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;
- [ ] 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
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
AUTO-CHLOR SYSTEM OF WASHINGTON, INC.

450 FERGUSON DRIVE
MOUNTAIN VIEW, CA 94043-5214

2b Employer Identification Number (EIN) 91-0832878

2c Plan Sponsor's telephone number 650-967-3085

2d Business code (see instructions) 532400

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.	10/11/2016	DEBORAH J. IVY
	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**	594
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)**	453
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	637
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	134
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	771
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	771
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	729
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
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:
2A 2E 2F 2H 2J 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[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)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM OF WASHINGTON, INC.

D Employer Identification Number (EIN)
91-0832878

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

RIVERSEDGE ADV. RET. SOLUTIONS, LLC

27-1155910

(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	19983	Yes [X] No [ ]	Yes [ ] No [X]	19496	Yes [ ] No [X]

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

SILICON VALLEY RETIREMENT SERVICES

27-2233898

(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?
27 59	NONE	11675	Yes [X] No [ ]	Yes [ ] No [X]	64736	Yes [ ] No [X]

(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 [ ]

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)

(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 ☐

(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
RIVERSEDGE ADV. RET. SOLUTIONS, LLC	15 37 50 64	19496

(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.
CHARLES SCHWAB TRUST 42-1558009	SHAREHOLDER SERVICING FEES USED TO OFFSET PLAN FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SILICON VALLEY RETIREMENT SERVICES	27 59	64736

(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.
CHARLES SCHWAB TRUST 42-1558009	SHAREHOLDER SERVICING FEES USED TO OFFSET PLAN FEES.

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

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

A Name of plan
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM OF WASHINGTON, INC.

D Employer Identification Number (EIN)
91-0832878

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TR FD INCOME CL I

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FD 2015 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-006	C	46681

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TR FD 2020 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-002	C	9807

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FD 2025 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-007	C	138097

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TR FD 2030 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-003	C	186243

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FD 2035 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-008	C	253578

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TR FD 2040 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0625169-004	C	288341

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FD 2045 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN 81-0625169-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 396479

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RT TR FD 2050 CL II

b Name of sponsor of entity listed in (a): CHARLES SCHWAB BANK

c EIN-PN 81-0625169-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 655268

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM OF WASHINGTON, INC.

D Employer Identification Number (EIN)
91-0832878

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)	2121077	2337409
(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)	202337	240346
(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)	525000	50000
(6) Real estate (other than employer real property)	1c(6)	880000	
(7) Loans (other than to participants)	1c(7)		359645
(8) Participant loans	1c(8)	400647	453665
(9) Value of interest in common/collective trusts	1c(9)	1710212	1974495
(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)	34892187	36393035
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	40731460	41808595
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	28209	3412
k Total liabilities (add all amounts in lines 1g through1j)	1k	28209	3412
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40703251	41805183

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)	2337409	
(B) Participants	2a(1)(B)	1454365	
(C) Others (including rollovers)	2a(1)(C)	118436	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3910210
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)	23492	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23492
(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)	1773333	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1773333
(3) Rents	2b(3)		69300
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		583297
(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)		-2848185
c Other income	2c		256260
d Total income. Add all **income** amounts in column (b) and enter total	2d		3767707
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2634117	
(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)		2634117
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)	31658	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		31658
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2665775
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1101932
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: BURR PILGER & MAYER **(2)** EIN: 26-3839190

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 ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AUTO-CHLOR SYSTEM OF WASHINGTON, INC.

D Employer Identification Number (EIN)
91-0832878

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**

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): 42-1558009

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

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2015

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN

TABLE OF CONTENTS

	Page(s)
Independent Auditors' Report	1–2
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5–16
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17–18

BPM

600 California Street, Suite 600, San Francisco, CA 94108
Phone 415.421.5757 **Fax** 415.288.6288 **Email** bpm@bpmcpa.com **Web** bpmcpa.com

INDEPENDENT AUDITORS' REPORT

Mr. Jerry Ivy, Trustee of
Auto-Chlor System, Inc.
Profit Sharing and 401(k) Plan
Mountain View, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Auto-Chlor System, Inc. Profit Sharing and 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("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 5, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2015 and 2014, and for the year ended December 31, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Burr Pilger Mayer, Inc.

