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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information									
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	10	and ending	02/03/	2010 					
A	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)	employer) 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 m	onths)						
С	Check box if filing under: Form 5558 automatic extension				DFVC progra	am				
	special extension (enter description	on)			_					
Pa	Int II Basic Plan Information—enter all requested inform	nation								
	Name of plan			1b	Three-digit					
ANG	ELO CHIODO 401(K) PLAN				plan number	001				
				4.0	(PN) ▶					
				10	Effective date o	•				
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	2b Employer Identification Number					
	ELO CHIODO HEATING AIR CONDITIONING REFRIĞERATION, I				(EIN) 16-110	0755				
618 \	WOLF ROAD			2c		telephone number				
	ACUSE, NY 13208			315-474-7747 2d Business code (see instruction						
					333410					
3a	Plan administrator's name and address (if same as Plan sponsor, e ELO CHIODO HEATING AIR CONDITIONING 618 WOLF F		; ")	3b	3b Administrator's EIN					
REF	RIGERATION, INC. SYRACUSE		}	30	3c Administrator's telephone numl					
				30	315-47	4-7747				
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	4b EIN					
1	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	PN					
	Total number of participants at the beginning of the plan year									
	Total number of participants at the beginning of the plan year. Total number of participants at the end of the plan year.			5a 5b						
_	Total number of participants at the end of the plan year.					0				
C	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5c					
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)			X Yes No				
b	Are you claiming a waiver of the annual examination and report of					— — — Na				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F		•			Yes No				
Pa	rt III Financial Information	OIIII 3300-	or and must mistead use Form 5	JUU.						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	7a	22884	42	(3) =	0				
b	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)		22884	42		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants									
	(3) Others (including rollovers)		-31	7						
b	Other income (loss)		-31:							
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-3157				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1806	10						
е	Certain deemed and/or corrective distributions (see instructions)		4460	08						
f	Administrative service providers (salaries, fees, commissions)		40	67						
g	Other expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					225685				
i	Net income (loss) (subtract line 8h from line 8c)					-228842				
i	Transfers to (from) the plan (see instructions)									

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ar	IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charace $2F$ $2F$ $2G$ $2J$ $2K$ $3D$	cteris	tic Co	des in	the instruc	ctions:	
	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	~torict	ic Coc	las in t	he instruc	tions:	
D	in the plant provides wellare beliefles, effect the applicable wellare feature codes from the cist of Figure Orlande	Jionsi	.10 000	203 111 0	ne manac		
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				50000
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			
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				0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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					
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	802 of I	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver						-
lf :	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	''		Day.		rear	
	Enter the minimum required contribution for this plan year						
С	Enter the amount contributed by the employer to the plan for this plan year						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
	f IV/co. If a retain the consequent of any order of the transport of the consequent this consequent					-	0

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

X Yes No

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.	09/29/2010	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

228842

Form 5540-SF (2011) v,092308.1

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos, 1210-0110 Benefit Plan Department of the "reasury internal Revenue Sérvice 2010 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 Doportment of Labor Employee Benefits Scaulty Administration Internal Revenue Code (the Code). This Form is Open to Public Penalon Bandill Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 02/03/2010 Single-employer plan A This return/report is for: multiple-employer plan (not multiemployer) one-participant plan first return/report B This return/report is for: final return/report an amended return/report short plan year return/report (less than 12 months) Form **5558** C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit ANGELO CHIODO 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2006 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number ANGELO CHIODO HEATING AIR CONDITIONING REFRIGERATION, INC. 16-1100755 (EIN) 2C Plan sponsor's telephone number 315-474-7747 618 WOLF ROAD SYRACUSE, NY 19208 2d Business code (ees instructions) 333410 3a Pian administrator's name and address (if same as Pian sponsor, enter "Same") ANGELO CHICDO HEATING AIR CONDITIONING 619 WOLF ROAD REFRIGERATION, INC. SYRACUSE, NY 13208 3b Administrator's EIN 16-1100755 3C Administrator's telephone number 315-474-7747 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EiN, and the plan number from the last return/report. Sponsor's name 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..... ð 5b c. Total number of participents with account balances as of the end of the plan year (defined benefit plans do not Ð complete this item). Yes No Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) D Are you daiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes [No under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions)..... if you answored "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 228842 ō a Total plan assets,,,,, 7a b Total plan liabilities..... 7b 228842 0 C Net plan assets (subtract line 7b from line 7a).... 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (1) Employers 8a(1) 8a(2) (2) Participants (3) Others (Including rollovers)...... 8a(3) -3157 b Other income (loss),..... 8b -3157 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums 180610 84 to provide benefits)..... 44808 Certain deemed and/or corrective distributions (see instructions)... 80 Administrative service providers (salaries, fees, commissions)..... Αf Other expenses..... 89 225685 h Total expenses (add lines 8d. 8e, 8f, and 8g)...... 8h

 81

for Form 5500-SF.

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Part IV Plan Characteristics										
9a	the plan provides pension benefits, onter the applicable pension f	cature codes from th	e List of Plan Char	acteris	tic Co	des in	the inst	ruction	5 :	***
2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part \	Compliance Questions									
	During the plan year:		· · · · · · · · · · · · · · · · · · ·		Yes	No		Am	ount	.w.=
a '	Nas there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iona within the time p	erlod described in	10a		Х				
b	Nere there any nonexempt transactions with any party-in-interest?	(Do not include tran	eactions reported	10b		х		<u>-</u>		
C	Was the plan covered by a fidefity bond?	***************************************		100	Х					50000
đ i	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond, that was	caused by fraud	10d		х		···		
í	Were any fees or commissions paid to any brokers, agents, or other neurance service or other organization that provides some or all of netructions.)	peld to any brokers, agents, or other persons by an insurance cerrier, unization that provides some or all of the bonefits under the plan? (See				х				
	las the plan failed to provide any benefit when due under the plan			10f		х				
g	old the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	X					0
	f this is an Individual account plan, was there a blackout period? (5 2520.101-3.)			ioh		х				
1 1	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2620.101-	e required notice or a	ne of the	101				<u></u>		
Part V										
	s this a defined benefit plan subject to minimum funding requireme 500))								Yes	No.
a h g ff yo b e c e d s	(if "Yea," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a if a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the walver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. C Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus eigh to the left of a									ing
	egative amount)				_		Yes	П 1	vo l	N/A
Part V							· · · · · ·			·
	as a resolution to terminate the plan been adopted during the plan	year or any prior ye	217			** * .		X	Yes	No
	"Yes," enter the amount of any plan accets that reverted to the em					13a				Ω
C ii	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No If during this plan year, any assets or liabilities were transferred from this plan to another plan(a), identify the plan(a) to									
	which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):				13c	(2) EIN	. 1	13c(3) PN(s)		
						· · ·				3-1-
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	Margaret Chiedo 9/29/2010 MARGAI			- 0	1100	to				
HERE	Signature of plan administrator	Date	Enter name of inc				plan adı	ninietra	itor	
SIGN HERE	Claughura of ampiauarintan enemar	Date	Calca	- ، داد از پائل	l sie		Amania:			
	Signature of employer/plan sponsor	j valu	Enter name of inc	'iAidne	i signi	1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	employe	TUI DE	<u> 211 900</u>	nsor