

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☒ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program

☒ special extension (enter description) IRS TAX RELIEF FOR HURRICANE IAN

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan <u>EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR CONDITIONING AND REFRIGERATION, INC.</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
		1c Effective date of plan <u>01/01/2005</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DEL-AIR HEATING, AIR-CONDITIONING & REFRIGERATION, INC.</u> <u>531 CODISCO WAY</u> <u>SANFORD, FL 32771</u>	2b Employer Identification Number (EIN) <u>59-2280231</u>
		2c Plan Sponsor's telephone number <u>407-333-2665</u>
		2d Business code (see instructions) <u>238220</u>

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	05/31/2023	TOM MARGIO
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1092
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	588
a(2) Total number of active participants at the end of the plan year		6a(2)	431
b Retired or separated participants receiving benefits.....		6b	162
c Other retired or separated participants entitled to future benefits		6c	443
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1036
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	19
f Total. Add lines 6d and 6e		6f	1055
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1053
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	26
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2I 2P 2Q 3I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR CONDITIONING AND REFRIGERATION, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DEL-AIR HEATING, AIR-CONDITIONING & REFRIGERATION, INC.	D Employer Identification Number (EIN) 59-2280231	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PENCHECKS

8580 LA MESA BLVD
SUITE 101
LA MESA, CA 91942

33-6134835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	DISTRIBUTION PROCESSOR	6800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	SHORES TAGMAN BUTLER & CO	b EIN:	59-1788225
c Position:	CERTIFIED PUBLIC ACCTS		
d Address:	17 S MAGNOLIA AVE ORLANDO, FL 32801	e Telephone:	407-872-0744

Explanation: PREDECESSOR AUDITOR ELECTED TO NO LONGER PERFORM EMPLOYEE BENEFIT PLAN AUDITS

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR CONDITIONING AND REFRIGERATION, INC.	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DEL-AIR HEATING, AIR-CONDITIONING & REFRIGERATION, INC.		
D Employer Identification Number (EIN) 59-2280231		

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8575	1112000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1000	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15440	30368
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 45824318	22366632
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 45849333	23509000
Liabilities			
g	Benefit claims payable	1g 0	1136606
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i 5508011	5008425
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 5508011	6145031
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 40341322	17363969

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 2300576	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C) 6800	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	2307376
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) -23457686	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-23457686

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-21150310
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1676459	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1676459
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		143759
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	6825	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6825
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1827043
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-22977353
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MSL, P.A.

(2) EIN: 59-3070669

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR CONDITIONING AND REFRIGERATION, INC.</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEL-AIR HEATING, AIR-CONDITIONING & REFRIGERATION, INC.</u>	D Employer Identification Number (EIN) <u>59-2280231</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>33-6134835</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☒ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☒ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST
FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR
CONDITIONING & REFRIGERATION, INC.**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

Year Ended December 31, 2021

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Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Plan Trustee
Employee Stock Ownership Plan and Trust
for the Employees of Del-Air Heating, Air
Conditioning & Refrigeration, Inc.
Sanford, FL

Opinion

We have audited the accompanying financial statements of the Employee Stock Ownership Plan and Trust for the Employees of Del-Air Heating, Air Conditioning & Refrigeration, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis-of-Matter

As discussed in Notes 2 and 5 of the financial statements, the financial statements include an investment in the closely held stock of Del-Air Heating, Air Conditioning & Refrigeration, Inc. valued at approximately \$22,367,000 as of December 31, 2021. In the absence of a readily determined market value, the fair value of that investment has been estimated by the management of Del-Air Heating, Air Conditioning & Refrigeration, Inc. and the ESOP Committee based on an independent appraisal. The estimated value may differ significantly from the value that would have been used had a ready market for the common stock existed. Our opinion is not modified with respect to this matter.

Subsequent Event

As discussed in Note 8, effective November 2, 2002, the Plan sold its stock of Del-Air Heating, Air Conditioning & Refrigeration, Inc. to ACP HVAC Holding, LLC, an affiliate of Astara Capital Partners. That stock represents the primary asset held by the Plan. Our opinion is not modified with respect to that matter.

