Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor Retirement

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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	r calendar plan year 2009 or fiscal plan year beginning 01/01/20	09	and ending 1	2/31/2	2009			
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report	_				
	an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558	=	extension	,	☐ DFVC program			
•	special extension (enter descrip		o oxionolon					
D	<u> </u>	,						
	art II Basic Plan Information—enter all requested infor Name of plan	mation		1h	Three-digit			
	MATE SYSTEMS, LLC 401(K) PLAN & TRUST			טו	plan number			
OLIII	11112 01012 mo, 220 101(ii) 1 2 ii 1 a 1 1 001				(PN) • 001			
				1c	Effective date of plan			
					01/01/2008			
	 Plan sponsor's name and address (employer, if for single-employed) MATE SYSTEMS, LLC 	er plan)		26	Employer Identification Number (EIN) 20-8704481			
CLIIV	WATE STSTEWS, LEG			2c	Plan sponsor's telephone number			
1922	21 36TH AVE WEST, STE 208				425-670-9959			
LYNI	NWOOD, WA 98036			2d	Business code (see instructions)			
32	Dian administrator's name and address (if some as Dian ananon	antar "Cam	~"\	2h	238220 Administrator's EIN			
	Plan administrator's name and address (if same as Plan sponsor, MATE SYSTEMS, LLC 19221 36T	HAVE WES		30	20-8704481			
	LYNNWOO	D, WA 9803	36	3с	Administrator's telephone number			
					425-670-9959			
	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN			
	Traine, 2111, and the plan number from the last retains open.	or o marrio		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	3			
b	Total number of participants at the end of the plan year			5b	3			
С	Total number of participants with account balances as of the end	of the plan	vear (defined benefit plans do not	_				
	complete this item)			5c	3			
	Were all of the plan's assets during the plan year invested in elig		,		X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No			
	If you answered "No" to either 6a or 6b, the plan cannot use		· ·					
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	00504		(b) Life of Teel			
b	Total plan link liting		32538	3	28510			
	Total plan liabilities	7b	32538	3	`			
С			32538		`			
-					28510			
С	Net plan assets (subtract line 7b from line 7a)	7с	32538 (a) Amount	3	28510 28510			
8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7c	32538 (a) Amount	3	28510 28510			
8	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2)	32538 (a) Amount	3	28510 28510			
8 a	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3)	32538 (a) Amount 92 5418	2	28510 28510			
c 8 a b	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b	32538 (a) Amount	2	28510 28510 (b) Total			
8 a b	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b	32538 (a) Amount 92 5418	2	28510 28510			
c 8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	32538 (a) Amount 92 5418	2	28510 28510 (b) Total			
8 a b	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c	32538 (a) Amount 92 5418	2	28510 28510 (b) Total			
c 8 a b c	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	32538 (a) Amount 92 5418	2	28510 28510 (b) Total			
c 8 a b c d	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	32538 (a) Amount 92 5418	2	28510 28510 (b) Total			
8 a b c d	Net plan assets (subtract line 7b from line 7a)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8d 8e 8f 8g	32538 (a) Amount 92 5418	2	28510 28510 (b) Total			
8 a b c d e f g	Net plan assets (subtract line 7b from line 7a)	7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8g	32538 (a) Amount 92 5418	2	28510 (b) Total 17357			

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Part IV	Dian	(`haract	Orietics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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.)	10e	X					200
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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		X				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					[Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA?.	[Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montrou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
_	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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		[12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>)	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?	nder 	the co	ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e pla	n(s) to					
1	3c(1) Name of plan(s):	c(2) EII	N(s)		13c(3)	PN(s)		
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ise is	establi	shed.			
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.	rn/rep	ort, in	cluding	ı, if appli			
2.101	Filed with each enine divertidal extremis eigenture							

SIGN	Filed with authorized/valid electronic signature.	06/15/2010	DOUGLAS HAYES
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/15/2010	DOUGLAS HAYES
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 section 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

2009

This Form is Open to Public Inspection.

