

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan UNITED AIR TEMP 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1991
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UNITED AIR TEMP P.O. BOX 6300 SPRINGFIELD, VA 22150
2b	Employer Identification Number (EIN) 54-1245568
2c	Plan Sponsor's telephone number 703-516-8316
2d	Business code (see instructions) 238220

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	LISA JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 305
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 214
a(2) Total number of active participants at the end of the plan year		6a(2) 211
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 100
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 311
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 311
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 235
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan UNITED AIR TEMP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED AIR TEMP	D Employer Identification Number (EIN) 54-1245568

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	239-80004	311	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 1255	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid PURSHE KAPLAN STERLING INVESTMENTS 18 CORPORATE WOODS BLVD ALBANY, NY 12211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1255	0	BROKER FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 657250**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 603295**c** Additions: (1) Contributions deposited during the year **7c(1)** 75130
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 10767
(4) Transferred from separate account **7c(4)** 23467
(5) Other (specify below) **7c(5)** 405

▶ LOAN REPAYMENT- PRINCIPAL

(6) Total additions **7c(6)** 109769**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 713064**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 6835
(2) Administration charge made by carrier **7e(2)** 739
(3) Transferred to separate account **7e(3)** 47717
(4) Other (specify below) **7e(4)** 523

▶ LOAN WITHDRAWAL AND FORFEITURE

(5) Total deductions **7e(5)** 55814**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 657250

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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		
A Name of plan UNITED AIR TEMP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED AIR TEMP	D Employer Identification Number (EIN) 54-1245568	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53 65	ASSET PROVIDER	50772	Yes ☒ No ☐	Yes ☒ No ☐	10122	Yes ☐ No ☒

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

PURSHE KAPLAN STERLING

80 STATE ST
ALBANY, NY 12207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	0	Yes ☒ No ☐	Yes ☐ No ☒	28876	Yes ☐ No ☒

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

TRITON SERVICES CORPORATION

4114 LEGATO ROAD
SUITE 300
FAIRFAX, VA 22033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	10205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TD AMERITRADE

4211 S. 102ND ST
OMAHA, NE 68127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SELF-DIRECTED BROKERAGE	50	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PURSHE KAPLAN STERLING	28	28876

(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.
NATIONWIDE LIFE INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 31-4156830	INVESTMENT MANAGEMENT COMPENSATION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan UNITED AIR TEMP 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED AIR TEMP	D Employer Identification Number (EIN) 54-1245568	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NW QUALIFIED PLANS VARIABLE ACCOUNT		
b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO		
c EIN-PN 31-4156830-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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)**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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>UNITED AIR TEMP 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED AIR TEMP</u>	D Employer Identification Number (EIN) <u>54-1245568</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	6615	7030
(2) Participant contributions.....	1b(2)	20800	18540
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	447807	456204
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15140927	13269190
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	603295	657250
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16219444	14408214

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16219444	14408214
---	-----------	----------	----------

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	315674	
(B) Participants	2a(1)(B)	741426	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1057100
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	270	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	26259	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26529
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2305699
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1222070
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	569274	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		569274
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	19886	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19886
j Total expenses. Add all expense amounts in column (b) and enter total	2j		589160
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1811230
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: UHY LLP

(2) EIN: 20-0694403

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		40430

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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		
A Name of plan UNITED AIR TEMP 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED AIR TEMP		D Employer Identification Number (EIN) 54-1245568
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 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....		14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			14c
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:			
a The corresponding number for the plan year immediately preceding the current plan year.....	15a		
b The corresponding number for the second preceding plan year.....	15b		
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:			
a Enter the number of employers who withdrew during the preceding plan year	16a		
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b		
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**UNITED AIR TEMP
401(k) PROFIT SHARING PLAN**

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

As of December 31, 2022 and 2021 and
For the year ended December 31, 2022

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrator of the
United Air Temp 401(k) Profit Sharing Plan
Lorton, Virginia

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

We have performed audits of the accompanying financial statements of United Air Temp 401(k) Profit Sharing 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 audit of United Air Temp 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 audit 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 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 Auditor's 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 audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of United Air Temp 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 United Air Temp 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such

procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of United Air Temp 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 United Air Temp 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

Supplemental Schedule Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of and 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 are 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule 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).

