted to borrow a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. The notes were secured by the balance in the participant's account. Repayment terms could not exceed five years, with the exception of a note used to purchase a primary residence, in which case the note was payable within a reasonable time commensurate with the repayment period permitted by commercial lenders for similar notes. Notes receivable from participants were presented at the unpaid principal balance plus any unpaid accrued interest. Principal and interest was paid ratably through each payroll deduction. Delinquent notes receivable from participants were recorded as a distribution based upon the terms of the plan document.

1. Description of the Plan (continued)

Income Taxes – The Plan Sponsor obtained a letter dated March 31, 2008 in which the Internal Revenue Service (the "IRS") stated that the prototype plan was qualified under Section 401(a) of the Internal Revenue Code (the "Code"). Adopting employers were able to rely upon that letter with respect to qualification of its plan under Section 401(a) of the Code. The Plan was amended subsequent to this letter. However, the Plan administrator believes that the Plan was operating in compliance with the requirements of the Code and therefore, believes that the Plan was qualified and the related trust was tax exempt. Accordingly, no provision for income taxes was included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management was not aware of any uncertain tax positions that would cause the Plan to lose its tax status or to otherwise be subject to other taxes or penalties.

Plan Termination – As noted in Note 1, the Plan has been terminated, and all assets transferred to the Drew Marine Retirement Savings Plan as of December 31, 2015.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared under the liquidation method of accounting for the year ended December 31, 2015 and the accrual method of accounting for the year ended December 31, 2014.

Valuation of Investments – The Plan's investments were stated at fair value, as determined by Prudential Insurance Company of America (the "Trustee"). Fair value was 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. Shares of registered investment companies were valued at quoted market prices which represented the net asset value of shares held by the Plan at year end. The Plan's investment in a guaranteed interest account was reported at fair value, which approximated contract value, and represented the value paid if the funds were withdrawn prior to their maturity. Interest was credited on contract balances using a single interest crediting rate applied to all contributions made regardless of the timing of the contributions. Interest crediting rates were reviewed on a semi-annual basis for resetting.

2. Summary of Significant Accounting Policies (continued)

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains (losses) and the unrealized appreciation (depreciation) of those investments.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

The Plan utilized the following fair value hierarchy for measuring fair value that prioritized the inputs to valuation techniques used to measure fair value. The hierarchy consisted of three levels, with Level 1 as the highest priority and 3, the lowest priority. The three levels of the fair value hierarchy were as follows:

- Level 1 – Valuations were unadjusted quoted prices for identical assets in active markets.
- Level 2 – Valuations were quoted prices for similar assets in active markets or identical or similar assets in inactive markets.
- Level 3 – Valuation methods were unobservable and significant to the fair value measurement.

The Plan adopted the provisions of Accounting Standards Update No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962): Part II - Plan Investment Disclosures for the year ended December 31, 2015, which eliminates the requirement to disclose individual investments that represent 5 percent or more of net assets available for benefits.

Plan Expenses – Certain accounting and administrative expenses of the Plan were paid by the Plan Sponsor. Expenses relating to investment activity were paid by the Plan.

Benefit Payments – Benefits were recorded when paid.

Party-in-Interest Transactions – Certain Plan investments were shares of mutual funds managed by the Trustee. Prudential Insurance Company of America was the trustee as defined by the Plan, and, therefore, these transactions qualified as party-in-interest transactions.

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate and market risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would have materially affected participants' account balances and the amount reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Subsequent Events – The Plan administrator has evaluated subsequent events, for recognition or disclosure, through September 1, 2016, the date the accompanying financial statements were available to be issued, and has determined that no additional recognition or disclosure was necessary.

3. Information Certified by the Trustees (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate, as of the years ended December 31, 2015 and December 31, 2014:

	2015	2014
Investments, at fair value	$ 0	$ 7,287,162
Interest and Dividends	100,949	95,325
Net (depreciation) appreciation in current value	(165,676)	275,638

4. Investment Contract with Insurance Company

The Plan had a fully benefit-responsive group annuity insurance contract with Prudential Insurance. Prudential Insurance maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract was included in the accompanying financial statements at fair value which approximated contract value at December 31, 2014. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The guaranteed investment contract did not allow the issuer to terminate the contract, which would require the Plan to settle at an amount different than contract value. Additionally, there were no events that could limit the ability of the Plan to transact at contract value. The Plan owned a promise to pay interest at crediting rates which were announced in advance and guaranteed for a specified period of time as outlined in the contract.

5. Fair Value Measurements

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

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Level 1:		
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Level 2		
Guaranteed interest account	0	1,594,877
	$ 0	$ 7,287,162

ACR Electronics, Inc.
401(k) Retirement Savings Plan

Financial Statements

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TRONCONI SEGARRA & ASSOCIATES LLP
Certified Public Accountants
Business Consultants

Report of Independent Auditors

To the Plan Sponsor and Participants of the
ACR Electronics, Inc. 401(k) Retirement Savings Plan
Ft. Lauderdale, Florida

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ACR Electronics, Inc. 401(k) Retirement Savings Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2015 (liquidated) and 2014, and the related statements of changes in net assets available for benefits for the years then ended, 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 accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Prudential Insurance Company of America, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the trustee held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, 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.

