## 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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	Complete all entries in accor	dance wit	h the instructions to the Form 5500	)-SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	)9	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 -							
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)			
C	Check box if filing under: X Form 5558	automatio	extension		DFVC program		
	special extension (enter description	on)					
Pa	rt II Basic Plan Information—enter all requested inform	•					
	Name of plan	idilori		1b	Three-digit		
	ELO CHIODO 401(K) PLAN				plan number		
					(PN) • 001		
				1c	Effective date of plan 01/01/2006		
22	Plan sponsor's name and address (employer, if for single-employer	r nlan)		2h	Employer Identification Number		
	ELO CHIODO HEATING AIR CONDITIONING REFRIGERATION, I	. ,			(EIN) 16-1100755		
				2c	Plan sponsor's telephone number		
	VOLF STREET ACUSE, NY 13208			24	315-474-7747		
•				Zu	Business code (see instructions) 333410		
	Plan administrator's name and address (if same as Plan sponsor, e		∍")	3b	Administrator's EIN		
	ELO CHIODO HEATING AIR CONDITIONING 618 WOLF S RIGERATION, INC. SYRACUSE		3	20	16-1100755		
				30	Administrator's telephone number 315-474-7747		
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
1	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	DNI		
5a	Total number of participants at the beginning of the plan year			<del>-тс</del>	16		
b	Total number of participants at the end of the plan year		ł	5b	3		
C	Total number of participants with account balances as of the end of		ļ	30	<u> </u>		
	complete this item)			5c	3		
	Were all of the plan's assets during the plan year invested in eligib				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 F		•				
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	. 7a	248571		228842		
b	Total plan liabilities	. 7b	0	)	0		
С	Net plan assets (subtract line 7b from line 7a)	. 7с	248571		228842		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:	90(1)	0				
	(1) Employers	· · · ·	43174				
	(3) Others (including rollovers)						
b	. ''						
C							
d	Benefits paid (including direct rollovers and insurance premiums						
to provide benefits)							
e	Certain deemed and/or corrective distributions (see instructions) 8e 6253						
f							
g	Other expenses		1594	1	440000		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)				112289		
! :	Net income (loss) (subtract line 8h from line 8c)				-19729		
J	Transfers to (from) the plan (see instructions)	. 8i	0				

		Form 5500-SF 2009 Page <b>2-</b> 1						
Dar	t IV	Plan Characteristics						
Эа	If th	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2F 2G 2J 2K 3D e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha						
ort 0		Compliance Questions ring the plan year:		Yes	No		mount	
а	Wa	is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	100	X	^	mount	0
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X			0
С	W	as the plan covered by a fidelity bond?	10c	X				50000
d	Dic or o	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X			0
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X			0
f	На	s the plan failed to provide any benefit when due under the plan?	10f		X			0
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				44608
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X			
İ		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	: VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (0))					Yes	X No
2	ls t	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	le or se	ection 3	302 of	ERISA?	Yes	X No
	If a gra	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	nth					
	-	er the minimum required contribution for this plan year		Г	12b			
С		er the amount contributed by the employer to the plan for this plan year			12c			
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef			12d			
е	Wil	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	s a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
	If "\	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough he PBGC?					Yes	X No

c 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.)

13c(1) Name of plan(s): 13c(2) EIN(s) **13c(3)** PN(s)

## 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	09/21/2010	JAMES CONSOLATI				
HERE	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				

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•	Pq	3/5	

Form 5500-SF Short F	yee		OMB Nos, 1210-0110 1210-0069			
Department of the Tressury Internal Revenue Service. This form	<b>Benef</b> n is required to be filed under t		2009			
Department of Lebor Retirem Employee Benefite Security Administration	ent income Security Act of 19 Internal Revenue	:	This Form Is Open to Public			
Pension Benefit Quarterly Composition - Complete		ith the instructions to the Form 550	0-SF.	lase	pection	
Part I Annual Report Identification	Information					
For calendar plan year 2009 or fiscal plan year beg		and ending		2/31/2009		
A This return/report is for:		employer plan (not multiemployer)		one-panicipa	nt plan	
B This return/report is for:	·	ım/report				
	<b>—</b>	in year return/report (less than 12 mor	nths)			
C Check box if filing under: Form 5558		is extension		□ DFVC progra	m	
	sion (enter description)		,			
Part II Basic Plan Information-ente	r all requested information		4 L			
1a Name of plan Appelo Chiede 404 (k) Diag			10	Three-digit plan number	001	
Angelo Chiodo 401(k) Pían				(PN)	001	
			1c	Effective date of	' plan 2006	
2a Plan sponsor's name and address (employer,	if for single-employer plan)		2b			
Angelo Chiodo Heating Air Condition				Employer Identif (EIN) 16		
			2c	Plan sponsor's to 3154	elephone number 787747	
618 Wolf Street			2d	Business code (see instructions) 333410		
ote Hell edge.		ι				
Syracuse						
NY						
13208						
· ·						
3a Plan administrator's name and address (if same	e se Plan sponsor, enter "Serr	<b>e</b> ")	3b	Administrator's E		
Annula Object Unation & Conditioning Dail			36	161100755		
Angela Chiado Heating Air Conditioning Ref	ngeration, inc.		3c Administrator's telephone number 3154747747			
		_				
618 Wolf Street						
_						
Syracuse						
NY						
13208						
4 If the name and/or EIN of the plan sponsor has a name. EIN, and the plan number from the last re		port filed for this plan, enter the	4b EIN			
pario, ciri dile dia participal fichi di dia con il	The state of the s		4c PN			
5a Total number of participants at the beginning of	• •	<b>-</b>	5a		6	
b Total number of participants at the end of the plan year					3	
C Total number of participants with account balancemplete this item)			5c		3	
6a Were all of the plan's assets during the plan ye					Yes No	
h Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						
under 29 CFR 2320.104-46? (See instructions on waiver eligibility and conditions.)						
Part III Financial Information	Mail remit nas Letti 2000	Ar alia mast wetend ast Lotte 2001	<i></i>			
7 Plan Assets and Liabilities		(a) Beginning of Year	1	(b) End o	f Year	
					228842	
b Total plan liabilities		0			0	
C Net plan sesats (subtract line 7b from line 7a)		248571			228842	

