Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information			- 1 1 1-				
For calenda	r plan year 2016 or	fiscal plan year beginning 10/01/2	2016	and ending 0	9/30/2017				
_		🗡 a single-employer plan			Filers checking this box must attach a				
A This retu	ırn/report is for:	a one-participant plan	_ ' ' ~	employer information in a	ccordance with the	form instructions.)			
		a one-participant plan	a foreign plan						
D Th:	/	the first return/report	the final return/report	•					
B This retur	rn/report is	H	<u> </u>		(1)				
		an amended return/report	a snort plan year retu	urn/report (less than 12 m	nontns)				
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC program	n			
		special extension (enter desc	cription)		_				
Part II	Basic Plan Inf	iormation—enter all requested in							
1a Name o		enter an requested in	- Indition		1b Three-digit				
	DITIES PROFIT SH	IARING PLAN			plan number				
					(PN) •	001			
					1c Effective da				
						10/01/1985			
		loyer, if for a single-employer plan)	O. P)			dentification Number			
		om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		structions)	(=::+)	91-1282438			
AIR COMMOD	DITIES, INC.		(g,	,		telephone number 6-767-2600			
ACI MECHANICAL & HVAC SALES									
6100 - 6TH AVE. S.					ode (see instructions)				
SEATTLE, WA 98108						238220			
3a Plan ad	3a Plan administrator's name and address X Same as Plan Sponsor.					or's EIN			
					3c Administrat	or's telephone number			
		he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN				
	•	umber from the last return/report.			40.50				
a Sponso					4c PN				
5a Total no	umber of participan	ts at the beginning of the plan year.			5a				
b Total no	umber of participan	ts at the end of the plan year			5b	45			
		h account balances as of the end of	. , , ,	•	5c	45			
•	•				F 1(4)	20			
d(1) Total	I number of active p	participants at the beginning of the p	lan year		5d(1)	39			
d(2) Tota	I number of active p	participants at the end of the plan ye	ar		5d(2)	44			
		at terminated employment during the			5e	1			
		e or incomplete filing of this retur				d			
		other penalties set forth in the instru							
Ulluel Della						applicable, a Schedule			
SB or Sched		and signed by an enrolled actuary,	ao 11011 ao 1110 010011 01110 1	•	it, and to the boot				
SB or Sched belief, it is tr	ue, correct, and cor	mplete.		-	THE COURT OF THE POOR				
SB or Sched belief, it is tr	ue, correct, and cor		01/17/2018	MICHAEL N. OTANI	it, and to the boot				
SB or Sched belief, it is tr	ue, correct, and cor	mplete. d/valid electronic signature.		-		of my knowledge and			
SB or Sched belief, it is tr SIGN HERE	rue, correct, and cor Filed with authorize	mplete. d/valid electronic signature.	01/17/2018	MICHAEL N. OTANI		of my knowledge and			
SB or Sched belief, it is tr	rue, correct, and cor Filed with authorize Signature of plan	mplete. d/valid electronic signature. administrator	01/17/2018 Date	MICHAEL N. OTANI Enter name of individ	dual signing as pla	of my knowledge and			
SB or Scheobelief, it is tr	rue, correct, and cor Filed with authorize Signature of plan Signature of emp	mplete. d/valid electronic signature. administrator loyer/plan sponsor	01/17/2018 Date Date	MICHAEL N. OTANI Enter name of individ Enter name of individ	dual signing as pla	n administrator			
SB or Scheobelief, it is tr	rue, correct, and cor Filed with authorize Signature of plan Signature of emp	mplete. d/valid electronic signature. administrator	01/17/2018 Date Date	MICHAEL N. OTANI Enter name of individ Enter name of individ	dual signing as pla	n administrator			
SB or Scheobelief, it is tr	rue, correct, and cor Filed with authorize Signature of plan Signature of emp	mplete. d/valid electronic signature. administrator loyer/plan sponsor	01/17/2018 Date Date	MICHAEL N. OTANI Enter name of individ Enter name of individ	dual signing as pla	n administrator			
SB or Scheobelief, it is tr	rue, correct, and cor Filed with authorize Signature of plan Signature of emp	mplete. d/valid electronic signature. administrator loyer/plan sponsor	01/17/2018 Date Date	MICHAEL N. OTANI Enter name of individ Enter name of individ	dual signing as pla	n administrator			
SB or Scheobelief, it is true SIGN HERE	rue, correct, and cor Filed with authorize Signature of plan Signature of emp	mplete. d/valid electronic signature. administrator loyer/plan sponsor	01/17/2018 Date Date	MICHAEL N. OTANI Enter name of individ Enter name of individ	dual signing as pla	n administrator			

