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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                     |
| <b>1a</b> Name of plan<br><u>GUARINO'S SWIMMING POOLS SERVICE, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</u>                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶                         | <u>001</u>                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>GUARINO'S SWIMMING POOL SERVICE, INC.</u><br><br><u>12 ESQUIRE RD</u><br><u>NORTH BILLERICA, MA 01862-2502</u> | <b>1c</b> Effective date of plan<br><u>01/01/1999</u>            | <b>2b</b> Employer Identification Number (EIN)<br><u>04-2731247</u> |
|                                                                                                                                                                                                                                                                                                                                                                                    | <b>2c</b> Plan Sponsor's telephone number<br><u>978-667-7783</u> | <b>2d</b> Business code (see instructions)<br><u>541990</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2023 | RICHARD ABBOTT                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>3b</b> Administrator's EIN                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>3c</b> Administrator's telephone number                                                                     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>236</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>221</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>255</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>0</span> </div>      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>7</span> </div>      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>262</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>0</span> </div>      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>262</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>104</span> </div>    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>2</span> </div>      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D 3H                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                            |                                                                 |     |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                 |                                                                 |     |
| <div>A</div> Name of plan<br>GUARINO'S SWIMMING POOLS SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST     | <div>B</div> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                            |                                                                 |     |
| <div>C</div> Plan sponsor's name as shown on line 2a of Form 5500<br>GUARINO'S SWIMMING POOL SERVICE, INC. | <div>D</div> Employer Identification Number (EIN)<br>04-2731247 |     |

Part I

Service Provider Information (see instructions)

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 |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(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)

LPL FINANCIAL LLC

04-3046611

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 16436                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 838                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AF NEW WORLD R5 - AMERICAN FUNDS S<br><br>95-2566717                                                | 0.05%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AF WASH MUTUAL R5 - AMERICAN FUNDS<br><br>95-2566717                                                | 0.05%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| BNYM S/MD CP GR I - BNY MELLON TRA<br>DREYFUS TRANSFER INC<br>200 PARK AVENUE<br>NEW YORK, NY 10166 | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| COL DSCPL CORE A - COLUMBIA MGT IN<br>PO BOX 219104<br>KANSAS CITY, MO 64121-9104 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| COL DSCPL CORE ADV - COLUMBIA MGT<br>PO BOX 219104<br>KANSAS CITY, MO 64121-9104  | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| COL SM CAP INDEX I2 - COLUMBIA MGT<br>PO BOX 219104<br>KANSAS CITY, MO 64121-9104 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| INVS INTL DVSFD Y - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046 | 0.25%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| IS MSCI EAFE INTL IS - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809       | 0.05%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| IS S&P 500 IDX IS - BNY MELLON INV 301 BELLEVUE PARKWAY WILMINGTON, DE 19809      | 0.05%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| J H GLOBAL RE T - JANUS HENDERSON 151 DETROIT STREET, DENVER, CO 80206              | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MSIF GROWTH I - DST ASSET MANAGER 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VRTS NFJ MC VAL IS - VIRTUS FUND S 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581        | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| WA CORE BOND I - FRANKLIN TEMPLETO<br><br>94-3167260                | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                               |                                         |     |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                    |                                         |     |
| <b>A</b> Name of plan<br>GUARINO'S SWIMMING POOLS SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST            | <b>B</b> Three-digit plan number (PN) ▶ | 001 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>GUARINO'S SWIMMING POOL SERVICE, INC. |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>04-2731247                                                   |                                         |     |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                     |                        |                                                                                                          |
|-------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE I                    |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY |                        |                                                                                                          |
| <b>c</b> EIN-PN 04-3022712-026                                                      | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8105 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                          |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                          |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                          |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                          |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                          |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                          |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                      |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a):                                   |                        |                                                                                                          |
| <b>c</b> EIN-PN                                                                     | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)      |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II** **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>GUARINO'S SWIMMING POOLS SERVICE, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</u>                                                                                                                                                            |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GUARINO'S SWIMMING POOL SERVICE, INC.</u>                                                                                                                                                            |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>04-2731247</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 1735                  | 4467            |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 7405                  | 18735           |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 6459                  | 11257           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 74323                 | 50672           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    | 1388                  | 8105            |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 7406838               | 6373720         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) | 0                     | 0               |
| (2) Employer real property .....                                     | 1d(2) | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 7498148               | 6466956         |

**Liabilities**

|                                                                           |    |   |   |
|---------------------------------------------------------------------------|----|---|---|
| <b>g</b> Benefit claims payable .....                                     | 1g | 0 | 0 |
| <b>h</b> Operating payables .....                                         | 1h | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | 1i | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | 1j | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 0 | 0 |

**Net Assets**

|                                                           |    |         |         |
|-----------------------------------------------------------|----|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 7498148 | 6466956 |
|-----------------------------------------------------------|----|---------|---------|

**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.

**Income****a Contributions:**

|                                                                                                            |          | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 134351     |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 554495     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) | 0          |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 688846    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |          |      |      |
|------------------------------------------------------------------------------------------------------|----------|------|------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) | 120  |      |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) | 0    |      |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) | 0    |      |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) | 0    |      |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) | 3049 |      |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) | 0    |      |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | 2b(1)(G) |      | 3169 |

|                                                                                           |          |        |        |
|-------------------------------------------------------------------------------------------|----------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | 2b(2)(A) | 0      |        |
| <b>(B)</b> Common stock .....                                                             | 2b(2)(B) | 0      |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | 2b(2)(C) | 490594 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | 2b(2)(D) |        | 490594 |

|                 |       |  |   |
|-----------------|-------|--|---|
| (3) Rents ..... | 2b(3) |  | 0 |
|-----------------|-------|--|---|

|                                                                                           |          |   |   |
|-------------------------------------------------------------------------------------------|----------|---|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | 2b(4)(A) | 0 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | 2b(4)(B) | 0 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | 2b(4)(C) |   | 0 |

|                                                                                                    |          |   |   |
|----------------------------------------------------------------------------------------------------|----------|---|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | 2b(5)(A) | 0 |   |
| <b>(B)</b> Other .....                                                                             | 2b(5)(B) | 0 |   |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | 2b(5)(C) |   | 0 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -486      |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -1983732  |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -801609   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 178155     |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  | 0          |           |
| (3) Other .....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 178155    |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 3454      |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 30700     |
| h Interest expense .....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 0          |           |
| (4) Other .....                                                                                 | 2i(4)  | 17274      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 17274     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 229583    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -1031192  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 0         |
| (2) From this plan .....                                                                        | 2l(2)  |            | 0         |

**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: CLIFTON LARSON ALLEN LLP

(2) EIN: 41-0746749

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   |    | 18735  |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>GUARINO'S SWIMMING POOLS SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ►<br>001                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>GUARINO'S SWIMMING POOL SERVICE, INC.                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>04-2731247                                            |
| 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                                                                                               |
| 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):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                 |            |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| <b>14</b> 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:                                                                                                            | <b>14a</b> |            |            |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... |            | <b>14b</b> |            |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                |            |            | <b>14c</b> |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           |            |            |            |
| <b>15</b> 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:                                                                                                                                          | <b>15a</b> |            |            |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            |            | <b>15b</b> |            |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       |            |            |            |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  | <b>16a</b> |            |            |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        |            | <b>16b</b> |            |
| <b>b</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.....                                                                                                                                                           |            |            |            |
| <b>17</b> 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 ..... <input type="checkbox"/>                                                                  |            |            |            |

**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 \_\_\_\_\_

**GUARINOS SWIMMING POOL SERVICE, INC.  
401(K) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2022 AND 2021, AND  
FOR THE YEAR ENDED DECEMBER 31, 2022**



CPAs | CONSULTANTS | WEALTH ADVISORS

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**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
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## INDEPENDENT AUDITORS' REPORT

Participants and Administrator  
Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan & Trust  
Billerica, Massachusetts

### Report on the Audit of the Financial Statements

#### ***Scope and Nature of the ERISA Section 103(a)(3)(C)***

We have performed audits of the accompanying financial statements of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date that 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.