Plan Administrator and Plan Trustee
Employee Stock Ownership Plan and Trust
for the Employees of Del-Air Heating, Air
Conditioning & Refrigeration, Inc.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Plan Administrator and Plan Trustee
Employee Stock Ownership Plan and Trust
for the Employees of Del-Air Heating, Air
Conditioning & Refrigeration, Inc.

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter

Auditor's Report on the 2020 Financial Statements

The 2020 financial statements of the Employee Stock Ownership Plan and Trust for the Employees of Del-Air Heating, Air Conditioning & Refrigeration, Inc. were audited by predecessor auditors, whose report dated November 17, 2021, expressed an unmodified opinion on those financial statements.

MSL, P.A.

Certified Public Accountants

Orlando, Florida
June 14, 2023

**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST
FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR
CONDITIONING & REFRIGERATION, INC.**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

December 31, 2021			
	Allocated	Unallocated	Total
ASSETS			
Cash	\$ 30,368	\$ -	\$ 30,368
Non-participant directed investment in Del-Air Heating, Air Conditioning & Refrigeration, Inc. common stock, at fair value	17,839,571	4,527,061	22,366,632
Contributions receivable	1,112,000	-	1,112,000
Total assets	18,981,939	4,527,061	23,509,000
LIABILITIES			
Benefits payable	1,136,606	-	1,136,606
Acquisition loans payable	-	5,008,425	5,008,425
Total liabilities	1,136,606	5,008,425	6,145,031
Net assets (deficiency) available for benefits	\$ 17,845,333	\$ (481,364)	\$ 17,363,969
December 31, 2020			
	Allocated	Unallocated	Total
ASSETS			
Cash	\$ 15,440	\$ -	\$ 15,440
Non-participant directed investment in Del-Air Heating, Air Conditioning & Refrigeration, Inc. common stock, at fair value	35,497,490	10,326,828	45,824,318
Contributions receivable	8,575	-	8,575
Transfer in transit	1,000	-	1,000
Total assets	35,522,505	10,326,828	45,849,333
LIABILITIES			
Acquisition loans payable	-	5,508,011	5,508,011
Total liabilities	-	5,508,011	5,508,011
Net assets available for benefits	\$ 35,522,505	\$ 4,818,817	\$ 40,341,322

The accompanying notes are an integral part of the financial statements.

**EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST
FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR
CONDITIONING & REFRIGERATION, INC.**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2021

	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
INVESTMENT ACTIVITY			
Net depreciation in fair value of investments	\$ (18,171,334)	\$ (5,286,352)	\$ (23,457,686)
TOTAL INVESTMENT ACTIVITY	(18,171,334)	(5,286,352)	(23,457,686)
CONTRIBUTIONS			
Employer	1,664,032	643,344	2,307,376
TOTAL CONTRIBUTIONS AND INVESTMENT ACTIVITY	(16,507,302)	(4,643,008)	(21,150,310)
DEDUCTIONS			
Distributions to participants	1,676,459	-	1,676,459
Interest expense	-	143,759	143,759
Administrative fees	6,825	-	6,825
TOTAL DEDUCTIONS	1,683,284	143,759	1,827,043
TRANSFERS			
Allocation of 1,252,230 shares of Del-Air Heating, Air Conditioning, and HVAC, Inc. Common Stock	513,414	(513,414)	-
DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	(17,677,172)	(5,300,181)	(22,977,353)
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	35,522,505	4,818,817	40,341,322
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 17,845,333</u>	<u>\$ (481,364)</u>	<u>\$ 17,363,969</u>

The accompanying notes are an integral part of the financial statements.

EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR CONDITIONING & REFRIGERATION, INC.