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8											
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	(a) Amount				(b) Total					
_	(1) Employers	Ba(1)			0						
	(2) Participants	8a(2)		4317			•				
	(3) Others (including reflovers)	5a(3)			0						
b	Other Income (loss)			1938							
Ċ	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 4			<u></u>				<u> </u>		
d	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d	10	1444	2			······································	9,	2560	<del></del> ,
8	Certain deemed and/or corrective distributions (see instructions)	8e 104442 8e 6253									
f	Administrative service providers (salaries, fees, commissions)	8f		-							
g	Other expenses	8g		159					•		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-				112	200	
į	Net Income (loss) (subtract line 8h from line 8c)	8)	· · · · · · · · · · · · · · · · · · ·		_+-				-19		
ĺ	Transfers to (from) the plan (see instructions)	84			;				-13	1 23	
Do	t IV Plan Characteristics				·						
9a	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe			*********							
-		etura coo	es main the List of Plan Char	racter	stic Co	odes (i	n the Inst	truotic	ns:		
	2E 2F 2G 2J 2K 3D										
þ	if the plan provides welfare benefits, enter the applicable welfare fee	ature code	is from the List of Plan Chars	artario	ello Co	daa la	the inet	a contract			
			or	AAIGI K	>()C <b>QQ</b>	111 <b>6</b> 594	기가루 이 (축단	ucuq	12.		
Pari	V Compliance Questions				<u> </u>						
10	During the plan year.				,	,					
	Was there a failure to transmit to the plan any participant contribution		(L-4)		Yes	No	<u> </u>	A	mount		
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia	ery Correc	tion Program)	104		×					(
ь	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not inc	dude transactions remoted	10b		X					
c				10c	1.4	$\cap$	<del></del>				
d	Did the plan have a loss, whether or not reimbursed by the plan's fid						50	000			
	or dishonesty?	*******	141-44.484-444-444-444	10d		X					C
e	Were any feet or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	he benefit	s under the nian? (See	10e		×					(
f	Has the plan falled to provide any benefit when due under the plan?										
g	Did the plan have any participant loans? (If "Yes," enter amount as o			101		X				4.4	000
ĥ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructi	ons and 29 CFR	10g	X					44	608
ì	if 10h was answered "Yes," check the box if you either provided the r	regulred n	ofice or one of the	10h		<u>×</u>					
	exceptions to providing the notice applied under 29 CFR 2520 101-3			101			Ì				
Part	VI Pension Funding Compllance						<del></del>		4		
11	Is this a defined benefit plan subject to minimum funding requirement	s? (If "Ye:	s," see instructions and comp	plete :	Sched	Jie Se	(Form				
45	5500))	***********	individualmicrocommunicalmin	шада	nuntura.	11131111	**********	<u>.                                     </u>	Yes	M	No
12	is this a defined contribution plan subject to the minimum funding req		of section 412 of the Code	Of \$6	ction 3	02 of I	ERISA?	. Ц	Yes	Ħ	No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, sa applicable If a waiver of the minimum funding standard for a prior year is being a		in this olan year, see incirus	dono	ard a	niar ih		faka i		t} u	
	granting the waiver		************************	18C/1125.	ai 10 9	tica (t)	ic water	11.6	esier in	W17C2	
	ou completed line 12s, complete lines 3, 9, and 10 of Schedule M		• • •		-						
	Enter the minimum required contribution for this pien year					12b					<b></b>
¢	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 negetive amount)	result (er	nter a minus sign to the left o	fa 		12d					
	Will the minimum funding amount reported on line 12d be met by the						Yes	П	No	N	<u> </u>
Part 1	". L						********				_
13a	Has a resolution to terminate the plan been adopted during the plan ye	eer or any	prior year?				***	×	Yes	П	Ϋ́ο
	If "Yes," enter the amount of any plan assets that reverted to the empl					13a		<u>l</u>	•		0
b	Were all the plan assets distributed to participants or beneficiaries, tra	nsferred to	o enother plan, ar brought ur	nder t	he con	trol	*******		1		
	of the PBGC?							- 1	Yes	1 to 1	1=

Courter: A penalty for the late or incomplete filling of this return/report will be assess	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, II applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

	Margaret Chiodo Signature of plan admiristrator		MARGARET Chiodo  Enter name of Individual signing as plan administrator
SIGN	Signature of employer/plan spen≤or	Date	Enter name of individual signing as employer or plen sponsor