***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' 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 GAAS 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 GAAS, 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.

Participants and Administrator  
Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan & Trust

- 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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing 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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

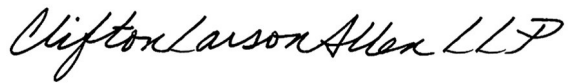
***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of schedule of assets (held at end of year) and schedule of delinquent participant contributions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

**CliftonLarsonAllen LLP**

Worcester, Massachusetts  
October 10, 2023

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

|                                          | <u>2022</u>                | <u>2021</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| <b>INVESTMENTS (at Fair Value)</b>       |                            |                            |
| Money Market and Mutual Funds            | \$ 6,384,977               | \$ 7,413,297               |
| Common Collective Trusts                 | <u>8,105</u>               | <u>1,388</u>               |
| Investments, at Fair Value               | 6,393,082                  | 7,414,685                  |
| <b>RECEIVABLES</b>                       |                            |                            |
| Employee Contribution - Deferrals        | 18,735                     | 7,405                      |
| Employer Contribution - Matching         | 4,467                      | 1,735                      |
| Notes Receivable from Participants       | <u>50,672</u>              | <u>74,323</u>              |
| Total Receivables                        | <u>73,874</u>              | <u>83,463</u>              |
| <br>Total Assets                         | <br>6,466,956              | <br>7,498,148              |
| <b>LIABILITIES</b>                       |                            |                            |
| <b>EXCESS CONTRIBUTIONS PAYABLE</b>      | <u>-</u>                   | <u>3,257</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 6,466,956</u></u> | <u><u>\$ 7,494,891</u></u> |

See accompanying Notes to Financial Statements.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2022**

**ADDITIONS (REDUCTIONS):**

**INVESTMENT INCOME (LOSS)**

|                                               |                    |
|-----------------------------------------------|--------------------|
| Net Depreciation in Fair Value of Investments | \$ (1,980,961)     |
| Interest and Dividend Income                  | 490,714            |
| Total Investment Loss                         | <u>(1,490,247)</u> |

**INTEREST INCOME ON NOTES RECEIVABLE  
FROM PARTICIPANTS**

3,049

**CONTRIBUTIONS**

|                          |                |
|--------------------------|----------------|
| Employee 401(k) Deferral | 554,495        |
| Employer Match           | 134,351        |
| Total Contributions      | <u>688,846</u> |

|                  |           |
|------------------|-----------|
| Total Reductions | (798,352) |
|------------------|-----------|

**DEDUCTIONS:**

|                                      |         |
|--------------------------------------|---------|
| <b>BENEFITS PAID TO PARTICIPANTS</b> | 212,309 |
|--------------------------------------|---------|

|                                |               |
|--------------------------------|---------------|
| <b>ADMINISTRATIVE EXPENSES</b> | <u>17,274</u> |
|--------------------------------|---------------|

|                  |                |
|------------------|----------------|
| Total Deductions | <u>229,583</u> |
|------------------|----------------|

|                     |             |
|---------------------|-------------|
| <b>NET DECREASE</b> | (1,027,935) |
|---------------------|-------------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                            |
|-------------------|----------------------------|
| Beginning of Year | <u>7,494,891</u>           |
| End of Year       | <u><u>\$ 6,466,956</u></u> |

See accompanying Notes to Financial Statements.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN**

The following description of the Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan & Trust (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 is a defined contribution plan established on January 1, 1999. The Plan covers substantially all employees of Guarinos Swimming Pool Service, Inc., and South Shore Gunitite Pools, Inc. (the Plan Sponsor). The Plan is administered by the Plan Sponsor and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (the IRC).

**Eligibility**

Employees of the Plan Sponsor are eligible to participate in the Plan at the age of 18 years old and after a minimum of three months of service.

**Contributions**

A participant may contribute an amount of up to 25% of his/her compensation, pre-tax to a traditional 401(k) or post-tax to a Roth 401(k), as defined in the Plan and subject to maximums in accordance with federal regulations. The Plan also permits catch-up contributions pursuant to federal regulations. A participant may subsequently elect to increase or decrease the rate of contributions as of each payroll period. The Plan Sponsor is currently matching up to 50% of the elective deferral, which does not exceed 4% of his/her compensation.

The Plan Sponsor may also, in its sole discretion, make a profit-sharing contribution to the Plan on behalf of certain participants. Profit-sharing contributions will be allocated to the profit-sharing contribution accounts of each participant eligible to share in such allocations after the end of the Plan year. Such contributions will be allocated in an amount designated by the Plan Sponsor to be allocated to eligible participants. For the year ended December 31, 2022, the Plan Sponsor did not make a profit-sharing contribution to the Plan.

**Rollovers**

Rollovers from other qualified plans are accepted into the Plan, even if the employee is not yet a participant, with the approval of the Plan administrator. It must also be a nonrecurring tax-deferred distribution and submitted in the form of a check to the trustee within 60 days of the date that the employee receives the distribution.

**Participants' Accounts**

Contributions made by the participants are sent to the trustee and are allocated to the respective participants' accounts. Each participant's account is credited with his/her contributions and investment earnings. The benefit which a participant is entitled to is the benefit provided by his/her account.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Investment Options**

Participants may direct their contributions into any of the funds offered by the Plan, which are held at Fidelity Management Trust Company (Fidelity). These funds include a variety of investment options with various objectives and degrees of financial risk.

**Vesting of Contributions**

A participant's contributions and earnings thereon are fully vested at all times. Matching and profit-sharing contributions become fully vested after three years of service, as defined in the Plan. Any participant becomes fully vested upon death, disability, attainment of normal retirement age, or upon termination of the Plan.

**Forfeited Accounts**

Participants who terminate their employment prior to becoming fully vested in Plan Sponsor contributions forfeit such nonvested contributions and earnings thereon. Forfeitures are retained in a money market account in the Plan, and are used to reduce Plan Sponsor contributions, plan fees or allocated to other plan participants. As of December 31, 2022 and 2021, forfeited nonvested accounts totaled \$13,827 and \$9,359, respectively. The Plan did not use any forfeited nonvested accounts to fund the Plan expenses for the year ended December 31, 2022.

**Notes Receivable from Participants**

A participant may borrow against his/her account balance. A participant's loan is limited to 50% of the present value of his/her vested account balance, not to exceed \$50,000. The minimum loan amount is \$1,000 and only one loan can be outstanding at any time. A loan bears interest at a fixed rate, as determined by the Plan administrator, which is credited to the participant's account. A loan is required to be repaid through after-tax payroll deductions over a period not to exceed five years, with an extension available if the purpose of the loan was to acquire a primary residence.

**Payment of Benefits**

Upon termination of service due to retirement or disability, a participant may elect to receive either a lump-sum distribution or installment payments equal to the value of his/her account, or to defer receipt of his/her account balance, provided a distribution is made or commences no later than April 1 following the end of the calendar year in which the participant attains age 70 1/2.

In the event of death, a participant's entire account balance will be distributed to his/her beneficiary.