NOTES TO FINANCIAL STATEMENTS

Year Ended December 31, 2021

NOTE 1 - PLAN DESCRIPTION

The following description of the Employee Stock Ownership Plan and Trust for Employees of Del-Air Heating, Air Conditioning & Refrigeration, Inc. (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan, which was created on January 1, 2005 by Del-Air Heating, Air Conditioning & Refrigeration, Inc. (the “Company”), and subsequently amended, is classified as a defined-contribution Plan, covering employees of participating employers who are age 21 or older with at least one year of service. The Plan operates as a leveraged employee stock ownership plan (the “ESOP”) and is designed to comply with Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code (“IRC”) of 1986, as amended, and is subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by an ESOP Committee comprising of one or more persons appointed by the Company’s Board of Directors. James Urbach is the Plan’s Trustee.

In 2005, the Plan purchased Class A common stock of the Company using the proceeds of a bank borrowing guaranteed by the Company and held the stock in a Trust established under the Plan. The borrowing was repaid over a period of seven years by fully deductible Company contributions to the Trust fund. As the Plan made each payment of principal, an appropriate percentage of stock was allocated to eligible employees’ accounts in accordance with applicable regulations under the IRC. The borrowing was collateralized by the unallocated shares of stocks and was guaranteed by the Company until the obligations of the Trust under the ESOP note to the Company was fully satisfied.

The major shareholders sold their remaining 29,493,460 shares of Class A common stock to the ESOP on December 18, 2015. The ESOP purchased the shares from the Company’s major shareholders with proceeds of loans obtained from the Company by executing installment loan agreements with major shareholders on December 18, 2015, totaling \$13,270,000 (see Note 6). As the debt is repaid, unallocated shares are released and are allocated to individual accounts as of the end of each fiscal year.

In connection with the sale of the Plan’s stock of the Company, effective October 28, 2022, the Plan was frozen to new participants (see Note 8).

NOTE 1 - PLAN DESCRIPTION *(Continued)*

Contributions

The Company is obligated to make contributions in cash to the Plan which, when aggregated with the Plan's dividends and interest earnings, equal the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its term loans.

The Company, at its discretion, may make employer discretionary contributions to the Plan. Participant contributions are not permitted. There were no discretionary employer contributions during the year ended December 31, 2021.

Participant Accounts

Under the Plan, a separate account is maintained for each participant, and each participant's account is credited with an allocation of Company shares held by the Plan, if any, and an allocation of Plan earnings or losses. Only those participants who are eligible employees of the Company as of the last day of the plan year will receive an allocation. Allocations to participants' accounts are based on participants' annual compensation as defined by the provisions of the Plan.

Allocation of Shares to Participant Accounts

Each eligible participant's account is credited as of the last day of each plan year with an allocation of shares of the Company's common stock released by the Trustee from the unallocated account and forfeitures of terminated participants' non-vested accounts. During the year ended December 31, 2021, approximately 1,252,000 shares were released. There were approximately 11,042,000 and 12,294,000 of unallocated shares at December 31, 2021 and 2020, respectively. Released shares were allocated pro rata to eligible participants based upon eligible annual compensation as defined by the provisions of the Plan.

Vesting

If a participant's employment with the Company ends for any reason other than retirement, permanent disability, or death, the participant will vest in the balance in their account based on total years of service with the Company, as follows:

<u>Years of Service</u>	<u>Percentage Vested</u>
1	0%
2	0%
3	100%

Participants will receive one year of vesting credit for each year they have worked 1,000 hours.

In the event of a participant's death or total and permanent disability prior to their retirement date, as defined, the participant shall become fully vested in their account balance.

NOTE 1 - PLAN DESCRIPTION *(Continued)*

Eligibility

Employees of the Company and its participating subsidiary are generally eligible to participate in the Plan after one year of service, providing they worked at least 1,000 hours during such plan year and attain age 21. Participants who do not have at least 1,000 hours of service during such plan year or are not employed on the last working day of such plan year are generally not eligible for an allocation of Company contributions for such year.

