## 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.

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/20	009	and ending	12/31/2	2009
Α	This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retu	n/report		_
	an amended return/report	short plar	year return/report (less than 12 m	onths)	
C	Check box if filing under:  Form 5558	automatic	extension	,	DFVC program
	special extension (enter descrip				
Dr					
	Name of plan	mation		1h	Three-digit
	HEATING AND COOLING 401(K) PROFIT SHARING PLAN			''	plan number
					(PN) • 001
				1c	Effective date of plan
					01/01/2006
	Plan sponsor's name and address (employer, if for single-employed HEATING AND COOLING INC.	er plan)		2b	Employer Identification Number (EIN) 20-0664963
CFIVI	HEATING AND COOLING INC.			20	Plan sponsor's telephone number
P.O.	BOX 82360			-	425-821-1293
KENI	MORE, WA 98028			2d	Business code (see instructions)
	District the state of the state	. "0		26	238220
	Plan administrator's name and address (if same as Plan sponsor, HEATING AND COOLING INC. P.O. BOX		e")	30	Administrator's EIN 20-0664963
		, WA 98028		3c	Administrator's telephone number
					425-821-1293
	f the name and/or EIN of the plan sponsor has changed since the		eport filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Spons	sor's name		4c	PN
5a	Total number of participants at the beginning of the plan year				28
b	Total number of participants at the end of the plan year				10
C	Total number of participants with account balances as of the end			30	10
	complete this item)			. 5c	25
6a	Were all of the plan's assets during the plan year invested in elig	ible assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of				⊠ v □ v.
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		X Yes   No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information	FOIII 3300-	or and must mistead use Form 5	300.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets	7a	(a) Beginning of Teal	74	133342
b b	Total plan liabilities			0	
C	Net plan assets (subtract line 7b from line 7a)		10527		133342
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
	(1) Employers	8a(1)	244	11	
	(2) Participants	8a(2)	1714	19	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	2393	30	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			43520
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1237	73	
е	Certain deemed and/or corrective distributions (see instructions).		307	79	
f	Administrative service providers (salaries, fees, commissions)	8f		]	
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				15452
i	Net income (loss) (subtract line 8h from line 8c)				28068
	Transfers to (from) the plan (see instructions)				

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Part IV	Plan	Characteristics	c
railiv	FIAII	CHALACLEH SUC:	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2J 2K 3D

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

	in the plant provides wellare behiefits, effer the applicable wellare feature codes from the List of Flant Chara						
art	F						
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				10000
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				587
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					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					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 instruction granting the waiver						ling
lf y	rou 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			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						
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control						X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to			_	_
1	3c(1) Name of plan(s):		130	(2) EII	V(s)	13c(3	) PN(s)
				•	` ,		
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establi	shed.		
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returnated Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returnate, it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	10/13/2010	SHAUN CLANCY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/13/2010	SHAUN CLANCY
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

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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.