Distributions to participants who otherwise terminate employment will be deferred until age 65, unless the participant elects immediate payment or the distribution is less than \$5,000. In such cases, the participant will receive a lump-sum distribution equal to the nonforfeitable value of his/her account.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Withdrawals**

Withdrawals are not permitted except for severe financial hardship, such as the purchase of a primary residence, educational expenses, uninsured medical expenses, or the prevention of eviction from or foreclosure on a primary residence. Hardship guidelines adhere to the final 401(k) regulations of the IRC. Participants over the age of 59 1/2 have more flexibility and can withdraw their vested balances for nonhardship reasons.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Plan Expenses**

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

**Risks and Uncertainties**

The Plan provides for various investment options. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

**Subsequent Events**

Subsequent events were evaluated through October 10, 2023, the date the financial statements were available to be issued.

**NOTE 3 CERTIFICATION BY THE INVESTMENT TRUSTEE**

Information presented in the accompanying statements and schedules as of December 31, 2022 and 2021, and for the year ended December 31, 2022 for investments, notes receivable from participants, investment income and interest income on notes receivable from participants was derived, without audit, from information certified to be complete and accurate by Fidelity Management Trust Company, the trustee, as permitted by the election made by the Plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**NOTE 4 FAIR VALUE MEASUREMENTS**

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy 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). The three levels of the fair value hierarchy are described below:

*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.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)**

*Level 2* – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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 asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value:

*Money Market and Mutual Funds* – Money market and mutual funds are valued using Level 1 inputs, which consist of the quoted price of shares held by the Plan at year-end.

*Common and Collective Trusts* – The common and collective trust fund is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of the units held of the collective trust. The net asset value is used as a practical expedient to estimate fair value.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 different fair value measurement at the reporting date.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| 2022                               |                     |             |             |                                                      |
|------------------------------------|---------------------|-------------|-------------|------------------------------------------------------|
|                                    | Level 1             | Level 2     | Level 3     | Investments<br>Measured at<br>Net Asset<br>Value (a) |
| Money Market and<br>Mutual Funds   | \$ 6,384,977        | \$ -        | \$ -        | \$ -                                                 |
| Common Collective Trusts           | -                   | -           | -           | 8,105                                                |
| Total Investments<br>at Fair Value | <u>\$ 6,384,977</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 8,105</u>                                      |
|                                    |                     |             |             | <u>\$ 6,393,082</u>                                  |
| 2021                               |                     |             |             |                                                      |
|                                    | Level 1             | Level 2     | Level 3     | Investments<br>Measured at<br>Net Asset<br>Value (a) |
| Money Market and<br>Mutual Funds   | \$ 7,413,297        | \$ -        | \$ -        | \$ -                                                 |
| Common Collective Trusts           | -                   | -           | -           | 1,388                                                |
| Total Investments<br>at Fair Value | <u>\$ 7,413,297</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,388</u>                                      |
|                                    |                     |             |             | <u>\$ 7,414,685</u>                                  |

(a) Certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no transfers between levels of investments during the year ended December 31, 2022.

Investments in common and collective trusts provide for daily liquidity and have no redemption features or other restrictions.

**NOTE 5 PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by affiliates of Fidelity. Fidelity is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Certain employees of the Plan Sponsor who participate in the Plan perform administrative services to the Plan at no cost to the Plan. Notes receivable from participants are also party-in-interest transactions.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 6 INCOME TAX STATUS**

The Plan has adopted a nonstandardized prototype plan that received a favorable opinion letter from the Internal Revenue Service (IRS) that it was in compliance with the applicable requirements of the IRC. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 7 PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

**NOTE 8 NON-EXEMPT TRANSACTION**

During 2022, participant contributions of \$18,735 were remitted to the trustee later than required by DOL Regulation 2510.3-102. For the year ended December 31, 2022, the Plan Sponsor is required to file Form 5330 with the IRS and pay the required excise tax on the transactions. In addition, participant accounts will be credited for the year ended December 31, 2022 with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis.

**NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to the Form 5500:

|                                                            | <u>2022</u>         | <u>2021</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Net Assets Available for Benefits per Financial Statements | \$ 6,466,956        | \$ 7,494,891        |
| Accrual for Excess Contributions Payable                   | -                   | 3,257               |
| Net Assets Available for Benefits per Form 5500            | <u>\$ 6,466,956</u> | <u>\$ 7,498,148</u> |

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements to Schedule H of the Form 5500 for the year ended December 31, 2022:

|                                                                               |                              |
|-------------------------------------------------------------------------------|------------------------------|
| Net Decrease in Net Assets Available for Benefits<br>per Financial Statements | \$ (1,027,935)               |
| Add: Accrual for Excess Contributions Payable, Net<br>December 31, 2021       | <u>(3,257)</u>               |
| Net Loss per Form 5500                                                        | <u><u>\$ (1,031,192)</u></u> |

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**E.I.N. 04-2731247 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a) | (b)                                                        | (c)                                                                                                               | (d)     | (e)                        |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------|----------------------------|
|     | Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investments<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost ** | Current<br>Value           |
|     |                                                            | <b>Mutual Funds:</b>                                                                                              |         |                            |
| *   | Fidelity                                                   | Advisor Freedom 2025 Fund Class A                                                                                 |         | \$ 1,625,209               |
| *   | Fidelity                                                   | Advisor Freedom 2030 Fund Class I                                                                                 |         | 1,400,186                  |
| *   | Fidelity                                                   | Advisor Freedom 2035 Fund Class A                                                                                 |         | 529,705                    |
|     | iShares                                                    | S&P 500 Index Fund Investor IS                                                                                    |         | 399,665                    |
| *   | Fidelity                                                   | Advisor Freedom 2050 Fund Class A                                                                                 |         | 278,648                    |
| *   | Fidelity                                                   | Advisor Freedom 2015 Fund Class A                                                                                 |         | 257,239                    |
| *   | Fidelity                                                   | Advisor Freedom 2045 Fund Class A                                                                                 |         | 251,799                    |
|     | Western                                                    | Asset Core Bond Fund Class I                                                                                      |         | 217,254                    |
| *   | Fidelity                                                   | Advisor Freedom 2055 Fund Class A                                                                                 |         | 213,758                    |
| *   | Fidelity                                                   | Advisor Freedom 2040 Fund Class I                                                                                 |         | 211,836                    |
|     | iShares                                                    | MSCI EAFE International Index Fund Institutional Shares                                                           |         | 179,676                    |
|     | Morgan Stanley                                             | Institutional Fund, Inc. Growth Portfolio Class A                                                                 |         | 177,647                    |
| *   | Fidelity                                                   | Advisor Small Cap Growth Fund Class A                                                                             |         | 140,723                    |
| *   | Fidelity                                                   | Advisor Freedom 2060 Fund Class A                                                                                 |         | 118,232                    |
|     | BNY Mellon                                                 | Small/Mid Cap Growth Fund Class I                                                                                 |         | 96,581                     |
|     | Columbia                                                   | Small Cap Index Fund I2                                                                                           |         | 73,477                     |
|     | Virtus                                                     | NFJ Mid-Cap Value Fund                                                                                            |         | 70,907                     |
|     | American Funds                                             | Washington Mutual Investors Fund Class R-5                                                                        |         | 38,307                     |
|     | PIMCO                                                      | Income Fund Institutional Class                                                                                   |         | 33,002                     |
| *   | Fidelity                                                   | Advisor Freedom 2020 Fund Class I                                                                                 |         | 29,078                     |
| *   | Fidelity                                                   | Government Money Market Fund                                                                                      |         | 11,257                     |
|     | American Funds                                             | New World Fund Class R-5                                                                                          |         | 7,231                      |
|     | Columbia                                                   | Disciplined Core Fund                                                                                             |         | 7,143                      |
| *   | Fidelity                                                   | Advisor Freedom 2065 Fund Class A                                                                                 |         | 5,371                      |
|     | Invesco                                                    | International Diversified Fund Class Y                                                                            |         | 5,245                      |
|     | Janus Henderson                                            | Global Real Estate                                                                                                |         | 3,232                      |
| *   | Fidelity                                                   | Advisor Freedom Income Fund Class A                                                                               |         | 2,569                      |
|     |                                                            | Total Mutual Funds                                                                                                |         | <u>6,384,977</u>           |
|     |                                                            | <b>Common Collective Trusts:</b>                                                                                  |         |                            |
| *   | Fidelity                                                   | Advisor Stable Value Portfolio Class I                                                                            |         | 8,105                      |
| *   | Participants                                               | Participant Loans<br>Rates from 4.25% to 8%                                                                       |         | <u>50,672</u>              |
|     |                                                            | Total                                                                                                             |         | <u><u>\$ 6,443,754</u></u> |