Payment of Benefits

Generally, no distributions from the Plan will be made until a participant retires, dies, or otherwise terminates employment with the Company. Distributions on account of death, disability, or retirement are made the first year following the event. Distributions for other separations from service commence in the sixth Plan year following the separation from service. The Plan may force distributions of inactive participants with vested account balances of less than \$1,000. The Plan, at its discretion, may forfeit distributable vested account balances that remain unpaid solely due to the inability to locate the participant after diligent efforts (as defined) are made. If a participant or beneficiary is located subsequent to such a forfeiture, the benefit shall be restored first from forfeitures and then from an additional Company contribution, if needed. Distributions are made in the form of cash or Company stock. Payments may be made in one lump-sum payment or in installments.

Under the provisions of the Plan, the Company has the right of first refusal to repurchase participant shares which have been distributed under the terms of the Plan as long as the shares are not publicly traded or if the shares are subject to trading limitations. During 2021, Plan participants requested share distributions worth approximately \$1,676,000 from the Plan, the Company funded the distributions in 2021 and 2022. At December 31, 2021 the Plan recorded a contribution receivable from the Company of approximately \$1,100,000

Forfeitures

Forfeitures are allocated based on participants' annual compensation, as defined by the provisions of the Plan. The timing of the allocation of forfeitures depends on whether or not a terminated participant received a cash-out distribution made prior to the date the participant incurs five consecutive years of break-in-service and whether a participant is vested. Once five consecutive years of break-in-service is incurred where a terminated participant has not taken a cash-out distribution, the non-vested portion of the account will be allocated as a forfeiture after the close of the Plan year end. Similarly, if a participant has no vesting in their account, the account will be allocated as a forfeiture as of the last day of the Plan year of the year of termination. During the year ended December 31, 2021, forfeitures approximating \$63,000 were reallocated to active participants. There were no unallocated forfeitures at December 31, 2021 and 2020.

NOTE 1 - PLAN DESCRIPTION *(Continued)*

Voting Rights

(a) All employer securities held by the Trust shall be voted by the Trustee at the direction of the ESOP Committee. If the ESOP Committee fails or refuses to give the Trustee timely instructions, the Trustee will exercise its power to vote such Employer Securities. Provided however, any voting instructions given by the ESOP Committee to the Trustee shall be subject to the independent review of the Trustee as to whether such instructions are in accordance with ERISA and in the best interest of the participants and, based on such review, the Trustee may vote (or determine to withhold its vote) in a manner which differs from the instructions received from the ESOP Committee. Notwithstanding the foregoing, participants and/or beneficiaries shall be entitled to direct the voting of any employer securities allocated to their accounts with respect to any vote required for the approval or disapproval of any corporate merger or consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all the assets of a trade or business, or other similar transactions prescribed by Code Section 409(e) or regulations thereunder.

(b) The Trustee shall exercise the voting rights with respect to employer securities held in the suspense account as it in its sole discretion shall determine, except to the extent such exercise would, in the judgment of the Trustee, be imprudent or otherwise conflict with its understanding of its fiduciary responsibilities under ERISA.

Diversification

Diversification is offered to participants who are 55 years of age or older who have completed 10 years of service as a participant of the Plan so they may have the opportunity to move part of the value of their investment in Company stock into investments which are more diversified. Participants may elect to diversify 25%, with certain exceptions, of their account each year, commencing the first year they become eligible for diversification. In the sixth year, the percentage increases to 50%.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Put Option

Under federal income tax regulations, employer stock held by the Plan and its participants that is not readily tradable on an established market or subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant of these estimates is the estimate of the value of the Plan's holdings in the Company's common stock. This value is based on an independent appraisal of the Company's common stock. The fair value of a share of the Company's common stock was estimated to be approximately \$0.41 and \$0.84 at December 31, 2021 and 2020, respectively. Actual results could differ from those estimates.

Contributions

Company contributions to the Plan are recorded in the period in which they become obligations of the Company.

Administrative Expenses

Certain expenses of the Plan were paid by the Plan's sponsor, including certain fees for custodial, legal, and accounting services.