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6a Were all of the plan's assets during the plan year invested in eligi		•						X Ye	s No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Ye	es No
C If the plan is a defined benefit plan, is it covered under the PBGC					_		No	Not de	termined
Part III Financial Information						-			
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total plan assets	7a		931611					431316	88
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	3	931611		4313168				
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt		(b) Total				
a Contributions received or receivable from:	0 (4)		82418						
(1) Employers	8a(1)		379130						
(2) Participants	8a(2)		2293	_					
(3) Others (including rollovers)	8a(3)		609150						
b Other income (loss)	8b		000100					107299	11
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums	8c							107293	71
to provide benefits)	8d		691371						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses					63				
h Total expenses (add lines 8d, 8e, 8f, and 8g)			69143				34		
i Net income (loss) (subtract line 8h from line 8c)	8i							3815	57
j Transfers to (from) the plan (see instructions)	Transfers to (from) the plan (see instructions)								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2H 2J 2K 3D 2R	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature code	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instr	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Χ				
C Was the plan covered by a fidelity bond?			10c	X					100000
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of	the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	-		10g	X					6472
h If this is an individual account plan, was there a blackout period?			10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		🗌	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Revenue Code (the Code).

• Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part	Annual Repor	t Identification Information				
For cale	ndar plan year 2016 or	fiscal plan year beginning	10/01/2016	and ending	09/30/2	017
		X a single-employer plan		olan (not multiemployer)		
A This	return/report is for:		list of participating e	mployer information in a	accordance with th	e form instructions)
		a one-participant plan	a foreign plan			
B This r	eturn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	nonths)	
C Chec	k box if filing under:			, , ,	_	
O Onec	A box ii iiiiig didei.	Form 5558	automatic extension		DFVC progra	m
		special extension (enter descr				
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Nam	e of plan				1b Three-digi	t
AIR CO	MMODITIES PROF	IT SHARING PLAN			plan numb	
					(PN) ▶	
					1c Effective d	ate of plan
20 Div	2a Plan sponsor's name (employer, if for a single-employer plan)					985
Za Pian Maili	sponsor's name (emplo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	Davi)		2b Employer I	dentification Number
City	or town, state or province	ce, country, and ZIP or foreign posta	. DOX) al code (if foreign, see ins	tructions)		1282438
AIR CO	OMMODITIES, IN	c.	in some (in foreign) does into	a doubliby		telephone number
ACI MEC	CHANICAL & HVAC S	ALES			206-767	
6100 -	- 6TH AVE. S.					ode (see instructions)
					238220	
SEATTI	E	WA 98108				
3a Plan	administrator's name ar	nd address X Same as Plan Spons	cor		2h A	
	and a market of the more of	A data of A dame as rian opon	501.		3b Administra	orsein
					3c Administrat	tor's telephone number
					, tarriirilotra	or a telephone number
4 If the	name and/or EIN of the	e plan sponsor has changed since the	ne last return/report filed f	or this plan antar the	41	
name	e, EIN, and the plan nur	nber from the last return/report.	ie last return/report nieu r	or this plan, enter the	4b EIN	
	sor's name	•			4c PN	
5a Total	number of participants	at the beginning of the plan year			5a	4.2
		at the end of the plan year			5b	43
C Numb	per of participants with a	account balances as of the end of the	ne plan year (only defined	contribution plans	30	45
comp	elete this item)		ie plan year (only delined	contribution plans	5c	45
		ticipants at the beginning of the plar			5d(1)	45
				••••••		39
e Numi	her of narticinants that t	ticipants at the end of the plan year erminated employment during the p	alamamth. a.a		5d(2)	44
than	100% vested	erminated employment during the p	nan year with accrued be	netits that were less	5e	1
Caution: A	A penalty for the late o	or incomplete filing of this return/	report will be assessed	unless reasonable cau	ise is establishe	<u>1</u>
Under pen	aities of perjury and oth	er penalties set forth in the instructi	ions I declare that I have	evamined this return/rer	nort including if	malianda - O. L. I.I.
OD OF SCHOOL	true, correct, and compl	a signed by an enrolled actuary, as	well as the electronic ver	sion of this return/report	t, and to the best o	of my knowledge and
SIGN			MINIO	Mi sheel N Ote	W. 1. 1.	Wat
HERE	*		V 11/17/18	Michael N. Ota	ani/www.au	16.07 MD
	Signature of plan ad	ministrator	Date	Enter name of individu	ual signing as plar	n administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	ial signing as omr	lovor or plan anana
Preparer's	name (including firm na	me, if applicable) and address (incl	lude room or suite numbe	r)	Preparer's teleph	
				* 1		
				L		