UHY LLP

Columbia, Maryland
October 9, 2023

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
Investments at fair value		
Registered Investment Company Shares	\$ 12,133,352	\$ 13,887,175
Self-Directed Brokerage Accounts	<u>1,135,838</u>	<u>1,253,752</u>
Total investments at fair value	<u>13,269,190</u>	<u>15,140,927</u>
Investment at contract value		
Guaranteed Investment Contract - FBRIC	<u>657,250</u>	<u>603,295</u>
Total investments	<u>13,926,440</u>	<u>15,744,222</u>
Receivables		
Participant contributions	18,540	20,800
Employer contributions	7,030	6,615
Notes receivable from participants	<u>456,204</u>	<u>447,807</u>
Total receivables	<u>481,774</u>	<u>475,222</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 14,408,214</u></u>	<u><u>\$ 16,219,444</u></u>

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2022

Additions to Net Assets Attributed to:

Investment loss:

Interest	\$ 9,855
Net depreciation in fair value of investments	(2,315,284)
Total investment loss	<u>(2,305,429)</u>

Interest income on notes receivable from participants	<u>26,259</u>
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Contributions:

Participant	741,426
Employer	315,674
Total contributions	<u>1,057,100</u>

Total reductions	<u>(1,222,070)</u>
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Deductions from Net Assets Attributed to:

Benefits paid to participants	569,274
Administrative expenses	<u>19,886</u>

Total deductions	<u>589,160</u>
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Net Decrease	(1,811,230)
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Net Assets Available for Benefits, Beginning of Year	<u>16,219,444</u>
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Net Assets Available for Benefits, End of Year	<u>\$ 14,408,214</u>
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UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the United Air Temp 401(k) Profit Sharing Plan (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 under Section 401(k) of the Internal Revenue Code (IRC) adopted on January 1, 1991. The Plan is subject to the provisions of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

Effective June 1, 2022, the plan document was amended and restated to bring the plan into compliance with the legislative and regulatory changes set forth in IRS Notice 2017-37 (i.e., the 6-year preapproved plan restatement cycle). There were no other changes in the plan provisions.

The assets of the Plan are held and managed by Nationwide Trust Company, FSB and Nationwide Life Insurance Company (collectively Nationwide), the custodian and insurance company, respectively of the Plan. Uniglobal Pension Planning, Inc. serves as the third-party administrator of the Plan and performs certain regulatory and compliance procedures.

Eligibility

The Plan covers all employees of United Air Temp (the Company) who are at least 18 years old and have completed one year of service defined as at least 1,000 hours. Employees may enter the Plan on the first day of the calendar quarter following the date they meet the eligibility requirements.

Contributions

Participants may contribute to the profit sharing plan a combination of pre-tax and Roth contributions up to 100% of their annual compensation, as defined in the Plan, subject to the statutory limitations established by the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various registered investment company shares and self-directed brokerage accounts as investment options for participants, as well as a guaranteed investment contract.

The Company may make matching contributions determined annually by the employer. The Company may also elect to make an additional discretionary profit sharing or qualified nonelective contributions to the plan. During 2022 the Company made matching contribution for all eligible employees, equal to 100% of the first 1% of the participants' compensation contributed to the plan, and 50% of the next 4% of compensation contributed to the plan. The Company's matching contribution totaled \$315,674 for the year ended December 31, 2022. The Company did not make any discretionary profit sharing or qualified nonelective contributions for the year ended December 31, 2022.

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution, if any, plan earnings (losses), and charged with an allocation of any administrative expenses paid by the plan. Earnings are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their elective deferrals, rollovers, and all earnings thereon. Vesting in the employer contributions is based on years of continuous service. After two years of service, a participant becomes 20 percent vested in the employer contributions in the Plan; the vesting percentage increases by 20 percent each year until the participant becomes fully vested in his or her account after six years of service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 (reduced by the balance of any prior loans from the Plan) or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 2% above Prime. The maximum duration of a loan is not to exceed five years, except in cases where funds are used to purchase a principal residence. Plan participants may only have two loans outstanding at any one time. Principal and interest are paid ratably through payroll deductions. The interest rates for outstanding loans ranged between 5.25% and 9.50% at December 31, 2022 and 2021.