\* Indicates party-in-interest

\*\*Cost omitted for participant-directed accounts

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**E.I.N. 04-2731247 PLAN NO. 001**  
**SCHEDULE H, PART IV, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**DECEMBER 31, 2022**

| Participant<br>Contributions<br>Transferred Late<br>to the Plan | Nonexempt Prohibited Transactions                     |                                            |                                                 |                                                                          | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-----------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|
|                                                                 | Contributions and<br>Loan Repayments<br>Not Corrected | Contributions<br>Corrected Outside<br>VFCP | Loan<br>Repayments<br>Corrected<br>Outside VFCP | Contributions and<br>Loan Repayments<br>Pending<br>Correction in<br>VFCP |                                                           |
| \$ 18,735                                                       | \$ 18,735                                             | \$ -                                       | \$ -                                            | \$ -                                                                     | \$ -                                                      |
| <u>\$ 18,735</u>                                                | <u>\$ 18,735</u>                                      | <u>\$ -</u>                                | <u>\$ -</u>                                     | <u>\$ -</u>                                                              | <u>\$ -</u>                                               |

**GUARINOS SWIMMING POOL SERVICE, INC.  
401(K) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2022 AND 2021, AND  
FOR THE YEAR ENDED DECEMBER 31, 2022**



CPAs | CONSULTANTS | WEALTH ADVISORS

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**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
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**FOR THE YEAR ENDED DECEMBER 31, 2022**

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## INDEPENDENT AUDITORS' REPORT

Participants and Administrator  
Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan & Trust  
Billerica, Massachusetts

### Report on the Audit of the Financial Statements

#### ***Scope and Nature of the ERISA Section 103(a)(3)(C)***

We have performed audits of the accompanying financial statements of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date that 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.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' 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 GAAS 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 GAAS, 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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing 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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

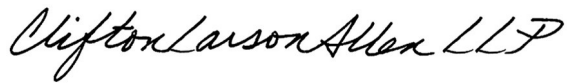
***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of schedule of assets (held at end of year) and schedule of delinquent participant contributions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

**CliftonLarsonAllen LLP**

Worcester, Massachusetts  
October 10, 2023

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

|                                          | <u>2022</u>                | <u>2021</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| <b>INVESTMENTS (at Fair Value)</b>       |                            |                            |
| Money Market and Mutual Funds            | \$ 6,384,977               | \$ 7,413,297               |
| Common Collective Trusts                 | <u>8,105</u>               | <u>1,388</u>               |
| Investments, at Fair Value               | 6,393,082                  | 7,414,685                  |
| <b>RECEIVABLES</b>                       |                            |                            |
| Employee Contribution - Deferrals        | 18,735                     | 7,405                      |
| Employer Contribution - Matching         | 4,467                      | 1,735                      |
| Notes Receivable from Participants       | <u>50,672</u>              | <u>74,323</u>              |
| Total Receivables                        | <u>73,874</u>              | <u>83,463</u>              |
| <br>Total Assets                         | <br>6,466,956              | <br>7,498,148              |
| <b>LIABILITIES</b>                       |                            |                            |
| <b>EXCESS CONTRIBUTIONS PAYABLE</b>      | <u>-</u>                   | <u>3,257</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 6,466,956</u></u> | <u><u>\$ 7,494,891</u></u> |

See accompanying Notes to Financial Statements.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2022**

**ADDITIONS (REDUCTIONS):**

**INVESTMENT INCOME (LOSS)**

|                                               |                    |
|-----------------------------------------------|--------------------|
| Net Depreciation in Fair Value of Investments | \$ (1,980,961)     |
| Interest and Dividend Income                  | 490,714            |
| Total Investment Loss                         | <u>(1,490,247)</u> |

**INTEREST INCOME ON NOTES RECEIVABLE  
FROM PARTICIPANTS**

3,049

**CONTRIBUTIONS**

|                          |                |
|--------------------------|----------------|
| Employee 401(k) Deferral | 554,495        |
| Employer Match           | 134,351        |
| Total Contributions      | <u>688,846</u> |

|                  |           |
|------------------|-----------|
| Total Reductions | (798,352) |
|------------------|-----------|

**DEDUCTIONS:**

|                                      |         |
|--------------------------------------|---------|
| <b>BENEFITS PAID TO PARTICIPANTS</b> | 212,309 |
|--------------------------------------|---------|

|                                |               |
|--------------------------------|---------------|
| <b>ADMINISTRATIVE EXPENSES</b> | <u>17,274</u> |
|--------------------------------|---------------|

|                  |                |
|------------------|----------------|
| Total Deductions | <u>229,583</u> |
|------------------|----------------|

|                     |             |
|---------------------|-------------|
| <b>NET DECREASE</b> | (1,027,935) |
|---------------------|-------------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                            |
|-------------------|----------------------------|
| Beginning of Year | <u>7,494,891</u>           |
| End of Year       | <u><u>\$ 6,466,956</u></u> |

See accompanying Notes to Financial Statements.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN**

The following description of the Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan & Trust (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 is a defined contribution plan established on January 1, 1999. The Plan covers substantially all employees of Guarinos Swimming Pool Service, Inc., and South Shore Gunitite Pools, Inc. (the Plan Sponsor). The Plan is administered by the Plan Sponsor and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (the IRC).

**Eligibility**

Employees of the Plan Sponsor are eligible to participate in the Plan at the age of 18 years old and after a minimum of three months of service.

**Contributions**

A participant may contribute an amount of up to 25% of his/her compensation, pre-tax to a traditional 401(k) or post-tax to a Roth 401(k), as defined in the Plan and subject to maximums in accordance with federal regulations. The Plan also permits catch-up contributions pursuant to federal regulations. A participant may subsequently elect to increase or decrease the rate of contributions as of each payroll period. The Plan Sponsor is currently matching up to 50% of the elective deferral, which does not exceed 4% of his/her compensation.

The Plan Sponsor may also, in its sole discretion, make a profit-sharing contribution to the Plan on behalf of certain participants. Profit-sharing contributions will be allocated to the profit-sharing contribution accounts of each participant eligible to share in such allocations after the end of the Plan year. Such contributions will be allocated in an amount designated by the Plan Sponsor to be allocated to eligible participants. For the year ended December 31, 2022, the Plan Sponsor did not make a profit-sharing contribution to the Plan.