Plan Termination and Liquidation Basis of Accounting

As described in Note 2 to the financial statements, the governing body of ACR Electronics, Inc. 401(k) Retirement Savings Plan approved a plan of liquidation on December 23, 2015 with liquidation complete effective December 31, 2015. As a result, the Plan changed its basis of accounting from the ongoing plan basis used in presenting the 2014 financial statements to the liquidation basis used in presenting the 2015 financial statements. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Troncoso Segura & Associates LLP

September 1, 2016

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Statements of Net Assets Available for Benefits
as of December 31, 2015 (liquidated)
and December 31, 2014

	2015	2014
Investments, at fair value	$ 0	$ 7,287,162
Receivables:		
Employer contributions	0	149,362
Notes receivable from participants	0	125,146
Total receivables	0	274,508
Net assets available for benefits	$ 0	$ 7,561,670

See report of independent auditors and notes to financial statements.

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits
for the years ended December 31, 2015 (liquidated) and
and December 31, 2014

	2015	2014
Additions to Net Assets Attributed to:		
Investment income:		
Interest and dividends	$ 100,949	$ 95,325
Contributions:		
Employer	0	134,168
Participant	899,390	774,385
Total contributions	899,390	908,553
Total additions	1,000,339	1,003,878
Net Appreciation (Depreciation) in Fair Value of Investments	(165,676)	275,638
Deductions from Net Assets Attributed to:		
Benefits paid to participants	405,090	409,137
Administrative expenses	3,209	2,497
Total deductions	408,299	411,634
Net increase	426,364	867,882
Net Assets Available for Benefits:		
Beginning of year	7,561,670	6,693,788
Transfer to Alternate Funding Agencies	(7,988,034)	0
End of year	$ 0	$ 7,561,670

See report of independent auditors and notes to financial statements.

ACR Electronics, Inc.
401(k) Retirement Savings Plan
Notes to Financial Statements

1. Description of the Plan

The following description of the ACR Electronics, Inc. 401(k) Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan was a defined contribution plan covering substantially all employees of ACR Electronics, Inc. (the "Plan Sponsor"). Employees needed to be at least 21 years of age in order to become a participant in the Plan and begin making elective deferrals. Employees covered by a collective bargaining agreement, which includes retirement benefits, were excluded from eligibility.

The Plan was established effective July 1, 1992 and was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of December 31, the Plan has been terminated, and all assets have been liquidated and transferred to the Drew Marine Retirement Savings Plan. The Form 5500 covering the period from January 1, 2015 to December 31, 2015 will be the Plan's final Federal return filing.

Contributions – Participants were automatically enrolled in the Plan at a 3% deferral rate on the first of the month following their date of hire, unless they opted out of the Plan by contacting the Plan administrator. The participants were able to elect to contribute between 1% and 85% of their annual compensation, limited by the amount imposed by law. Additionally, participants age 50 or older could elect to make a catch-up contribution limited to the amount imposed by law. Participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans (i.e., rollovers). Rollover contributions totaled $25,354 and $44,743 for the years ended December 31, 2015 and 2014, respectively.

In accordance with the Plan document, the Plan Sponsor was able to make a contribution equal to a discretionary percentage of each contributing participant's elective deferrals. During 2014, the Plan Sponsor matched 30% of the first 6% of compensation contributed to the Plan by each participant. In order to receive matching contributions, participants must have been actively employed by the Plan Sponsor or an affiliated company on the last day of the Plan year.

1. Description of the Plan (continued)

Participant Accounts – Individual accounts were maintained for each Plan participant. Participant accounts were increased by participant contributions, Plan Sponsor contributions, and the participant's share of Plan earnings. Participant accounts were decreased by participant distributions and the participant's share of Plan expenses and losses. The allocation of earnings and losses to participant accounts was based upon the value of an individual account in relation to the total assets of the Plan. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting – Up until the determination that the Plan was terminating, participants were immediately vested in their salary deferral and rollover contributions and actual earnings thereon. Participants vested in Plan Sponsor contributions at the rate of 20% per year of service and became fully vested after five years.

Payment of Benefits – Upon termination of service due to retirement, death, disability, or as required by law, a participant was able to elect to receive installment distributions or a lump-sum distribution in an amount equal to the vested value of their account. The Plan permitted in-service distributions for participants older than age 59½.

Forfeitures – The non-vested account balances of participants who ceased employment with the Plan Sponsor were forfeited upon the distribution of vested balances or upon the occurrence of five consecutive one-year breaks in service. The forfeiture account balance at December 31, 2015 was transferred to the Drew Marine Retirement Savings Plan. Forfeitures for 2014 were reallocated as additional discretionary matching contributions. Forfeitures totaled $10,286 and $1,403 during the years ended December 31, 2015 and 2014, respectively.