Payment of Benefits

Upon termination of service, retirement, death, full and permanent disability or attaining age 65, participants may elect to receive either a lump-sum amount equal to the value of their account, or a direct rollover into a qualified retirement plan. In-service withdrawals at age 59 1/2 are also permitted, subject to the provisions described in the Plan document. The employer may authorize certain withdrawals from a participant's account in the event of a proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements. The Plan may make a mandatory distribution of a terminated participant's account balance that is less than \$5,000 and greater than \$1,000 to an individual retirement account.

Forfeited Accounts

Forfeitures may be used to reduce employer contributions or to pay plan expenses at the discretion of the Company. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$29,455 and \$22,614, respectively. During the year ended December 31, 2022, forfeitures of nonvested accounts in the amount of \$5,087 were used to pay administrative expenses and no forfeitures were used to reduce employer contributions.

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting standards generally accepted in the United States of America (U.S. GAAP).

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts (FBRIC). Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for FBRIC, which are reported at contract 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 discussion of fair value measurements. Contract value equals the accumulated cash contributions and interest credited to the Plan's contracts.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an 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 balance plus any accrued but unpaid interest. Interest income is recognized on the accrual basis. Related fees are recognized as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recognized as of December 31, 2022 and 2021. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan agreement.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. The Plan is not required to reimburse the Company for expenses the Company pays on the Plan's behalf. Investment-related expenses are included in net appreciation in fair value of investments. 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.

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 3 - CERTIFIED INFORMATION

Information regarding investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments and interest income for the year ended December 31, 2022, disclosed in the accompanying financial statements, and the investment information included in the supplemental schedule of assets (held at end of year) as of December 31, 2022, is derived from statements which have been certified by Nationwide Trust Company, FSB and Nationwide Life Insurance Company (collectively Nationwide), the custodian and insurance company, respectively of the Plan, as complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The 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. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 and Level 3 inputs for the period presented.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Registered Investment Company Shares

The registered investment company shares are invested in mutual funds held by Nationwide Trust Company and are offered outside of an annuity contract. Nationwide uses unit values to perform daily account valuations. The unit value is Nationwide's method for valuing accounts and is not the same as the net asset value (NAV) reported by the fund house, although the financial trend should be the same.

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

After the close of the stock market, Nationwide receives a daily price from each fund house. This figure includes the NAV and any dividends and capital gains declared and is adjusted by Nationwide with the addition of a daily admin charge to arrive at the unit value available daily to plan participants on the plan website. The calculated unit value is the basis for current transactions and the units held can be redeemed at that calculated unit value as of the measurement date. Therefore, those investments are considered to have a readily determinable fair value.

Self-Directed Brokerage Accounts

Self-Directed Brokerage Accounts (SDBA) may include mutual funds and common stocks, which are valued at the closing price reported in the active market in which the securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2022</u>				
Registered Investment Company Shares	\$12,133,352	\$ -	\$ -	\$ 12,133,352
Self-Directed Brokerage Accounts	<u>1,135,838</u>	<u>-</u>	<u>-</u>	<u>1,135,838</u>
Totals	<u>\$13,269,190</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,269,190</u>
<u>December 31, 2021</u>				
Registered Investment Company Shares	\$13,887,175	\$ -	\$ -	\$ 13,887,175
Self-Directed Brokerage Accounts	<u>1,253,752</u>	<u>-</u>	<u>-</u>	<u>1,253,752</u>
Totals	<u>\$15,140,927</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 15,140,927</u>

NOTE 5 - GUARANTEED INVESTMENT CONTRACT – FBRIC

The Plan participates in fully benefit-responsive investment contract (FBRIC) with Nationwide Life Insurance Company. The Nationwide Fixed Select Contract is a group annuity contract supported by the general account of Nationwide. Deposits into the Fixed Select Contract are guaranteed in both principal and interest, minus any applicable fees and expenses (subject to the claims-paying ability of Nationwide). Participants in the Nationwide Fixed Select Contract may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Plan level liquidity options include either a two-way market value adjustment or a 5-year contract value out. Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Nationwide is contractually obligated to repay the principal and a specified interest rate that is

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 5 - GUARANTEED INVESTMENT CONTRACT – FBRIC (Continued)

guaranteed to the Plan. There are no reserves against account value for credit risk of the contract issuers or otherwise. The Fixed Select contract does not have a maturity date. The Fixed Select contract continues in force until all assets have been distributed, or no further payments are due.