**Rollovers**

Rollovers from other qualified plans are accepted into the Plan, even if the employee is not yet a participant, with the approval of the Plan administrator. It must also be a nonrecurring tax-deferred distribution and submitted in the form of a check to the trustee within 60 days of the date that the employee receives the distribution.

**Participants' Accounts**

Contributions made by the participants are sent to the trustee and are allocated to the respective participants' accounts. Each participant's account is credited with his/her contributions and investment earnings. The benefit which a participant is entitled to is the benefit provided by his/her account.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Investment Options**

Participants may direct their contributions into any of the funds offered by the Plan, which are held at Fidelity Management Trust Company (Fidelity). These funds include a variety of investment options with various objectives and degrees of financial risk.

**Vesting of Contributions**

A participant's contributions and earnings thereon are fully vested at all times. Matching and profit-sharing contributions become fully vested after three years of service, as defined in the Plan. Any participant becomes fully vested upon death, disability, attainment of normal retirement age, or upon termination of the Plan.

**Forfeited Accounts**

Participants who terminate their employment prior to becoming fully vested in Plan Sponsor contributions forfeit such nonvested contributions and earnings thereon. Forfeitures are retained in a money market account in the Plan, and are used to reduce Plan Sponsor contributions, plan fees or allocated to other plan participants. As of December 31, 2022 and 2021, forfeited nonvested accounts totaled \$13,827 and \$9,359, respectively. The Plan did not use any forfeited nonvested accounts to fund the Plan expenses for the year ended December 31, 2022.

**Notes Receivable from Participants**

A participant may borrow against his/her account balance. A participant's loan is limited to 50% of the present value of his/her vested account balance, not to exceed \$50,000. The minimum loan amount is \$1,000 and only one loan can be outstanding at any time. A loan bears interest at a fixed rate, as determined by the Plan administrator, which is credited to the participant's account. A loan is required to be repaid through after-tax payroll deductions over a period not to exceed five years, with an extension available if the purpose of the loan was to acquire a primary residence.

**Payment of Benefits**

Upon termination of service due to retirement or disability, a participant may elect to receive either a lump-sum distribution or installment payments equal to the value of his/her account, or to defer receipt of his/her account balance, provided a distribution is made or commences no later than April 1 following the end of the calendar year in which the participant attains age 70 1/2.

In the event of death, a participant's entire account balance will be distributed to his/her beneficiary.

Distributions to participants who otherwise terminate employment will be deferred until age 65, unless the participant elects immediate payment or the distribution is less than \$5,000. In such cases, the participant will receive a lump-sum distribution equal to the nonforfeitable value of his/her account.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Withdrawals**

Withdrawals are not permitted except for severe financial hardship, such as the purchase of a primary residence, educational expenses, uninsured medical expenses, or the prevention of eviction from or foreclosure on a primary residence. Hardship guidelines adhere to the final 401(k) regulations of the IRC. Participants over the age of 59 1/2 have more flexibility and can withdraw their vested balances for nonhardship reasons.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Plan Expenses**

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

**Risks and Uncertainties**

The Plan provides for various investment options. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

**Subsequent Events**

Subsequent events were evaluated through October 10, 2023, the date the financial statements were available to be issued.

**NOTE 3 CERTIFICATION BY THE INVESTMENT TRUSTEE**

Information presented in the accompanying statements and schedules as of December 31, 2022 and 2021, and for the year ended December 31, 2022 for investments, notes receivable from participants, investment income and interest income on notes receivable from participants was derived, without audit, from information certified to be complete and accurate by Fidelity Management Trust Company, the trustee, as permitted by the election made by the Plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**NOTE 4 FAIR VALUE MEASUREMENTS**

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy 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). The three levels of the fair value hierarchy are described below:

*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.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)**

*Level 2* – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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 asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value:

*Money Market and Mutual Funds* – Money market and mutual funds are valued using Level 1 inputs, which consist of the quoted price of shares held by the Plan at year-end.

*Common and Collective Trusts* – The common and collective trust fund is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of the units held of the collective trust. The net asset value is used as a practical expedient to estimate fair value.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 different fair value measurement at the reporting date.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| 2022                               |                     |             |             |                                                      |
|------------------------------------|---------------------|-------------|-------------|------------------------------------------------------|
|                                    | Level 1             | Level 2     | Level 3     | Investments<br>Measured at<br>Net Asset<br>Value (a) |
| Money Market and<br>Mutual Funds   | \$ 6,384,977        | \$ -        | \$ -        | \$ -                                                 |
| Common Collective Trusts           | -                   | -           | -           | 8,105                                                |
| Total Investments<br>at Fair Value | <u>\$ 6,384,977</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 8,105</u>                                      |
|                                    |                     |             |             | <u>\$ 6,393,082</u>                                  |
| 2021                               |                     |             |             |                                                      |
|                                    | Level 1             | Level 2     | Level 3     | Investments<br>Measured at<br>Net Asset<br>Value (a) |
| Money Market and<br>Mutual Funds   | \$ 7,413,297        | \$ -        | \$ -        | \$ -                                                 |
| Common Collective Trusts           | -                   | -           | -           | 1,388                                                |
| Total Investments<br>at Fair Value | <u>\$ 7,413,297</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,388</u>                                      |
|                                    |                     |             |             | <u>\$ 7,414,685</u>                                  |

(a) Certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no transfers between levels of investments during the year ended December 31, 2022.

Investments in common and collective trusts provide for daily liquidity and have no redemption features or other restrictions.

**NOTE 5 PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by affiliates of Fidelity. Fidelity is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Certain employees of the Plan Sponsor who participate in the Plan perform administrative services to the Plan at no cost to the Plan. Notes receivable from participants are also party-in-interest transactions.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 6 INCOME TAX STATUS**

The Plan has adopted a nonstandardized prototype plan that received a favorable opinion letter from the Internal Revenue Service (IRS) that it was in compliance with the applicable requirements of the IRC. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 7 PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

**NOTE 8 NON-EXEMPT TRANSACTION**

During 2022, participant contributions of \$18,735 were remitted to the trustee later than required by DOL Regulation 2510.3-102. For the year ended December 31, 2022, the Plan Sponsor is required to file Form 5330 with the IRS and pay the required excise tax on the transactions. In addition, participant accounts will be credited for the year ended December 31, 2022 with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis.

**NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to the Form 5500:

|                                                            | <u>2022</u>         | <u>2021</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Net Assets Available for Benefits per Financial Statements | \$ 6,466,956        | \$ 7,494,891        |
| Accrual for Excess Contributions Payable                   | <u>-</u>            | <u>3,257</u>        |
| Net Assets Available for Benefits per Form 5500            | <u>\$ 6,466,956</u> | <u>\$ 7,498,148</u> |

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements to Schedule H of the Form 5500 for the year ended December 31, 2022:

|                                                                               |                              |
|-------------------------------------------------------------------------------|------------------------------|
| Net Decrease in Net Assets Available for Benefits<br>per Financial Statements | \$ (1,027,935)               |
| Add: Accrual for Excess Contributions Payable, Net<br>December 31, 2021       | <u>(3,257)</u>               |
| Net Loss per Form 5500                                                        | <u><u>\$ (1,031,192)</u></u> |