San Francisco, California
October 10, 2016

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

	2015	2014
ASSETS		
Participant-directed investments, at fair value:		
Cash and cash equivalents	$ 240,346	$ 202,337
Common/collective trusts	1,974,495	1,710,212
Mutual funds	5,793,972	5,355,232
Total participant-directed investments	8,008,813	7,267,781
Nonparticipant-directed investments, at fair value:		
Mutual funds	30,599,063	29,536,955
Limited liability corporations	50,000	525,000
Note receivable	359,645	-
Commercial rental real estate	-	880,000
Total nonparticipant-directed investments	31,008,708	30,941,955
Total investments	39,017,521	38,209,736
Receivables:		
Notes receivable from participants	453,665	400,647
Employer contribution receivable	2,337,409	2,121,077
Total receivables	2,791,074	2,521,724
Total assets	41,808,595	40,731,460
LIABILITIES		
Excess contributions payable	3,412	28,209
Net assets available for benefits	$ 41,805,183	$ 40,703,251

The accompanying notes are an integral part of these financial statements.

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2015

Additions to net assets attributable to:	
Investment income (loss):	
Net depreciation in fair value of investments, net	$ (2,264,888)
Net gain from sale of property and LLC interest	256,260
Interest and dividends	1,773,333
Rental income	69,300
Total investment loss	(165,995)
Interest income on notes receivable from participants	23,492
Contributions and rollovers:	
Employer contributions	2,337,409
Participants' salary deferrals	1,454,365
Rollovers	118,436
Total contributions and rollovers	3,910,210
Total additions to net assets	3,767,707
Deductions from net assets attributable to:	
Benefits paid to participants	2,634,117
Administrative expenses	31,658
Total deductions from net assets	2,665,775
Net increase in net assets	1,101,932
Net assets available for benefits at beginning of year	40,703,251
Net assets available for benefits at end of year	$ 41,805,183

The accompanying notes are an integral part of these financial statements.

1. Description of Plan

The following description of the Auto-Chlor System, Inc. Profit Sharing and 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a salary deferral arrangement established under Section 401(k) of the Internal Revenue Code. The Plan was originally established by Auto-Chlor System of Washington, Inc. (the "Company") in January 1969, and was most recently restated effective January 1, 2013. The Plan has been adopted by the following related employers, Auto-Chlor System of Oregon, Inc., Auto-Chlor System of Northern California, Inc., Auto-Chlor System of New York City, Inc., Auto-Chlor System of San Diego, Inc., Auto-Chlor System of the Mid-South, LLC, and Auto-Chlor System, LLC. The employers are referred to herein as Auto-Chlor.

All employees, excluding leased employees and union employees, who have reached the age of 18 and who have completed three months of service with Auto-Chlor are eligible for participation in the 401(k) portion of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and certain provisions of the Internal Revenue Code ("IRC").

Plan Administration

The Company uses a third party administrator, Riversedge in 2015 and 2014, to assist with record keeping and administration of the Plan, including the authority and responsibility to invest, manage, and control the assets of the Plan specifically allocated to the custodian. Charles Schwab Bank was the appointed custodian for the Plan in 2015 and 2014, and acted at the direction of the Plan's administrator.

Contributions

Auto-Chlor may make elective profit sharing contributions to the Plan. If any such contributions are made, the Trustees allocate them among various investment choices, including mutual funds, common collective funds, money market funds, real estate, and mortgage notes receivable. Participants are prohibited from selling investments made with profit sharing contributions while they are employed by the Company unless the participant is required to take a mandatory distribution, is approved for hardship withdrawal, or takes a loan from their account. In 2015, the Company made an elective profit sharing contribution in the amount of $2,337,409. Participants are eligible for the profit sharing contribution once they have attained the age of 20½ and completed six months of service prior to the first day of the Plan year, are employed on the last day of the Plan year, and have completed one year of service, defined as 1,000 hours of service.