The Fixed Select Contract gross crediting rate is reset quarterly. The net rate, crediting rate and average yield earned are the same. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 0.5%. Though the interest rate will never go below 0.5%, a loss to the principal may result after fees and expenses are reflected.

Certain events limit the ability of the Plan to transact at contract value with Nationwide. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

NOTE 6 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Plan investments are managed by Nationwide. Nationwide is the custodian of the Plan and, therefore, the transactions in these funds qualify as party-in-interest transactions. Personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the plan. There were no financial transactions recorded between the Company and the Plan other than contributions made. Notes receivable from participants also qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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 - TAX STATUS

The Plan has adopted a profit-sharing prototype plan sponsored by CCH Incorporated, DBA ftwilliam.com. The prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the prototype profit sharing plan, as then designed, is in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 8 - TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any 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 for the statutory period; however, there are currently no audits for any tax periods in progress.

NOTE 9 - RISKS AND UNCERTAINTIES

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

The COVID-19 pandemic, whose effects first became known in January 2020, had a broad and negative impact on commerce and financial markets around the world, leading to economic uncertainties and significant volatility in the investment markets. The resulting substantial fluctuations in the value of the Plan's investments may continue for an extended period of time.

NOTE 10 - LATE REMITTANCES

During the years ended December 31, 2022 and 2021, the Company failed to remit to the plan custodian participant contributions totaling \$32,002 and \$8,428, respectively, within the period prescribed by Department of Labor regulations. These contributions are considered nonexempt party-in-interest transactions. The Plan third-party administrator calculated lost earnings in the amount of \$259 on the delinquent remittances. The plan sponsor remitted the amount to the Plan on September 1, 2023, at which time the lost earnings were allocated to the affected participants' accounts.

NOTE 11 - SUBSEQUENT EVENTS

Effective September 1, 2023, the Plan appointed a new plan custodian and recordkeeper. Nationwide held and managed the Plan assets and served as a custodian of the Plan until September 1, 2023. All plan assets are to be transferred to the new custodian and recordkeeper Fidelity in September 2023. The following changes to the plan were made with the plan restatement:

Eligibility

The service requirement for employee contributions changed to three months of service. Eligible employees may enter the plan on the first day of the month after meeting the eligibility requirements. There are no changes to eligibility requirements for discretionary match and discretionary nonelective employer contributions.

UNITED AIR TEMP 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 11 - SUBSEQUENT EVENTS (Continued)

Vesting

After a year of service, participants become 20 percent vested in the employer contributions in the Plan; the vesting percentage increases by 20 percent each year until the participants become fully vested in their account after five years of service. For participants who do not complete an hour of service on or after January 1, 2023, the vesting schedule is as follows: after two years of service, participants become 20 percent vested in the employer contributions in the Plan; the vesting percentage increases by 20 percent each year until the participants become fully vested in their account after six years of service.

Subsequent events have been evaluated through October 9, 2023, which is the date the financial statements are available to be issued.

Supplemental Schedules

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the year ended December 31, 2022

Participant Contributions Transferred Late to Plan		Check Here if Late Participant Loan Repayments are Included	Date Corrected	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Plan Year	Amount Withheld			Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
12/31/2021	\$ 8,428		9/1/2023	\$ -	\$ 8,428	\$ -	\$ -
12/31/2022	32,002	X	9/1/2023	-	32,002	-	-
	<u>\$ 40,430</u>			<u>\$ -</u>	<u>\$ 40,430</u>	<u>\$ -</u>	<u>\$ -</u>