For the calendar plan year 2009 or fiscal plan year peginning 01/01/2009 and ending 12/31/2009  A This return/report is for:   single-employer plan   multiple-employer plan (not multiemployer)   one-participant plan  B This return/report is for:   single-employer plan   multiple-employer plan (not multiemployer)   one-participant plan  C C Check box if filing under:   X Form 5558   automatic extension   DFVC program      DFVC program   DFVC program   DFVC program   DFVC program	mber ns)
A This return/report is for:	mber ns)
B This return/report is for:	mber ns)
C Check box if filing under:	mber ns)
C Check box if filing under:    Special extension   Special exten	mber ns)
Special extension (enter description)	mber ns)
Basic Plan Information enter all requested information.   1b Three-digit plan number (PN) \( \)   001   1c Effective date of plan	mber ns)
The Name of plan  CFM Heating and Cooling 401 (k) Profit Sharing Plan  CFM Heating and Cooling 401 (k) Profit Sharing Plan  1	mber ns)
CFM Heating and Cooling 401 (k) Profit Sharing Plan   CPN   Plan number (PN)	mber ns)
Plan sponsor's name and address (employer, if for single-employer plan) CFM Heating and Cooling Inc.  P.O. Box 82360  US Kenmore WA 98028  20 Business code (see instruction 238220)  3a Plan administrator's name and address (if same as plan employer, enter "Same")  3b Administrator's telephone nurely same  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. Sponsor's Name  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. Sponsor's Name  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. Sponsor's Name  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 of participants at the beginning of the plan year.  5a Total number of participants at the end of the plan year.  5a 28  5b 10  Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c 25  4c 25  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.467 (See instructions on waiver eligibility and conditions.)	mber ns)
Plan sponsor's name and address (employer, if for single-employer plan)  CFM Heating and Cooling Inc.  P.O. Box 82360  Employer Identification Number (EIN) 20-0664963  2c Plan sponsor's telephone number (425) 821-1293  2d Business code (see instruction 238220)  3a Plan administrator's name and address (If same as plan employer, enter "Same")  3b Administrator's EIN  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. Sponsor's Name  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. Sponsor's Name  5a Total number of participants at the beginning of the plan year.  5a Total number of participants at the end of the plan year.  5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c 25  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104.467 (See instructions on waiver eligibility and conditions).	mber ns)
CFM Heating and Cooling Inc.  P.O. Box 82360  Example WA 98028  Plan administrator's name and address (If same as plan employer, enter "Same")  Example WA 98028  Plan administrator's name and address (If same as plan employer, enter "Same")  Administrator's telephone number of Administrator's name and address (If same as plan employer, enter "Same")  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. Sponsor's Name  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. Sponsor's Name  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. Sponsor's Name  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. Sponsor's Name  5 Total number of participants at the beginning of the plan year.  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Total number of participants with account plans are invested in eligible assets? (See instructions.)  5 Total number of participants at the end of the plan year invested in eligible assets? (See instructions.)	mber ns)
P.O. Box 82360  Reating and Cooling Inc.  P.O. Box 82360  Reating and Second Se	mber ns)
P.O. Box 82360  WA 98028  2d Business code (see instruction 238220  3b Administrator's name and address (if same as plan employer, enter "Same")  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. Sponsor's Name  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. Sponsor's Name  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. Sponsor's Name  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. Sponsor's Name  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. Sponsor's Name  5 IN EIN  5 IN	ns)
US Kenmore WA 98028  2d Business code (see instruction 238220  3b Administrator's name and address (If same as plan employer, enter "Same")  3b Administrator's telephone number from the last return. Sponsor's Name  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. Sponsor's Name  4 C PN  5a Total number of participants at the beginning of the plan year	ns)
Plan administrator's name and address (If same as plan employer, enter "Same")  3b Administrator's EIN  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. Sponsor's Name  4b EIN  Total number of participants at the beginning of the plan year.  5a Total number of participants at the end of the plan year.  5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).	· · · · · · · · · · · · · · · · · · ·
3b Administrator's EIN  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. Sponsor's Name  4b EIN  Total number of participants at the beginning of the plan year	nber
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. Sponsor's Name  4 C PN  5 a Total number of participants at the beginning of the plan year	nber
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. Sponsor's Name  4 C PN  5 a Total number of participants at the beginning of the plan year	nber
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. Sponsor's Name  4 C PN  5 a Total number of participants at the beginning of the plan year	
5a Total number of participants at the beginning of the plan year	
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Total number of participants at the beginning of the plan year	
C Total number of participants at the end of the plan year.  C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5b 10  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 25  Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.)	
complete this item)	
b 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.)	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	
and 25 of 12 2020, 104-407 (See instructions on walver eligibility and conditions )	No
If VOU 3DSWered "No" to either so or Sh. the wise second to the second t	No
The tributed No to entire 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500	7,40
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year	
a Total plan assets	12
C Net plan assets (subtract line 7b from line 7a)	12
o Income, Expenses, and Transfers for this Plan Year	
(1) Employers	E STATE
(2) Participants	
(3) Others (including collowers)	
b Other income (loss)	
C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	
Benefits paid (including direct rollovers and insurance premiums 43,52	THE REAL PROPERTY.
to provide benefits)	0
Certain deemed and/or corrective distributions (see instructions) 8e	0
Administrative service providers (salaries, fees, commissions) 8f	0
g Other expenses	0
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h	0
Net income (loss) (subject line 8h from line 8c)	
Transfers to (from) the plan (see instructions)	2