Allocations

The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) the accounts of employees with rights in allocated stock ("allocated") and (b) stock not yet allocated to employees ("unallocated"), including shares that are committed to be released. Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

Investment Valuation and Income Recognition

The Plan's investment in the Company's common stock is stated at estimated fair value and is maintained and allocated to each participant by FuturePlan, the Plan's third-party administrator. The investment in Company stock has no active quoted market. Company management, the ESOP Committee, and an independent stock appraiser determined a combination of the income-based approach and the market-based approach to be the most appropriate methodology to estimate the fair value of the investment. Many factors, considerations and assumptions are included in this estimate including Company projections, growth rates, execution risk factors, regulatory risk, etc.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Investment Valuation and Income Recognition *(Continued)*

In accordance with the Plan's policy of stating investments at fair value, the appreciation or depreciation for each year is reflected in the Plan's statement of changes in net assets available for benefits. The net depreciation in fair value of investments during the year ended December 31, 2021 was approximately \$23,458,000.

The process of estimating the fair value of an investment that has no active quoted market requires a significant amount of judgment. The valuation methods used by the Plan may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. These favorable or unfavorable differences could be material. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a materially different fair value measurement at the reporting date.

Concentrations and Credit Risk

The Plan's investments are not insured by the Plan's Trustee, the Company, Federal Deposit Insurance Corporation, or any other governmental agency; accordingly, the Plan is subject to the normal investment risks associated with employer stock and other similar types of investments that it may elect to invest in.

Financial instruments which potentially subject the Plan to concentrations of credit risk consist of the Plan's investments. The Plan's investments consist entirely of Company's common stock, which does not have an active quoted market and is exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of the common stock will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits (see Note 8).

Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to terminate the Plan subject to the provisions of ERISA. In the event of any full or partial Plan termination, or upon the complete discontinuance of Company contributions to the Plan, the amounts credited to the accounts of all affected participants become fully vested (see Note 8).

Payment of Benefits

Benefits are recorded when paid.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(Continued)*

Investment Risk

The Plan's investments are not insured and are subject to credit and market risks.

The Plan's investment holdings consist solely of one equity security of a non-public company. Investment securities are exposed to various risks, such as interest rate, market, and credit risks as well as valuation assumptions based on earnings, cash flows, and other techniques. Due to the level of risk associated with private investment securities that have no active market, and market volatility, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent Events

In preparing the financial statements, the Plan's management has evaluated events and transactions for potential recognition through June 14, 2023, the date the financial statements were available to be issued.

NOTE 3 - INCOME TAX STATUS

The Plan is intended to be a qualified trust under the IRC and is subject to the provisions of ERISA. The Plan previously received a determination letter from the Internal Revenue Service dated September 13, 2017, stating that the Plan was qualified under the IRC and was, therefore, exempt from taxation. The Plan administrator believes the Plan is currently designed and operated in accordance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax exempt. Accordingly, no provision or liability for income taxes has been included in the Plan's financial statements.

NOTE 4 - INVESTMENTS

The Plans investments in common stock at December 31, 2021 and 2020, are as follows:

	December 31, 2021		December 31, 2020	
	Allocated	Unallocated	Allocated	Unallocated
Cost	<u>\$ 35,688,938</u>	<u>\$ 9,056,609</u>	<u>\$ 39,214,164</u>	<u>\$ 5,531,383</u>
Market	<u>\$ 17,839,571</u>	<u>\$ 4,527,061</u>	<u>\$ 35,497,490</u>	<u>\$ 10,326,828</u>
Number of Common Shares	<u>43,511,147</u>	<u>11,041,613</u>	<u>42,258,917</u>	<u>12,293,843</u>

NOTE 5 - FAIR VALUE MEASUREMENT

The fair value of financial instruments is presented based upon a hierarchy of levels that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy under current accounting principles generally accepted in the United States of America are described as follows:

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2** Inputs to the valuation methodology that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments recorded at fair value as of December 31, 2021 and 2020:

	December 31, 2021		December 31, 2020	
	Level 3	Total	Level 3	Total
Assets:				
Del-Air Heating, Air Conditioning & Refrigeration, Inc. Common Stock	<u>\$ 22,366,632</u>	<u>\$ 22,366,632</u>	<u>\$ 45,824,318</u>	<u>\$ 45,824,318</u>

The following table presents a summary of changes in the Plan's Level 3 assets for the years ended December 31, 2021 and 2020:

	2021	2020
Beginning balance	<u>\$ 45,824,318</u>	\$ 41,460,098
Unrealized (depreciation)/appreciation	<u>(23,457,686)</u>	<u>4,364,220</u>
Ending balance	<u>\$ 22,366,632</u>	<u>\$ 45,824,318</u>

NOTE 6 - ACQUISITION LOANS PAYABLE

In 2015, the Plan entered into an agreement to purchase the remaining 25,059,360 shares of class A Common stock owned by Robert G. Dello Russo and Diane M. Dello Russo for a purchase price of \$13,270,000. The purchase was financed through the issuance of a \$5,000,000 payable to the Company ("Loan 1") and a \$8,270,000 note payable to the Dello Russo's ("Loan 2"). Loan 2 was then transferred and assigned to the Company as creditor. All unallocated shares from this purchase serve as collateral for the loans.

Loan 1 provides for the loan to be repaid annually over 30 years in installments of \$242,406, including interest at an annual rate of 2.61%. Loan 2 provides for the loan to be repaid annually over 30 years in installments of \$400,939, including interest at an annual rate of 2.61%.

The following is a schedule of future minimum principal loan payments on the above loans:

Period Ending December 31,	Loan 1	Loan 2	Total
2022	\$ 193,152	\$ 319,473	\$ 512,625
2023	198,192	327,812	526,004
2024	203,365	336,368	539,733
2025	208,673	345,147	553,820
2026	214,120	354,155	568,275
Thereafter	869,619	1,438,349	2,307,968
	<u>\$ 1,887,121</u>	<u>\$ 3,121,304</u>	<u>\$ 5,008,425</u>

During the year ended December 31, 2021, the Company contributed \$643,345 to the Plan for the purpose of funding the required debt installments.

NOTE 7 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in Company common stock and has indebtedness guaranteed by the Company. These are related party and party-in-interest transactions.

NOTE 8 - SUBSEQUENT EVENTS

Effective September 1, 2022, the Plan was amended to terminate the ESOP Committee and provide that all employer securities held by the Trust shall be voted by the Trustee.

Effective November 2, 2002, the Plan sold its stock of the Company to ACP HVAC Holding, LLC, an affiliate of Astara Capital Partners (the "Buyer"), and received \$6,000,000 and 11,474,159 of Class C Common Units of the Buyer as consideration for the sale of its Company stock. The Class C Common Units received represent approximately 24% of the total common member equity of the Buyer. The Rights of Class C Common Units are set forth in the Parent LLC Agreement.

NOTE 8 - SUBSEQUENT EVENTS *(Continued)*

As part of the sale of the Company stock, the Plan was amended effective October 28, 2022, to provide for the following:

1. Investments in participants accounts will change from the Company stock to cash and stock of the Plan's two subsidiary corporations (the "Subsidiaries") which will own the Class C Common Units of the Buyer. The Subsidiaries will be the sponsors of the Plan instead of the Company.
2. All individuals who were participants in the Plan as of December 31, 2021, will vest 100% in their account balances.
3. The Plan will be frozen to new participants and all assets of the plan will be allocated to the accounts of current participants. No further contributions will be made to the Plan by the Plan sponsor.
4. The Plan and Subsidiaries will retain and segregate in a separate deposit account \$2,000,000 of the cash proceeds to satisfy Plan obligations. Plan obligations include, but are not limited to, Plan participant stock repurchase obligations, customary and reasonable administrative expenses of Plan paid to the Plan trustee and third-party service providers.
5. Participants will receive a pro rata allocation of the remaining cash (approximately \$4 million) received from the sale. Allocations to participant accounts will be made before the end of 2022 and will be available for withdrawal in early 2023.
6. Each plan year, beginning in the 2023 plan year, participants will have a 30-day window in which they can elect to receive part or all of the cash allocated to their account as of the prior December 31.
7. For all active Participants on October 28, 2022, distributions of the allocated stock portion of their accounts will begin in 2028 and paid in no more than five equal annual installments.
8. Participants who had terminated prior to October 28, 2022 and had begun receiving distributions will continue to receive distributions until their account balances are zero.
9. The Subsidiaries will receive a limited put option with the Buyer.
10. The Buyer will receive a call option with the Subsidiaries.
11. The Plan's name will be changed to the Del-Air Investor Employee Ownership Plan and Trust.