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**E.I.N. 04-2731247 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a) | (b)                                                        | (c)                                                                                                               | (d)     | (e)                        |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------|----------------------------|
|     | Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investments<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost ** | Current<br>Value           |
|     |                                                            | <b>Mutual Funds:</b>                                                                                              |         |                            |
| *   | Fidelity                                                   | Advisor Freedom 2025 Fund Class A                                                                                 |         | \$ 1,625,209               |
| *   | Fidelity                                                   | Advisor Freedom 2030 Fund Class I                                                                                 |         | 1,400,186                  |
| *   | Fidelity                                                   | Advisor Freedom 2035 Fund Class A                                                                                 |         | 529,705                    |
|     | iShares                                                    | S&P 500 Index Fund Investor IS                                                                                    |         | 399,665                    |
| *   | Fidelity                                                   | Advisor Freedom 2050 Fund Class A                                                                                 |         | 278,648                    |
| *   | Fidelity                                                   | Advisor Freedom 2015 Fund Class A                                                                                 |         | 257,239                    |
| *   | Fidelity                                                   | Advisor Freedom 2045 Fund Class A                                                                                 |         | 251,799                    |
|     | Western                                                    | Asset Core Bond Fund Class I                                                                                      |         | 217,254                    |
| *   | Fidelity                                                   | Advisor Freedom 2055 Fund Class A                                                                                 |         | 213,758                    |
| *   | Fidelity                                                   | Advisor Freedom 2040 Fund Class I                                                                                 |         | 211,836                    |
|     | iShares                                                    | MSCI EAFE International Index Fund Institutional Shares                                                           |         | 179,676                    |
|     | Morgan Stanley                                             | Institutional Fund, Inc. Growth Portfolio Class A                                                                 |         | 177,647                    |
| *   | Fidelity                                                   | Advisor Small Cap Growth Fund Class A                                                                             |         | 140,723                    |
| *   | Fidelity                                                   | Advisor Freedom 2060 Fund Class A                                                                                 |         | 118,232                    |
|     | BNY Mellon                                                 | Small/Mid Cap Growth Fund Class I                                                                                 |         | 96,581                     |
|     | Columbia                                                   | Small Cap Index Fund I2                                                                                           |         | 73,477                     |
|     | Virtus                                                     | NFJ Mid-Cap Value Fund                                                                                            |         | 70,907                     |
|     | American Funds                                             | Washington Mutual Investors Fund Class R-5                                                                        |         | 38,307                     |
|     | PIMCO                                                      | Income Fund Institutional Class                                                                                   |         | 33,002                     |
| *   | Fidelity                                                   | Advisor Freedom 2020 Fund Class I                                                                                 |         | 29,078                     |
| *   | Fidelity                                                   | Government Money Market Fund                                                                                      |         | 11,257                     |
|     | American Funds                                             | New World Fund Class R-5                                                                                          |         | 7,231                      |
|     | Columbia                                                   | Disciplined Core Fund                                                                                             |         | 7,143                      |
| *   | Fidelity                                                   | Advisor Freedom 2065 Fund Class A                                                                                 |         | 5,371                      |
|     | Invesco                                                    | International Diversified Fund Class Y                                                                            |         | 5,245                      |
|     | Janus Henderson                                            | Global Real Estate                                                                                                |         | 3,232                      |
| *   | Fidelity                                                   | Advisor Freedom Income Fund Class A                                                                               |         | 2,569                      |
|     |                                                            | Total Mutual Funds                                                                                                |         | <u>6,384,977</u>           |
|     |                                                            | <b>Common Collective Trusts:</b>                                                                                  |         |                            |
| *   | Fidelity                                                   | Advisor Stable Value Portfolio Class I                                                                            |         | 8,105                      |
| *   | Participants                                               | Participant Loans<br>Rates from 4.25% to 8%                                                                       |         | <u>50,672</u>              |
|     |                                                            | Total                                                                                                             |         | <u><u>\$ 6,443,754</u></u> |

\* Indicates party-in-interest

\*\*Cost omitted for participant-directed accounts

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**E.I.N. 04-2731247 PLAN NO. 001**  
**SCHEDULE H, PART IV, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**DECEMBER 31, 2022**

| Participant<br>Contributions<br>Transferred Late<br>to the Plan | Nonexempt Prohibited Transactions                     |                                            |                                                 |                                                                          | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-----------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|
|                                                                 | Contributions and<br>Loan Repayments<br>Not Corrected | Contributions<br>Corrected Outside<br>VFCP | Loan<br>Repayments<br>Corrected<br>Outside VFCP | Contributions and<br>Loan Repayments<br>Pending<br>Correction in<br>VFCP |                                                           |
| \$ 18,735                                                       | \$ 18,735                                             | \$ -                                       | \$ -                                            | \$ -                                                                     | \$ -                                                      |
| <u>\$ 18,735</u>                                                | <u>\$ 18,735</u>                                      | <u>\$ -</u>                                | <u>\$ -</u>                                     | <u>\$ -</u>                                                              | <u>\$ -</u>                                               |

**GUARINOS SWIMMING POOL SERVICE, INC.  
401(K) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**AS OF DECEMBER 31, 2022 AND 2021, AND  
FOR THE YEAR ENDED DECEMBER 31, 2022**



CPAs | CONSULTANTS | WEALTH ADVISORS

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**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
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**FOR THE YEAR ENDED DECEMBER 31, 2022**

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## INDEPENDENT AUDITORS' REPORT

Participants and Administrator  
Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan & Trust  
Billerica, Massachusetts

### Report on the Audit of the Financial Statements

#### ***Scope and Nature of the ERISA Section 103(a)(3)(C)***

We have performed audits of the accompanying financial statements of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date that 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.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' 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 GAAS 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 GAAS, 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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing 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 Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

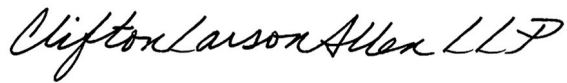
***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of schedule of assets (held at end of year) and schedule of delinquent participant contributions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

**CliftonLarsonAllen LLP**

Worcester, Massachusetts  
October 10, 2023

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

|                                          | <u>2022</u>                | <u>2021</u>                |
|------------------------------------------|----------------------------|----------------------------|
| <b>ASSETS</b>                            |                            |                            |
| <b>INVESTMENTS (at Fair Value)</b>       |                            |                            |
| Money Market and Mutual Funds            | \$ 6,384,977               | \$ 7,413,297               |
| Common Collective Trusts                 | <u>8,105</u>               | <u>1,388</u>               |
| Investments, at Fair Value               | 6,393,082                  | 7,414,685                  |
| <b>RECEIVABLES</b>                       |                            |                            |
| Employee Contribution - Deferrals        | 18,735                     | 7,405                      |
| Employer Contribution - Matching         | 4,467                      | 1,735                      |
| Notes Receivable from Participants       | <u>50,672</u>              | <u>74,323</u>              |
| Total Receivables                        | <u>73,874</u>              | <u>83,463</u>              |
| <br>Total Assets                         | <br>6,466,956              | <br>7,498,148              |
| <b>LIABILITIES</b>                       |                            |                            |
| <b>EXCESS CONTRIBUTIONS PAYABLE</b>      | <u>-</u>                   | <u>3,257</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 6,466,956</u></u> | <u><u>\$ 7,494,891</u></u> |

See accompanying Notes to Financial Statements.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2022**

**ADDITIONS (REDUCTIONS):**

**INVESTMENT INCOME (LOSS)**

|                                               |                    |
|-----------------------------------------------|--------------------|
| Net Depreciation in Fair Value of Investments | \$ (1,980,961)     |
| Interest and Dividend Income                  | 490,714            |
| Total Investment Loss                         | <u>(1,490,247)</u> |

**INTEREST INCOME ON NOTES RECEIVABLE  
FROM PARTICIPANTS**

3,049

**CONTRIBUTIONS**

|                          |                |
|--------------------------|----------------|
| Employee 401(k) Deferral | 554,495        |
| Employer Match           | 134,351        |
| Total Contributions      | <u>688,846</u> |

|                  |           |
|------------------|-----------|
| Total Reductions | (798,352) |
|------------------|-----------|