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
Registered Investment Company Shares				
	Alliance Bernstein	AB Core Oppr I	\$	3,622
	Alliance Bernstein	AB Discovery Val 1		75,464
	Alliance Bernstein	AB Global Bd I		7,058
	Alliance Bernstein	AB Large Cap Gr I		309,499
	Alliance Bernstein	AB Sustainable Intl Thematic I		137
	Allspring	Allspring Special Mid Cap Value Inst		160,266
	American Century	American Century Equity Income Inv		13,380
	American Century	American Century Mid Cap Value Fund Inv		20,800
	American Century	American Century Small Company Inv		32,222
	American Funds	American Funds 2010 Target Date Retirement R6		34,115
	American Funds	American Funds 2015 Target Date Retirement R6		33,827
	American Funds	American Funds 2025 Target Date Retirement R6		62,952
	American Funds	American Funds 2030 Target Date Retirement R6		192,152
	American Funds	American Funds 2035 Target Date Retirement R6		116,002
	American Funds	American Funds 2040 Target Date Retirement R6		201,800
	American Funds	American Funds 2045 Target Date Retirement R6		93,442
	American Funds	American Funds 2050 Target Date Retirement R6		134,508
	American Funds	American Funds 2055 Target Date Retirement R6		92,028
	American Funds	American Funds 2060 Target Date Retirement R6		118,177
	American Funds	American Funds 2065 Target Date Retirement R6		5,502
	American Funds	American Funds Growth Fund of America R6		138,187
	American Funds	American Funds SmallCap World Fund		237,705
	AMG	AMGMgrs Ycktmn Focs I		16,561
	Avantis	Avantis US Large Cap Value Inst		54,784
	Avantis	Avantis US SmCap Val Inst		15,573
	Baron Partners	Baron Partners Inst		3,048
	Baron Partners	Baron Partners Small Cap Inst		126,498
	BlackRock	BlackRock Advantage Large Cap Core Instl		2,067
	BlackRock	BlackRock Equity Dividend Instl Fund		5,181
	BlackRock	BlackRock High Yield Bond Portfolio Class K		10,168
	BlackRock	BlackRock Health Sciences Opportunities Inst		17,514
	BlackRock	BlackRock iS S P 500 Index Inst		433,135
	BlackRock	BlackRock Mid-Cap Growth Equity Inst		30,546
	BlackRock	BlackRock Strategic Income Opportunities		812
	BlackRock	BlackRock Total Return Fund K		304
	BNY	BNY Mellon Research Growth Z Fund		35,327
	Calamos	Calamos Global Equity I		108,746
	Carillon Eagle	Carillon Eagle Mid Cap Growth I		29,970
	Conestoga	Conestoga Small Cap Fund Inst		3,640
		Subtotal		2,976,719

(Continued on next page)

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
Registered Investment Company Shares				
	Columbia	Columbia Balanced Inst2	\$	39,456
	Davis	Davis Opportunity Y		21,856
	Delaware	Delaware Mid Cap Growth Equity Inst		4,724
	DFA	DFA Emerging Markets Core Equity Inst		65,431
	DFA	DFA U.S. Small Cap Institutional		61,534
	DFA	DFA U.S. Targeted Value Institutional		198,052
	Diamond Hill	Diamond Hill Mid Cap I		31,666
	Dodge Cox	Dodge Cox Intl Stock		68,271
	Emerald	Emerald Fin Bk Innov Inst		14,135
	Eaton Vance	Eaton Vance Atlanta Cap SMID Cap I		16,173
	Eaton Vance	Eaton Vance Floating-Rate & Hi Inc Inst		21,743
	Federated Hermes	Federated Hermes Government Obligations Fund Premier		23,049
	Fidelity	Fidelity 500 Index		99,171
	Fidelity	Fidelity International Index		61,905
	Fidelity	Fidelity US Bond Index		9,334
	Fidelity	Fidelity Advisor Enregy I		344,678
	Fidelity	Fidelity Advisor Free 2015 Inst		40,575
	Fidelity	Fidelity Advisor Free 2020 Inst		154,863
	Fidelity	Fidelity Advisor Free 2025 Inst		48,193
	Fidelity	Fidelity Advisor Free 2030 Inst		108,674
	Fidelity	Fidelity Advisor Free 2035 Inst		221,121
	Fidelity	Fidelity Advisor Free 2040 Inst		754,839
	Fidelity	Fidelity Advisor Free 2045 Inst		466,490
	Fidelity	Fidelity Advisor Free 2050 Inst		108,578
	Fidelity	Fidelity Advisor Growth Opportunities Inst		6,186
	Fidelity	Fidelity Advisor New Insgihts I		146,471
	Franklin	Franklin Gold and Precious Metals Adv		27,791
	Franklin	Franklin Growth Opportunities Adv		3,475
	Franklin	Franklin Templeton Foreign Fund Adv		33,456
	Goldman Sachs	Goldman Sachs GQGPtnr Intl Oppr		68,941
	Goldman Sachs	Goldman Sachs SmMDCap Gr Inst		173,581
	Harbor	Harbor Cap App Inst		3,346
	Hennessy	Hennessy Focs Inst		18,976
	Invesco	Invesco Comstock R5		94,884
	Invesco	Invesco Divrs Divd R5		18,470
	Invesco	Invsco Energy R5		4,424
	Invesco	Invsco EQV Euro Eq Y		4,025
	Invesco	Invesco Global Y		327,597
	Invesco	Invesco Gold & Special Minerals Y		47,704
		Subtotal		6,940,557