NOTE 8 - SUBSEQUENT EVENTS *(Continued)*

In connection with the sale of the Plan's stock of the Company to the Buyer, a class action lawsuit has been brought against the Buyer, the Plan's Trustee, and the Company's board of directors (collectively, the "Defendants"). The complaint filed by certain participants of the Plan (the "Complainants") allege the following:

1. The Defendants forced the Plan to sell control of the Company for less than fair market value.
2. The Defendants looked out for their own interests instead of the interest of Del-Air employees.
3. The Defendants failed to satisfy their fiduciary duties and violated ERISA rule and regulations.

The Complainants wish to remedy the Defendants alleged unlawful conduct, recover losses to the Plan, and prevent future harm to the Plan and obtain appropriate relief. The Plan Trustee and Plan management believe the Complainants allegations are unfounded and that they have meritorious defenses to the allegations.

SUPPLEMENTAL INFORMATION

**EMPLOYEE STOCK OWNERSHIP PLAN AND
TRUST FOR EMPLOYEES OF DEL-AIR HEATING,
AIR CONDITIONING & REFRIGERATION, INC.**

**FORM 5500, SCHEDULE H, LINE 4(i) -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

EIN: 59-2280231

Plan Number: 002

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment # Shares	Cost	Current Value
*	Del-Air Heating, Air Conditioning & Refrigeration, Inc.	Company Common Stock, 11,041,613 of the 54,552,760 shares are held as collateral for promissory notes	\$ 44,745,547	\$22,366,632

* *Party-in-interest*

See Independent Auditor's Report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☒ special extension (enter description) IRS Tax Relief for Hurricane Ian
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information —enter all requested information					
1a Name of plan EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST FOR THE EMPLOYEES OF DEL-AIR HEATING, AIR CONDITIONING AND REFRIGERATION, INC.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2005</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/2005	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/01/2005					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DEL-AIR HEATING, AIR-CONDITIONING & REFRIGERATION, INC. 531 CODISCO WAY SANFORD FL 32771	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 59-2280231</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 407-333-2665</td> </tr> <tr> <td>2d Business code (see instructions) 238220</td> </tr> </table>	2b Employer Identification Number (EIN) 59-2280231	2c Plan Sponsor's telephone number 407-333-2665	2d Business code (see instructions) 238220	
2b Employer Identification Number (EIN) 59-2280231					
2c Plan Sponsor's telephone number 407-333-2665					
2d Business code (see instructions) 238220					

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 accompanying schedules, statements and attachments, 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 HERE		<u>5/31/23</u>	Tom Margio
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			Enter name of individual signing as DFE
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,092
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 588 6a(2) 431 6b 162 6c 443 6d 1,036 6e 19 6f 1,055 6g 1,053 6h 26
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2I 2P 2Q 3I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**EMPLOYEE STOCK OWNERSHIP PLAN AND
TRUST FOR EMPLOYEES OF DEL-AIR HEATING,
AIR CONDITIONING & REFRIGERATION, INC.**

**FORM 5500, SCHEDULE H, LINE 4(i) -
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EIN: 59-2280231

Plan Number: 002

December 31, 2021

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* *Party-in-interest*

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