P	Part I Annual Report Identification Information								
For	the calendar plan year 2009 or fiscal plan year beginning	2009-	-01-01	and ending	200	9-12-31			
A	This return/report is for: x single-employer plan	multiple-er	mployer plan (n	ot multiemployer)		one-participar	nt plan		
В	This return/report is for:	final return	/report		_				
	an amended return/report	short plan	vear return/rep	ort (less than 12 month	s)				
_	Check box if filing under: Form 5558	automatic		•	ĺП	DFVC progra	m		
Ü	special extension (enter description	1			L				
		<u> </u>							
	art II Basic Plan Information enter all requested info	rmation.			1h T	hree-digit			
ıa					pl	an number			
	CLIMATE SYSTEMS, LLC 401(K) PLAN & TRUST			-	`	PN) ►	001		
						ffective date of 008-01-01	plan		
2a	Plan sponsor's name and address (employer, if for single-employer p	olan)					ication Number		
	CLIMATE SYSTEMS, LLC	,				IN) 20-870			
	19221 36TH AVE WEST, STE 208					lan sponsor's t 425) 670-9	elephone number		
	19221 Join Ave West, Sie 200			-			see instructions)		
US					2.	38220	·		
3a	Plan administrator's name and address (If same as plan employer, e Same	nter "Same")		3b A	dministrator's E	EIN		
				-	-				
					3C A	dministrator's t	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la name. EIN and the plan number from the last return. Sponsor's Nam	st return/rep	ort filed for this	plan, enter the	4b ∈	IN	7.5.5		
	name, Ein and the plan humber from the last return. Sponsor's Nam	e			4c P	N			
5a	Total number of participants at the beginning of the plan year				5a		3		
b	Total number of participants at the end of the plan year				5b		3		
С	Total number of participants with account balances as of the end of t complete this item)				5c	3			
6a	Were all of the plan's assets during the plan year invested in eligible		· · · · · · · · · · · · · · · · · · ·				X Yes No		
b	Are you claiming a waiver of the annual examination and report of ar	n independer	nt qualified pub	lic accountant (IQPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar						X Yes No		
В	If you answered "No" to either 6a or 6b, the plan cannot use For	m 5500-SF 8	and must inste	ead use Form 5500.					
7	art III Financial Information	30 1016	(-) P.	a in nine of Voor	1	(b) End	of Your		
•	Plan Assets and Liabilities		(a) B	eginning of Year	 	(b) End			
a b	Total plan assets	. 7a		32,538	 		28,510		
		· 7b		32,538	 		28,510		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c			1	(5)			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	RATIO ESTADA	200704-15-3 <u>2</u> 07207-15-3	Γotal		
а	(1) Employers	. 8a(1)		92					
	(2) Participants	. 8a(2)		5,415					
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b		11,850					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					17,357		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	1 .		01 205					
_	, , , , , , , , , , , , , , , , , , , ,			21,385	1				
e	Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions).								
f g	Administrative service providers (salaries, rees, commissions) Other expenses				1				
	·	-5	PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN 1997 PERSO		prostanii B	weather the state of the state	21,385		
h ;	Total expenses (add lines 8d, 8e, 8f, and 8g)						(4,028)		
;	Net income (loss) (subject line 8h from line 8c)								
1	Transfers to (from) the plan (see instructions)	+ 0]	1		464868848988				

Pai	rt I	/	Plan Characteristics							V
			an provides pension benefits, enter the applicable pension featur	e codes from the Li	st of Plan Characte	ristic (Codes	in the	instructions:	
b	If th	ne pla	an provides welfare benefits, enter the applicable welfare feature	codes from the Lis	t of Plan Characteri	stic C	odes i	n the i	nstructions:	
Pa	rt \	/ C	ompliance Questions							
10			the plan year:				Yes	No	А	mount
а			here a failure to transmit to the plan any participant contribution v			40-		х		
b			R 2510.3-102? (See instructions and DOL's Voluntary Fiduciary there any nonexempt transactions with any party-in-interest? (Do			10a				· · · · · · · · · · · · · · · · · · ·
			e 10a.)			10b		х		
С	V	√as t	ne plan covered by a fidelity bond?			10c		x		
d	_		e plan have a loss, whether or not reimbursed by the plan's fideli							
	0	r dist	nonesty?			10d		х		
е	ir	sura	any fees or commisions paid to any brokers, agents, or other per nce services or other organization that provides some or all of th tions.)	e benefits under the	e plan? (See	10e	x			200
f			e plan failed to provide any benefit when due under the plan? .			10f		x		
g			e plan have any participant loans? (If "Yes," enter amount as of y					х	<u> </u>	· · · · · · · · · · · · · · · · · · ·
h			s an individual account plan, was there a blackout period? (See			109			le no del trica del	
	2	520.1	01-3.)			10h		Х		
į	e:	ксер	was answered "Yes," check the box if you either provided the recions to providing the notice applied under 29 CFR 2520.101-3.			10i				
Par 11			ension Funding Compliance	0.445.00						
1 1		tnis 500))	a defined benefit plan subject to minimum funding requirements							Yes X No
12			a defined contribution plan subject to the minimum funding requi	irements of section						Yes X No
a If	gı	antir	iver of the minimum funding standard for a prior year is being an ig the waiver		Mon	ons, ar ith	nd ente	er the Day	date of the le	tter ruling 'ear
b	Ε	nter t	he minimum required contribution for this plan year				. \lceil	12b		
С	Ε	nter t	he amount contributed by the employer to the plan for this plan y	year				12c		
d			ct the amount in line 12c from the amount in line 12b. Enter the representation of the amount of the second of the					12d		
			e minimum funding amount reported on line 12d be met by the fu	unding deadline? .					Yes [□No □N/A
Parl			Plan Terminations and Transfers of Assets							
l3a			resolution to terminate the plan been adopted during the plan year					• •		X Yes No
			" enter the amount of any plan assets that reverted to the emplo					13a		0
b			all the plan assets distributed to participants or beneficiaries, tran PBGC?	sferred to another p	olan, or brought und	der the	contr	ol 		Yes X No
С			g this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	is plan to another p	lan(s), identify the p	olan(s)	to			
	13c	(1) N	ame of plan(s):				130	c(2) E	IN(s)	13c(3) PN(s)
auti	on:	A ne	nalty for the late or incomplete filing of this return/report wil	II he assessed unl	ess reasonable ca	LLED IS		hlicha	d	
Inde B or	r pe Sch	naltie nedul	is of perjury and other penalties set forth in the instructions, I dece MB completed and signed by an enrolled actuary, as well as the	clare that I have exa	mined this return/re	eport,	includ	ing, if	applicable, a	Schedule edge and
				6/3/10	Douglas	Ц~	1700			
SIG	5887481	Sign		Date	Enter name of ind				nlan administ	rator
		Jig		6/3/10	Douglas				pian auminist	Iatul
SIG	100	Sim								
ernere		Jigi	nature of employer/plan sponsor	Date	Enter name of ind	ividua	signir	ig as	employer or p	olan sponsor

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