**DEDUCTIONS:**

|                                      |         |
|--------------------------------------|---------|
| <b>BENEFITS PAID TO PARTICIPANTS</b> | 212,309 |
|--------------------------------------|---------|

|                                |               |
|--------------------------------|---------------|
| <b>ADMINISTRATIVE EXPENSES</b> | <u>17,274</u> |
|--------------------------------|---------------|

|                  |                |
|------------------|----------------|
| Total Deductions | <u>229,583</u> |
|------------------|----------------|

|                     |             |
|---------------------|-------------|
| <b>NET DECREASE</b> | (1,027,935) |
|---------------------|-------------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                            |
|-------------------|----------------------------|
| Beginning of Year | <u>7,494,891</u>           |
| End of Year       | <u><u>\$ 6,466,956</u></u> |

*See accompanying Notes to Financial Statements.*

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN**

The following description of the Guarinos Swimming Pool Service, Inc. 401(k) Profit Sharing Plan & Trust (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 is a defined contribution plan established on January 1, 1999. The Plan covers substantially all employees of Guarinos Swimming Pool Service, Inc., and South Shore Gunitite Pools, Inc. (the Plan Sponsor). The Plan is administered by the Plan Sponsor and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (the IRC).

**Eligibility**

Employees of the Plan Sponsor are eligible to participate in the Plan at the age of 18 years old and after a minimum of three months of service.

**Contributions**

A participant may contribute an amount of up to 25% of his/her compensation, pre-tax to a traditional 401(k) or post-tax to a Roth 401(k), as defined in the Plan and subject to maximums in accordance with federal regulations. The Plan also permits catch-up contributions pursuant to federal regulations. A participant may subsequently elect to increase or decrease the rate of contributions as of each payroll period. The Plan Sponsor is currently matching up to 50% of the elective deferral, which does not exceed 4% of his/her compensation.

The Plan Sponsor may also, in its sole discretion, make a profit-sharing contribution to the Plan on behalf of certain participants. Profit-sharing contributions will be allocated to the profit-sharing contribution accounts of each participant eligible to share in such allocations after the end of the Plan year. Such contributions will be allocated in an amount designated by the Plan Sponsor to be allocated to eligible participants. For the year ended December 31, 2022, the Plan Sponsor did not make a profit-sharing contribution to the Plan.

**Rollovers**

Rollovers from other qualified plans are accepted into the Plan, even if the employee is not yet a participant, with the approval of the Plan administrator. It must also be a nonrecurring tax-deferred distribution and submitted in the form of a check to the trustee within 60 days of the date that the employee receives the distribution.

**Participants' Accounts**

Contributions made by the participants are sent to the trustee and are allocated to the respective participants' accounts. Each participant's account is credited with his/her contributions and investment earnings. The benefit which a participant is entitled to is the benefit provided by his/her account.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Investment Options**

Participants may direct their contributions into any of the funds offered by the Plan, which are held at Fidelity Management Trust Company (Fidelity). These funds include a variety of investment options with various objectives and degrees of financial risk.

**Vesting of Contributions**

A participant's contributions and earnings thereon are fully vested at all times. Matching and profit-sharing contributions become fully vested after three years of service, as defined in the Plan. Any participant becomes fully vested upon death, disability, attainment of normal retirement age, or upon termination of the Plan.

**Forfeited Accounts**

Participants who terminate their employment prior to becoming fully vested in Plan Sponsor contributions forfeit such nonvested contributions and earnings thereon. Forfeitures are retained in a money market account in the Plan, and are used to reduce Plan Sponsor contributions, plan fees or allocated to other plan participants. As of December 31, 2022 and 2021, forfeited nonvested accounts totaled \$13,827 and \$9,359, respectively. The Plan did not use any forfeited nonvested accounts to fund the Plan expenses for the year ended December 31, 2022.

**Notes Receivable from Participants**

A participant may borrow against his/her account balance. A participant's loan is limited to 50% of the present value of his/her vested account balance, not to exceed \$50,000. The minimum loan amount is \$1,000 and only one loan can be outstanding at any time. A loan bears interest at a fixed rate, as determined by the Plan administrator, which is credited to the participant's account. A loan is required to be repaid through after-tax payroll deductions over a period not to exceed five years, with an extension available if the purpose of the loan was to acquire a primary residence.

**Payment of Benefits**

Upon termination of service due to retirement or disability, a participant may elect to receive either a lump-sum distribution or installment payments equal to the value of his/her account, or to defer receipt of his/her account balance, provided a distribution is made or commences no later than April 1 following the end of the calendar year in which the participant attains age 70 1/2.

In the event of death, a participant's entire account balance will be distributed to his/her beneficiary.

Distributions to participants who otherwise terminate employment will be deferred until age 65, unless the participant elects immediate payment or the distribution is less than \$5,000. In such cases, the participant will receive a lump-sum distribution equal to the nonforfeitable value of his/her account.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Withdrawals**

Withdrawals are not permitted except for severe financial hardship, such as the purchase of a primary residence, educational expenses, uninsured medical expenses, or the prevention of eviction from or foreclosure on a primary residence. Hardship guidelines adhere to the final 401(k) regulations of the IRC. Participants over the age of 59 1/2 have more flexibility and can withdraw their vested balances for nonhardship reasons.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Payment of Benefits**

Benefit payments to participants are recorded when paid.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Plan Expenses**

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

**Risks and Uncertainties**

The Plan provides for various investment options. These investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

**Subsequent Events**

Subsequent events were evaluated through October 10, 2023, the date the financial statements were available to be issued.

**NOTE 3 CERTIFICATION BY THE INVESTMENT TRUSTEE**

Information presented in the accompanying statements and schedules as of December 31, 2022 and 2021, and for the year ended December 31, 2022 for investments, notes receivable from participants, investment income and interest income on notes receivable from participants was derived, without audit, from information certified to be complete and accurate by Fidelity Management Trust Company, the trustee, as permitted by the election made by the Plan administrator under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

**NOTE 4 FAIR VALUE MEASUREMENTS**

Accounting principles generally accepted in the United States of America establish a framework for measuring fair value. That framework provides a fair value hierarchy 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). The three levels of the fair value hierarchy are described below:

*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.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)**

*Level 2* – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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 asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value:

*Money Market and Mutual Funds* – Money market and mutual funds are valued using Level 1 inputs, which consist of the quoted price of shares held by the Plan at year-end.

*Common and Collective Trusts* – The common and collective trust fund is composed primarily of fully benefit-responsive investment contracts and is valued at the net asset value of the units held of the collective trust. The net asset value is used as a practical expedient to estimate fair value.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 different fair value measurement at the reporting date.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| 2022                               |                     |             |             |                                                      |                     |
|------------------------------------|---------------------|-------------|-------------|------------------------------------------------------|---------------------|
|                                    | Level 1             | Level 2     | Level 3     | Investments<br>Measured at<br>Net Asset<br>Value (a) | Total               |
| Money Market and<br>Mutual Funds   | \$ 6,384,977        | \$ -        | \$ -        | \$ -                                                 | \$ 6,384,977        |
| Common Collective Trusts           | -                   | -           | -           | 8,105                                                | 8,105               |
| Total Investments<br>at Fair Value | <u>\$ 6,384,977</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 8,105</u>                                      | <u>\$ 6,393,082</u> |
| 2021                               |                     |             |             |                                                      |                     |
|                                    | Level 1             | Level 2     | Level 3     | Investments<br>Measured at<br>Net Asset<br>Value (a) | Total               |
| Money Market and<br>Mutual Funds   | \$ 7,413,297        | \$ -        | \$ -        | \$ -                                                 | \$ 7,413,297        |
| Common Collective Trusts           | -                   | -           | -           | 1,388                                                | 1,388               |
| Total Investments<br>at Fair Value | <u>\$ 7,413,297</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 1,388</u>                                      | <u>\$ 7,414,685</u> |

(a) Certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

There were no transfers between levels of investments during the year ended December 31, 2022.