The Plan includes automatic deferrals for all employees, which will commence upon eligibility. Deferral contributions for employees entered under the automatic enrollment will be 3% of compensation. Effective August 1, 2014, automatic deferral increased to 3.5% of compensation.

Continued

1. Description of Plan, continued

Contributions, continued

Participants may voluntarily contribute to the Plan a minimum of a portion of their annual eligible compensation, up to the maximum amount allowable under current income tax regulations which was $18,000 for 2015. Participants may also contribute amounts rolled over from other qualified plans, and if the participants are 50 or older, they may elect to defer additional amounts (called catch-up contributions) to the Plan. The catch-up contributions may be deferred regardless of any other limitation on the amount that a participant may defer to the Plan. The maximum catch up contribution for 2015 was $6,000.

Investment Options

Upon enrollment in the Plan, a participant may direct his or her contributions in percentage increments into a series of mutual funds, common/collective trusts, and a money market fund offered by the Plan. Participants may change their investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of Auto-Chlor's discretionary profit-sharing contribution, participant rollovers, and Plan earnings and losses thereon. Plan earnings are allocated based upon each participant's account balance. Employer discretionary profit-sharing contributions are allocated based upon a discretionary percentage of each participant's eligible compensation.

Certain investment fees are charged to the mutual funds and corporate equities and are offset against Plan investment income and losses as presented on the statement of changes of net assets available for benefits. Participants should refer to the prospectuses of these funds for details on the various types and amounts of investment fees charged to the Plan and their individual accounts.

Vesting

Participant contributions, rollovers, and net earnings on these contributions, are fully vested when made or earned.

Discretionary employer contributions, if any, as well as all earnings on these contributions vest according to the following schedule:

Years of Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Continued

1. Description of Plan, continued

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note receivable terms range from one to five years or longer as permitted by the plan administrator for the purchase of a primary residence. The notes receivable are secured by the balance in the participant's account and bear a reasonable rate of interest as determined by Plan management at the time of note receivable origination, ranging from 5% to 8% per annum. Principal and interest are paid in equal installments through payroll deductions. Any outstanding notes receivable will become due and payable upon termination of employment.

Participants may pay the balance of the notes receivable directly by writing a check payable to the Plan for the balance of the notes receivable plus any accrued interest. If the notes receivable is not repaid in this fashion, the balance of the notes receivable plus any accrued interest will be deducted from the participant's distribution from the Plan.

Payment of Benefits

On termination of service for reasons other than death, a participant will receive an amount equal to the value of the participant's vested interest in his or her account. If vested balance is more than $5,000, the participant may elect distribution under any of the following methods: (a) lump sum, (b) part lump sum and part installments, or (c) installment payments (annually, quarterly, or monthly) over a specified period of time, not to exceed the participant's life expectancy, or the joint life expectancy of the participant and the participant's designated beneficiary. For termination of service due to death, the participant's beneficiary will receive the value of the vested interest in the participant's account in a lump-sum cash distribution. If the vested interest in the account does not exceed $5,000, then a lump-sum distribution will be made as soon as administratively practicable following the termination of employment. However, the participant may elect whether to receive the distribution or to roll over the distribution to another retirement plan such as an individual retirement account ("IRA"). If the amount of the distribution is more than $1,000 and the participant does not elect either to receive or to roll over the distribution, then under the law of 401(a)(31)(B) of the Internal Revenue Code the distribution must be rolled over to an IRA. The IRA provider will invest the rollover funds in a type of investment designed to preserve principal and provide a reasonable rate of return and liquidity. The Plan's normal retirement age is 65.

Forfeitures

On or before each anniversary date any forfeiture may be made available to reinstate previously forfeited account balances of former participants, used toward any employer discretionary contribution, or used to pay any administrative expenses of the Plan. Forfeited balances of terminated participants' nonvested accounts are allocated based on participant groups as if the forfeitures were additional employer contributions.