Notes Receivable from Participants – In accordance with Plan provisions, participants were permitted to borrow a minimum of $1,000 up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account balance. The notes were secured by the balance in the participant's account. Repayment terms could not exceed five years, with the exception of a note used to purchase a primary residence, in which case the note was payable within a reasonable time commensurate with the repayment period permitted by commercial lenders for similar notes. Notes receivable from participants were presented at the unpaid principal balance plus any unpaid accrued interest. Principal and interest was paid ratably through each payroll deduction. Delinquent notes receivable from participants were recorded as a distribution based upon the terms of the plan document.

1. Description of the Plan (continued)

Income Taxes – The Plan Sponsor obtained a letter dated March 31, 2008 in which the Internal Revenue Service (the "IRS") stated that the prototype plan was qualified under Section 401(a) of the Internal Revenue Code (the "Code"). Adopting employers were able to rely upon that letter with respect to qualification of its plan under Section 401(a) of the Code. The Plan was amended subsequent to this letter. However, the Plan administrator believes that the Plan was operating in compliance with the requirements of the Code and therefore, believes that the Plan was qualified and the related trust was tax exempt. Accordingly, no provision for income taxes was included in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management was not aware of any uncertain tax positions that would cause the Plan to lose its tax status or to otherwise be subject to other taxes or penalties.

Plan Termination – As noted in Note 1, the Plan has been terminated, and all assets transferred to the Drew Marine Retirement Savings Plan as of December 31, 2015.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared under the liquidation method of accounting for the year ended December 31, 2015 and the accrual method of accounting for the year ended December 31, 2014.

Valuation of Investments – The Plan's investments were stated at fair value, as determined by Prudential Insurance Company of America (the "Trustee"). Fair value was 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. Shares of registered investment companies were valued at quoted market prices which represented the net asset value of shares held by the Plan at year end. The Plan's investment in a guaranteed interest account was reported at fair value, which approximated contract value, and represented the value paid if the funds were withdrawn prior to their maturity. Interest was credited on contract balances using a single interest crediting rate applied to all contributions made regardless of the timing of the contributions. Interest crediting rates were reviewed on a semi-annual basis for resetting.

2. Summary of Significant Accounting Policies (continued)

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains (losses) and the unrealized appreciation (depreciation) of those investments.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date.

The Plan utilized the following fair value hierarchy for measuring fair value that prioritized the inputs to valuation techniques used to measure fair value. The hierarchy consisted of three levels, with Level 1 as the highest priority and 3, the lowest priority. The three levels of the fair value hierarchy were as follows:

- Level 1 – Valuations were unadjusted quoted prices for identical assets in active markets.
- Level 2 – Valuations were quoted prices for similar assets in active markets or identical or similar assets in inactive markets.
- Level 3 – Valuation methods were unobservable and significant to the fair value measurement.

The Plan adopted the provisions of Accounting Standards Update No. 2015-12, Plan Accounting: Defined Contribution Plans (Topic 962): Part II - Plan Investment Disclosures for the year ended December 31, 2015, which eliminates the requirement to disclose individual investments that represent 5 percent or more of net assets available for benefits.

Plan Expenses – Certain accounting and administrative expenses of the Plan were paid by the Plan Sponsor. Expenses relating to investment activity were paid by the Plan.

Benefit Payments – Benefits were recorded when paid.

Party-in-Interest Transactions – Certain Plan investments were shares of mutual funds managed by the Trustee. Prudential Insurance Company of America was the trustee as defined by the Plan, and, therefore, these transactions qualified as party-in-interest transactions.

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties – Investments are exposed to various risks, such as interest rate and market risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would have materially affected participants' account balances and the amount reported in the accompanying financial statements.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Subsequent Events – The Plan administrator has evaluated subsequent events, for recognition or disclosure, through September 1, 2016, the date the accompanying financial statements were available to be issued, and has determined that no additional recognition or disclosure was necessary.

3. Information Certified by the Trustees (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate, as of the years ended December 31, 2015 and December 31, 2014:

	2015	2014
Investments, at fair value	$ 0	$ 7,287,162
Interest and Dividends	100,949	95,325
Net (depreciation) appreciation in current value	(165,676)	275,638

4. Investment Contract with Insurance Company

The Plan had a fully benefit-responsive group annuity insurance contract with Prudential Insurance. Prudential Insurance maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract was included in the accompanying financial statements at fair value which approximated contract value at December 31, 2014. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The guaranteed investment contract did not allow the issuer to terminate the contract, which would require the Plan to settle at an amount different than contract value. Additionally, there were no events that could limit the ability of the Plan to transact at contract value. The Plan owned a promise to pay interest at crediting rates which were announced in advance and guaranteed for a specified period of time as outlined in the contract.

5. Fair Value Measurements

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	2015	2014
Level 1:		
Mutual funds	$ 0	$ 5,692,285
Level 2		
Guaranteed interest account	0	1,594,877
	$ 0	$ 7,287,162