Investments in common and collective trusts provide for daily liquidity and have no redemption features or other restrictions.

**NOTE 5 PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by affiliates of Fidelity. Fidelity is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Certain employees of the Plan Sponsor who participate in the Plan perform administrative services to the Plan at no cost to the Plan. Notes receivable from participants are also party-in-interest transactions.

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 6 INCOME TAX STATUS**

The Plan has adopted a nonstandardized prototype plan that received a favorable opinion letter from the Internal Revenue Service (IRS) that it was in compliance with the applicable requirements of the IRC. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 7 PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

**NOTE 8 NON-EXEMPT TRANSACTION**

During 2022, participant contributions of \$18,735 were remitted to the trustee later than required by DOL Regulation 2510.3-102. For the year ended December 31, 2022, the Plan Sponsor is required to file Form 5330 with the IRS and pay the required excise tax on the transactions. In addition, participant accounts will be credited for the year ended December 31, 2022 with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis.

**NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to the Form 5500:

|                                                            | <u>2022</u>         | <u>2021</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Net Assets Available for Benefits per Financial Statements | \$ 6,466,956        | \$ 7,494,891        |
| Accrual for Excess Contributions Payable                   | -                   | 3,257               |
| Net Assets Available for Benefits per Form 5500            | <u>\$ 6,466,956</u> | <u>\$ 7,498,148</u> |

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

The following is a reconciliation of the decrease in net assets available for benefits per the financial statements to Schedule H of the Form 5500 for the year ended December 31, 2022:

|                                                                               |                              |
|-------------------------------------------------------------------------------|------------------------------|
| Net Decrease in Net Assets Available for Benefits<br>per Financial Statements | \$ (1,027,935)               |
| Add: Accrual for Excess Contributions Payable, Net<br>December 31, 2021       | <u>(3,257)</u>               |
| Net Loss per Form 5500                                                        | <u><u>\$ (1,031,192)</u></u> |

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**E.I.N. 04-2731247 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a) | (b)                                                        | (c)                                                                                                               | (d)     | (e)                        |
|-----|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------|----------------------------|
|     | Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investments<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost ** | Current<br>Value           |
|     |                                                            | <b>Mutual Funds:</b>                                                                                              |         |                            |
| *   | Fidelity                                                   | Advisor Freedom 2025 Fund Class A                                                                                 |         | \$ 1,625,209               |
| *   | Fidelity                                                   | Advisor Freedom 2030 Fund Class I                                                                                 |         | 1,400,186                  |
| *   | Fidelity                                                   | Advisor Freedom 2035 Fund Class A                                                                                 |         | 529,705                    |
|     | iShares                                                    | S&P 500 Index Fund Investor IS                                                                                    |         | 399,665                    |
| *   | Fidelity                                                   | Advisor Freedom 2050 Fund Class A                                                                                 |         | 278,648                    |
| *   | Fidelity                                                   | Advisor Freedom 2015 Fund Class A                                                                                 |         | 257,239                    |
| *   | Fidelity                                                   | Advisor Freedom 2045 Fund Class A                                                                                 |         | 251,799                    |
|     | Western                                                    | Asset Core Bond Fund Class I                                                                                      |         | 217,254                    |
| *   | Fidelity                                                   | Advisor Freedom 2055 Fund Class A                                                                                 |         | 213,758                    |
| *   | Fidelity                                                   | Advisor Freedom 2040 Fund Class I                                                                                 |         | 211,836                    |
|     | iShares                                                    | MSCI EAFE International Index Fund Institutional Shares                                                           |         | 179,676                    |
|     | Morgan Stanley                                             | Institutional Fund, Inc. Growth Portfolio Class A                                                                 |         | 177,647                    |
| *   | Fidelity                                                   | Advisor Small Cap Growth Fund Class A                                                                             |         | 140,723                    |
| *   | Fidelity                                                   | Advisor Freedom 2060 Fund Class A                                                                                 |         | 118,232                    |
|     | BNY Mellon                                                 | Small/Mid Cap Growth Fund Class I                                                                                 |         | 96,581                     |
|     | Columbia                                                   | Small Cap Index Fund I2                                                                                           |         | 73,477                     |
|     | Virtus                                                     | NFJ Mid-Cap Value Fund                                                                                            |         | 70,907                     |
|     | American Funds                                             | Washington Mutual Investors Fund Class R-5                                                                        |         | 38,307                     |
|     | PIMCO                                                      | Income Fund Institutional Class                                                                                   |         | 33,002                     |
| *   | Fidelity                                                   | Advisor Freedom 2020 Fund Class I                                                                                 |         | 29,078                     |
| *   | Fidelity                                                   | Government Money Market Fund                                                                                      |         | 11,257                     |
|     | American Funds                                             | New World Fund Class R-5                                                                                          |         | 7,231                      |
|     | Columbia                                                   | Disciplined Core Fund                                                                                             |         | 7,143                      |
| *   | Fidelity                                                   | Advisor Freedom 2065 Fund Class A                                                                                 |         | 5,371                      |
|     | Invesco                                                    | International Diversified Fund Class Y                                                                            |         | 5,245                      |
|     | Janus Henderson                                            | Global Real Estate                                                                                                |         | 3,232                      |
| *   | Fidelity                                                   | Advisor Freedom Income Fund Class A                                                                               |         | 2,569                      |
|     |                                                            | Total Mutual Funds                                                                                                |         | <u>6,384,977</u>           |
|     |                                                            | <b>Common Collective Trusts:</b>                                                                                  |         |                            |
| *   | Fidelity                                                   | Advisor Stable Value Portfolio Class I                                                                            |         | 8,105                      |
| *   | Participants                                               | Participant Loans<br>Rates from 4.25% to 8%                                                                       |         | <u>50,672</u>              |
|     |                                                            | Total                                                                                                             |         | <u><u>\$ 6,443,754</u></u> |

\* Indicates party-in-interest

\*\*Cost omitted for participant-directed accounts

**GUARINOS SWIMMING POOL SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST**  
**E.I.N. 04-2731247 PLAN NO. 001**  
**SCHEDULE H, PART IV, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**DECEMBER 31, 2022**

| Participant<br>Contributions<br>Transferred Late<br>to the Plan | Nonexempt Prohibited Transactions                     |                                            |                                                 |                                                                          | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-----------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|
|                                                                 | Contributions and<br>Loan Repayments<br>Not Corrected | Contributions<br>Corrected Outside<br>VFCP | Loan<br>Repayments<br>Corrected<br>Outside VFCP | Contributions and<br>Loan Repayments<br>Pending<br>Correction in<br>VFCP |                                                           |
| \$ 18,735                                                       | \$ 18,735                                             | \$ -                                       | \$ -                                            | \$ -                                                                     | \$ -                                                      |
| <u>\$ 18,735</u>                                                | <u>\$ 18,735</u>                                      | <u>\$ -</u>                                | <u>\$ -</u>                                     | <u>\$ -</u>                                                              | <u>\$ -</u>                                               |