As of December 31, 2015 and 2014, forfeited nonvested accounts totaled $201,455 and $138,345, respectively. During the year 2015, no forfeited funds were used to decrease employer contributions; however $138,345 was allocated to participants in accordance with Plan guidelines.

Continued

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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 assets and liabilities, and changes therein, disclosure of contingent assets and liabilities and changes in net assets available for benefits. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor, and custodian. See Note 3 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 and 2014.

Excess Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2015 and 2014 excess contributions to the applicable participants prior to March 15, 2016 and 2015, respectively.

Payment of Benefits

Benefits are recorded when paid.

Continued

2. Summary of Significant Accounting Policies, continued

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

Recent Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans* (Topic 960), *Defined Contribution Pension Plans* (Topic 962), *Health and Welfare Benefit Plans* (Topic 965): (Part I) *Fully Benefit-Responsive Investment Contracts*, (Part II) *Plan Investment Disclosures*, and (Part III) *Measurement Date Practical Expedient* (consensuses of the FASB Emerging Issues Task Force). Under Part I of the new ASU, fully benefit-responsive investment contracts are to be measured, presented, and disclosed at contract value only. Part II of the ASU eliminates the disclosure requirements for 1) individual investments that represent 5 percent or more of net assets available for benefits and 2) the net appreciation or depreciation for investment by general type (disclosure in the aggregate is still required), for both participant-directed investments and nonparticipant-directed investments. Part III of the ASU permits the election of a practical expedient to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with the month-end. Any significant contribution, distribution, or other event that occurs between these two measurement dates is required to be disclosed. The amendments in all three parts of the Accounting Standards Update take effect for fiscal years beginning after December 15, 2015, with earlier application permitted. Parts I and II are required to be presented retrospectively for all periods presented, while Part III is to be applied prospectively. The Plan is currently evaluating the impact of this new guidance on its financial statements and related disclosures.

In May 2015, the FASB issued ASU No. 2015-07, *Fair Value Measurement* (Topic 820), *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*. The amendments in ASU 2015-07 apply to reporting entities that measure an investment's fair value using the net asset value per share (or its equivalent) practical expedient. The ASU eliminates the requirement to classify the investment within the fair value hierarchy. In addition, the requirement to make certain disclosures for all investments eligible to be assessed at fair value with the net asset value per share practical expedient has been removed. Instead, such disclosures are restricted only to investments that the entity has elected to measure using the practical expedient. Effective for fiscal years beginning after December 15, 2015, with earlier application permitted. The Plan is currently evaluating the impact of this new guidance on its financial statements and related disclosures.

Information Certified by the Custodian

Charles Schwab Bank has prepared and certified as complete and accurate the Plan's schedule of investment assets, notes receivable from participants, transactions, and net realized and unrealized gains and losses on investments, and interest and dividend income, which was used to prepare the accompanying financial statements and supplemental schedule.

Continued

3. Fair Value Measurement

Accounting Standards for fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under accounting standards are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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.

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

Cash and cash equivalents: Valued based on redemption values on the last business day of the Plan year.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Continued

3. Fair Value Measurement, continued

Limited liability corporations (LLCs): Valued based on the corporation's financial statements, and projected cash flow.

Note receivable: Valued based on projected cash flow.

Commercial rental real estate: Valued based upon an independent valuation of the rental property, using the income capitalization approach. Rental income is recorded when earned.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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:

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Participant-directed:				
Mutual funds:				
Large funds	$ 2,955,069	$ -	$ -	$ 2,955,069
Bond funds	972,825	-	-	972,825
Mid-cap funds	644,285	-	-	644,285
Foreign large funds	627,916	-	-	627,916
Small value funds	593,877	-	-	593,877
Total mutual funds	5,793,972	-	-	5,793,972
Cash and cash equivalents	240,346	-	-	240,346
Common/collective trusts - target date	-	1,974,495	-	1,974,495
Total participant-directed	6,034,318	1,974,495	-	8,008,813
Nonparticipant-directed:				
Note receivable	-	-	359,645	359,645
Limited liability corporations	-	-	50,000	50,000
Mutual funds:				
Large funds	12,587,695	-	-	12,587,695
Mid-cap funds	6,460,883	-	-	6,460,883
Foreign large funds	6,394,676	-	-	6,394,676
Small funds	3,049,183	-	-	3,049,183
Bond funds	2,106,626	-	-	2,106,626
Total mutual funds	30,599,063	-	-	30,599,063
Total nonparticipant-directed	30,599,063	-	409,645	31,008,708
Total investments	$ 36,633,381	$ 1,974,495	$ 409,645	$ 39,017,521

Continued

3. Fair Value Measurement, continued

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Participant-directed:				
Mutual funds:				
Large funds	$ 2,692,657	$ -	$ -	$ 2,692,657
Bond funds	886,309	-	-	886,309
Mid-cap funds	616,407	-	-	616,407
Foreign large funds	583,870	-	-	583,870
Small value funds	575,989	-	-	575,989
Total mutual funds	5,355,232	-	-	5,355,232
Cash and cash equivalents	202,337	-	-	202,337
Common/collective trusts - target date	-	1,710,212	-	1,710,212
Total participant-directed	5,557,569	1,710,212	-	7,267,781
Nonparticipant-directed:				
Commercial rental real estate	-	-	880,000	880,000
Limited liability corporations	-	-	525,000	525,000
Mutual funds:				
Large funds	12,087,446	-	-	12,087,446
Foreign large funds	6,218,683	-	-	6,218,683
Mid-cap funds	6,170,065	-	-	6,170,065
Small funds	2,978,640	-	-	2,978,640
Bond funds	2,082,121	-	-	2,082,121
Total mutual funds	29,536,955	-	-	29,536,955
Total nonparticipant-directed	29,536,955	-	1,405,000	30,941,955
Total investments	$ 35,094,524	$ 1,710,212	$ 1,405,000	$ 38,209,736

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2015:

	Commercial Rental Real Estate	Limited Liability Corporations	Note Receivable	Total
Balance, beginning of year	$ 880,000	$ 525,000	$ -	$ 1,405,000
Sales	(1,019,126)	(217,134)	-	(1,236,260)
Gains	139,126	117,134	-	256,260
Mortgage note collection	-	-	(15,355)	(15,355)
LLCs converted to note receivable	-	(375,000)	375,000	-
Balance, end of year	$ -	$ 50,000	$ 359,645	$ 409,645

Continued

3. Fair Value Measurement, continued

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

Instrument	Fair Value 2015	Fair Value 2014	Valuation Technique	Significant Unobservable Inputs
Limited Liability Corporations	$ 50,000	$ 525,000	LLC's Financial Statements and Projected Cash Flow	Value of liquidation date, discount rate, time of liquidity
Commercial Rental Real Estate	$ -	$ 880,000	Income Capitalization Approach	Vacancy rate, overall capitalization rate
Note Receivable	$ 359,645	$ -	Projected Cash Flow	

4. Nonparticipant-Directed Investments

Nonparticipant-directed investments are funded by Plan sponsor discretionary profit sharing contributions. As described in Note 1, participants are restricted in their ability to sell or transfer any portion of their share of the nonparticipant-directed investments while they are employed by the Company.

Information about the nonparticipant-directed net assets is presented in the accompanying financial statements. The significant components of the changes in net assets relating to the nonparticipant-directed investments for the year ended December 31, 2015 were as follows.