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 Were all of the plan's assets during the plan year invested in eliging. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either line 6a or line 6b, the plan can be plan in a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan. 	f an indeper / and condit not use Fo	ident qualified public ions.) rm 5500-SF and mu	c accou	ntant (IQPA)			
Part III Financial Information	1				·			
7 Plan Assets and Liabilities	All All Street	(a) Beginning	g of Yea	ar			(b) End of Year	
a Total plan assets		3	,931	,611			4,313,10	
b Total plan liabilities								
C Net plan assets (subtract line 7b from line 7a)	. 7c	3	,931	,611			4,313,16	
8 Income, Expenses, and Transfers for this Plan Year	14.55	(a) Amou	ınt				(b) Total	
a Contributions received or receivable from: (1) Employers	8a(1)		82,	418				
(2) Participants	8a(2)		379,	130	o l			
(3) Others (including rollovers)	8a(3)		2,	293				
b Other income (loss)	8b		609,	150				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1,072,9		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	691,371						
e Certain deemed and/or corrective distributions (see instructions)	8e				New			
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g			63				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				691,43			
Net income (loss) (subtract line 8h from line 8c)	81				381,55			
j Transfers to (from) the plan (see instructions)	81		•			North Mari		
Part IV Plan Characteristics				<u>-</u>	este taka	eron (A.C.	randra Arthur Barrer (1965) a bha a thuair a bha i	
9a If the plan provides pension benefits, enter the applicable pension (2E 2H 2J 2K 3D 2R	feature code	es from the List of P	lan Cha	racteri	stic C	odes in	the instructions:	
b If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Char	acteris	tic Co	des in t	ne instructions:	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	A	
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volence of the plan and DOL's Volence of the plan any participant contributions.) Description:	duntani Eid	winns Carrotton	4 -		x		Amount	
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not inc	lude transactions	10a 10b		Х			
C Was the plan covered by a fidelity bond?	******************			Х				
	**********		100		1	1. 3	100 0	

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.... Χ 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).... Х 10e Has the plan failed to provide any benefit when due under the plan? X 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) Х 10g 6,472 h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) Х 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i

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Part	VI Pension Funding Compliance			····			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	i complete Sc	hedule S	SB		Yes [No
11a 12	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?		11a			Yes [No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see it granting the waiver.		nd enter Da		of the lett Year		g
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line/	13.					
<u>b</u>	Enter the minimum required contribution for this plan year		. 12b				
C	Enter the amount contributed by the employer to the plan for this plan year						
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A	 A
Part \	/II Plan Terminations and Transfers of Assets		<u> </u>			لسا	···
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	1 🛛	Vo	
,	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	VO	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broucontrol of the PBGC?	ight under the)	ſ	Yes [X No	
	n, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to				
13	c(1) Name of plan(s):	13c(2) EIN(s)		13c(:	3) PN(s	}
Part V							
14a Na	ame of trust		14b T	rust's El	N	····	
14c Na	ame of trustee or custodian				or custod number	lan's	
Part I	IRS Compliance Questions						
15a is	the plan a 401(k) plan? If "No," skip b	Yes			No		
40	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section 1(k)(3) for the plan year? Check all that apply:	□ safe h	nt year*		"Prior ye test N/A	ear" ADI	5
уе 	nat testing method was used to satisfy the coverage requirements under section 410(b) for the plan ar? Check all that apply:	Ratio perce test			rage efit test	Пи	I/A
101	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
****	ne plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS letter and the serial number						f
	ne plan is an individually-designed plan that received a favorable determination letter from the IRS, er er ined Benefit Plan or Money Purchase Pension Plan Only:	iter the date o	of the mo	st recen	t determin	nation	
We	med Behent Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not sepa vice?	rated from	Yes		No		
19 Wa	s any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No		