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2009)

	Form 5500-SF (2009)		Page 2-						
Pa	Plan Characteristics		. 090						
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 3D	feature codes from th	ne List of Plan Charge						
b	2E 2J 2K 3D  If the plan provides welfare benefits, enter the applicable ways.		io Eist of Flatt Charac	teristic	Code	s in th	e instructi	ons:	
La Charles	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes from the	List of Plan Characte	eristic C	odes	in the	instruction	ns:	
Pa	Compliance Questions					··			
10	During the plan year:				Yes	No	Т		
а	Was there a failure to transmit to the plan any participant contributions and POL's Volunteer Fire	ition within the time p	eriod described in		162	INO		Amount	<u> </u>
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)	clary Correction Prog	ıram)			X	<del> </del>		
С	Was the plan covered by a fidelity bond?					X	-		
ď	Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidality band start		. 10c	Х				10,0
	or dishonesty?	noelity bond, that wa	s caused by fraud	404		x			
е	Were any fees or commissions paid to any broken access			10d		-	<del> </del>		
f				10e	<u> </u>				5
g	Has the plan failed to provide any benefit when due under the plan	1?	· · · · ·	10f		x			
h	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g		х			
	If this is an individual account plan, was there a blackout period? (32520.101-3.)					~	246	<b>新以外编</b>	77. C
ĺ						х	Netwike	in the same of the	action week
	3 00 110000 applied diluer 29 CFR 2520 101	-3	······	10i	1				
1	Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme 5500))				1	i	्राज्य राज्यक्षित्र स्ट्र <del>ा</del> क		
a If you b c	Is this a defined contribution plan subject to the minimum funding reconstruction of the minimum funding standard for a prior year is being the waiver of the minimum funding standard for a prior year is being the waiver of the standard for a prior year is being the waiver of the standard for a prior year is being the waiver of the standard for the	g amortized in this plants of the second of	an year, see instruction of the control of the control of the left of a sign to the left of a control of the left of a co	ons, and	1 enter	the d Day 2b			
iff V	Will the minimum funding amount reported on line 12d be met by the Plan Terminations and Transfers of Assets	e funding deadline?	· · · · · · · ·	<u> </u>	· .	. [	Yes	No	□N/A
a ⊦	as a resolution to terminate the plan been adopted during the plan								······································
I	"Yes," enter the amount of any plan assets that reverted to the em	year or any prior yea	r?		·-			. Yes	X No
b v	/ere all the plan assets distributed to participants as here.	ployer this year .		٠.	. 1	3a			
0	/ere all the plan assets distributed to participants or beneficiaries, tr the PBGC?	ansferred to another	plan, or brought unde	er the c	ontrol				
11 با	during this plan year, any assets or liabilities were transferred from hich assets or liabilities were transferred. (See instructions.)	this plan to another	olan(s), identify the pl	···. aπ(s) to	•	•	• • •	· Yes	X No
	(1) Name of plan(s):			(-) (-	-	·			
		<u> </u>			13c(2	2) EIN	(s)	13c(3)	PN(s)
A1	A								
tion:	A penalty for the late or incomplete filing of this return/report visities of periory and other penalties set forth in the	vill be assessed uni	ess reasonable cau	sa is or	tablic				
erpe orSct	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as	eclare that I have exa	amined this return/ren	ort inc	udina	ic.	-1111		
f, it is	edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	the electronic version	п of this return/report	and to	the b	, ii app est of	ulicable, a my knowl	Schedule edge and	
GN≤	- The	· · · · · · · · · · · · · · · · · · ·							
RE	Signature of plan administrator	10-11-10	Shaun Clancy				***		
ĠΝ	Alla	Date	Enter name of indivi	dual siç	ning a	as plai	n adminis	trator	
田田田	Signature of employer/plan sponsor	10-11-10	Shaun Clancy						
		Date	Enter name of indivi	dual sig	nino a	as em	nlover or -		<del></del>