Changes in net assets for the year ended December 31, 2015:

Employer contributions	$ 2,121,077
Investment loss including interest and dividends and net depreciation in fair value of investments	(223,022)
Interest income on notes receivable from participants	10,522
Rental income - commercial real estate	69,300
Mortgage note collection	(15,355)
Benefits paid to participants	(1,878,250)
Administrative expenses	(17,519)
Increase in non-participant directed assets	$ 66,753

Continued

5. Investment Information Prepared and Certified by the Custodian (unaudited)

The following schedule is a summary of financial data certified by Charles Schwab Bank as of December 31, 2015 and 2014 is complete and accurate in accordance with Section 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2015	2014
Investments, at fair value:		
Cash and cash equivalents - participant-directed	$ 240,346	$ 202,337
Common/collective trusts - participant-directed	$ 1,974,495	$ 1,710,212
Mutual funds - participant-directed	$ 5,793,972	$ 5,355,232
Mutual funds - nonparticipant-directed	$ 30,599,063	$ 29,536,955
Notes receivable from participants	$ 453,665	$ 400,647
Interest and dividend income	$ 1,773,333	N/A
Interest income on notes receivable from participants	$ 23,492	N/A
Net depreciation in fair value of investments	$ (2,264,888)	N/A

LLCs, commercial rental real estate, and note receivable are not certified.

6. Investments

The fair value of individual investments that represented five percent (5%) or more of the Plan's net assets as of December 31, 2015 and 2014 follows:

	2015	2014
Invesco Comstock A	$ 6,459,826 *	$ 6,194,485 *
Fidelity Mid Cap Value	$ 4,310,135 *	$ 4,153,848 *
Dodge & Cox International Stock Fund	$ 3,352,877 *	$ 3,231,235 *
T. Rowe Price Blue Chip Growth Adv	$ 3,058,793 *	$ 2,950,479 *
Vanguard 500 Index Admiral	$ 3,069,076 *	$ 2,942,483 *
American Funds Europacific R4	$ 3,041,799 *	$ 2,938,831 *
Vanguard Short-Term Federal	$ 2,106,626 *	$ 2,082,121 *
T. Rowe Price Mid Capital Growth Fund	$ 2,150,748 *	$ 2,064,835 *

* Nonparticipant-directed portion only

Continued

6. Investments, continued

During 2015, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by $2,264,888 as follows:

Common/collective trusts	$ 583,297
Mutual funds	(2,848,185)
	$ (2,264,888)

7. Commercial Rental Real Estate, Note Receivable, and Limited Liability Corporation

The Plan's commercial real estate located in Philomath, Oregon was sold in 2015, which resulted in net gain of $139,126. The building was leased for $69,300 in 2015 to the U.S. Postal Service. Also in 2015, one LLC interest was sold for a net gain of $117,134. In addition, one LLC interest was sold and a note receivable is being carried, with interest at 1.83% through September 30, 2018 and increased to 5% from October 1, 2018 through August 30, 2023. The note requires monthly payments of $1,750, principal and interest, with a final balloon payment due on September 1, 2023.

8. Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments in cash and cash equivalents, common/collective trusts, and mutual funds are managed by Charles Schwab Bank, the custodian of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

9. Risk and Uncertainties

The Plan provides for various investment options in any combination of a money market, common/collective trusts, and mutual funds, nonparticipant-directed limited liability corporations and commercial real estate offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks will occur in the near term that could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes of net assets available for benefits.

Continued

10. Tax Status

The Plan uses a prototype plan document sponsored by ASC Institute, LLC. ASC Institute, LLC received an opinion letter from the IRS dated March 31, 2014, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provisions for income tax have been included in the Plan's financial statements.

11. Plan Termination

Although the Company has not expressed intent to do so, the Company has the right under the Plan's provisions to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants who are not already fully vested will become fully vested in their accounts.

12. Excess Contributions

Excess Plan contributions for 2015 and 2014 in the amount of $3,412 and $28,209 were paid back to certain active participants subsequent to December 31, 2015 and 2014, respectively. The payments of excess contributions are required to satisfy the relevant nondiscrimination provisions of the Plan.

13. Subsequent Events

Effective January 1, 2016, participants can only take out loans from the plan to purchase a principle residence and in service distribution age requirement is now 59½.

In accordance with accounting standards affecting disclosures of subsequent events, the Plan evaluated subsequent events for recognition and disclosure through October 10, 2016, the date which these financial statements were available to be issued. The Plan was restated effective January 1, 2016 to increase the automatic enrollment of deferral contributions from 3.5% to 4.0% of compensation. Management concluded that no other material subsequent events have occurred since December 31, 2015 that requires recognition or disclosure in such financial statements.

Supplemental Schedule

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
EIN: 91-0832878

Plan No. 001

Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Induding Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Units	(d) Cost	(e) Current Value
	Nonparticipant-directed investments:				
	Invesco Comstock A	Mutual Funds	334,197.791	$ 6,624,020	$ 6,459,826
	Fidelity Mid Cap Value	Mutual Funds	207,374.107	5,148,233	4,310,135
	Dodge & Cox International Stock Fund	Mutual Funds	93,004.395	3,560,457	3,352,877
	T. Rowe Price Blue Chip Growth Adv	Mutual Funds	55,771.820	3,674,719	3,058,793
	Vanguard 500 Index Admiral	Mutual Funds	22,758.291	3,116,746	3,069,076
	American Funds Europacific R4	Mutual Funds	81,476.733	3,499,668	3,041,799
	Vanguard Short-Term Federal	Mutual Funds	225,848.759	2,436,641	2,106,626
	T. Rowe Price Mid Capital Growth Fund	Mutual Funds	33,683.622	2,335,215	2,150,748
	Northern Small Cap Value Fund	Mutual Funds	90,725.558	1,547,423	1,524,525
	JP Morgan Small Cap Growth A	Mutual Funds	128,223.360	1,509,989	1,524,658
				33,453,111	30,599,063
	Note receivable	Interest 1.83%, due September 1, 2023	1	500,000	359,645
	1467/1486 Investors, LLC	Limited Liability Corporations	1	200,000	50,000
	Total nonparticipant-directed investments			$ 34,153,111	$ 31,008,708

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
EIN: 91-0832878
Plan No. 001
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Induding Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Participant-directed investments:		
*	Schwab Value Advantage Money Fund	Cash and Cash Equivalents	$ 240,346
*	Schwab Mngd Ret Trust 2050 II	Common/Collective Trust	655,269
*	Schwab Mngd Ret Trust 2045 II	Common/Collective Trust	396,479
*	Schwab Mngd Ret Trust 2040 II	Common/Collective Trust	288,341
*	Schwab Mngd Ret Trust 2035 II	Common/Collective Trust	253,578
*	Schwab Mngd Ret Trust 2030 II	Common/Collective Trust	186,243
*	Schwab Mngd Ret Trust 2025 II	Common/Collective Trust	138,097
*	Schwab Mngd Ret Trust 2015 II	Common/Collective Trust	46,681
*	Schwab Mngd Ret Trust 2020 II	Common/Collective Trust	9,807
			1,974,495
	Invesco Van Kampen Comstock A	Mutual Funds	789,561
	Vanguard 500 Index Admiral	Mutual Funds	1,226,311
	T Rowe Price Blue Chip Growth Adv	Mutual Funds	939,195
	T Rowe Price Mid-Capital Growth Fund	Mutual Funds	320,004
	American Funds Europacific R4	Mutual Funds	587,730
	Dodge & Cox International Stock Fund	Mutual Funds	40,186
	Vanguard Short Term Federal	Mutual Funds	313,690
	Northern Small Cap Value Fund	Mutual Funds	225,302
	Vanguard Total Bond Market Index	Mutual Funds	659,137
	Fidelity Mid Cap Value	Mutual Funds	324,281
	Vanguard Small Cap Index Admiral	Mutual Funds	368,575
			5,793,972
	Total participant-directed investments		$ 8,008,813
*	Participant Loans	Various maturities, 5% to 8% interest rates	$ 453,665

* Party-in-interest

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;
- [ ] 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
AUTO-CHLOR SYSTEM, INC. PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
AUTO-CHLOR SYSTEM OF WASHINGTON, INC.

450 FERGUSON DRIVE

MOUNTAIN VIEW, CA 94043-5214

2b Employer Identification Number (EIN)
91-0832878

2c Plan Sponsor's telephone number
(650) 967-3085

2d Business code (see instructions)
532400

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	Deborah J. Ivy	10/10/16	Deborah J. Ivy
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Deborah J. Ivy	10/10/16	Deborah J. Ivy
	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

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
EIN: 91-0832878

Plan No. 001

Schedule H, Line 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Induding Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Units	(d) Cost	(e) Current Value
	Nonparticipant-directed investments:				
	Invesco Comstock A	Mutual Funds	334,197.791	$ 6,624,020	$ 6,459,826
	Fidelity Mid Cap Value	Mutual Funds	207,374.107	5,148,233	4,310,135
	Dodge & Cox International Stock Fund	Mutual Funds	93,004.395	3,560,457	3,352,877
	T. Rowe Price Blue Chip Growth Adv	Mutual Funds	55,771.820	3,674,719	3,058,793
	Vanguard 500 Index Admiral	Mutual Funds	22,758.291	3,116,746	3,069,076
	American Funds Europacific R4	Mutual Funds	81,476.733	3,499,668	3,041,799
	Vanguard Short-Term Federal	Mutual Funds	225,848.759	2,436,641	2,106,626
	T. Rowe Price Mid Capital Growth Fund	Mutual Funds	33,683.622	2,335,215	2,150,748
	Northern Small Cap Value Fund	Mutual Funds	90,725.558	1,547,423	1,524,525
	JP Morgan Small Cap Growth A	Mutual Funds	128,223.360	1,509,989	1,524,658
				33,453,111	30,599,063
	Note receivable	Interest 1.83%, due September 1, 2023	1	500,000	359,645
	1467/1486 Investors, LLC	Limited Liability Corporations	1	200,000	50,000
	Total nonparticipant-directed investments			$ 34,153,111	$ 31,008,708

AUTO-CHLOR SYSTEM, INC.
PROFIT SHARING AND 401(k) PLAN
EIN: 91-0832878
Plan No. 001
Schedule H, Line 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued
December 31, 2015

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Induding Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Participant-directed investments:		
*	Schwab Value Advantage Money Fund	Cash and Cash Equivalents	$ 240,346
*	Schwab Mngd Ret Trust 2050 II	Common/Collective Trust	655,269
*	Schwab Mngd Ret Trust 2045 II	Common/Collective Trust	396,479
*	Schwab Mngd Ret Trust 2040 II	Common/Collective Trust	288,341
*	Schwab Mngd Ret Trust 2035 II	Common/Collective Trust	253,578
*	Schwab Mngd Ret Trust 2030 II	Common/Collective Trust	186,243
*	Schwab Mngd Ret Trust 2025 II	Common/Collective Trust	138,097
*	Schwab Mngd Ret Trust 2015 II	Common/Collective Trust	46,681
*	Schwab Mngd Ret Trust 2020 II	Common/Collective Trust	9,807
			1,974,495
	Invesco Van Kampen Comstock A	Mutual Funds	789,561
	Vanguard 500 Index Admiral	Mutual Funds	1,226,311
	T Rowe Price Blue Chip Growth Adv	Mutual Funds	939,195
	T Rowe Price Mid-Capital Growth Fund	Mutual Funds	320,004
	American Funds Europacific R4	Mutual Funds	587,730
	Dodge & Cox International Stock Fund	Mutual Funds	40,186
	Vanguard Short Term Federal	Mutual Funds	313,690
	Northern Small Cap Value Fund	Mutual Funds	225,302
	Vanguard Total Bond Market Index	Mutual Funds	659,137
	Fidelity Mid Cap Value	Mutual Funds	324,281
	Vanguard Small Cap Index Admiral	Mutual Funds	368,575
			5,793,972
	Total participant-directed investments		$ 8,008,813
*	Participant Loans	Various maturities, 5% to 8% interest rates	$ 453,665

* Party-in-interest