(Continued on next page)

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
Registered Investment Company Shares				
	Invesco	Invesco International Small-Mid Company Y	\$	18,426
	Invesco	Invesco SteelPath MLP Alpha Plus Fund Y		308,287
	John Hancock	John Hancock US Global Ldrs Gr I		17,935
	JPMorgan	JPM Emerging Markets Eq R6		20,431
	JPMorgan	JPM Eq Inc R5		50,761
	JPMorgan	JPM High Yield R6		208
	JPMorgan	JPMorgan Large Cap Growth Fund Class R6		49,225
	JPMorgan	JPM US Large Cap Core Plus R5		59,702
	Loomis	Loomis LtdTrm Govt Agency Y		114
	Lord Abbett	Lord Abbett Inflation Focused R5		21,606
	Morgan Stanley	Morgan Stanley Insight I		7,249
	Morgan Stanley	Morgan Stanley Institutional Fund Disc I		5,587
	Morgan Stanley	Morgan Stanley Institutional Growth		7,838
	Neuberger Berman	Neuberger Berman Genesis Institutional		185,170
*	Nationwide	Nationwide Bond Index R6		3,530
*	Nationwide	Nationwide Inflation-Protected Securities		45,042
*	Nationwide	NW Inv Dest Aggr R6		850,801
*	Nationwide	NW Inv Dest Cnsrv R6		46,139
*	Nationwide	NW Inv Dest Mod Aggr R6		471,659
*	Nationwide	NW Inv Dest Mod Cnsrv R6		113,969
*	Nationwide	NW Inv Dest Mod R6		4,599
*	Nationwide	NW Loomis AllCap Gr R6		54,619
*	Nationwide	NW MdCap Mkt Indx R6		110,854
	PGIM	PGIM High Yield R6		12,893
	PGIM	PGIM Jennison Health Sciences A		14,672
	PGIM	PGIM Total Return Bond Fund -Class R6		15,963
	PIMCO	PIMCO Low Duration Income Inst		34,924
	PIMCO	PIMCO Real Return Instl		122,320
	PIMCO	PIMCO CommodityRealReturn Strategy Inst		31,167
	Pioneer	Pioneer High Yield Y		40,033
	Principal	Principal Global Real Estate R6		31,997
	Thornburg	Thornburg Global Oppr R5		12,569
	Thornburg	Thornburg Intl Val R5		83,405
	T. Rowe Price	T. Rowe Price Balanced Fund		3,671
	T. Rowe Price	T. Rowe Price Blue Chip Gr		16,713
	T. Rowe Price	T. Rowe Price Science and Technology Fund		17,914
	T. Rowe Price	T. Rowe Price Spectrum Moderate Growth Allocation		60,884
	T. Rowe Price	T. Rowe Price Spectrum Conservative Allocation		46,339
	T. Rowe Price	T. Rowe Price Spectrum Moderate Growth Allocation		27,960
		Subtotal		9,967,732

(Continued on next page)

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
Registered Investment Company Shares				
	VanEck	VanEck International Investors Gold Inst	\$	12,289
	Victory	Victory Global Energy Transition Fund Class Y		388,517
	Victory	Victory Nasdaq 100 Index Fund R6		2,365
	Victory	Victory RS Science and Technology Y		30,515
	Victory	Victory Ultra Short-Term Bond R6		21,899
	Virtus	Virtus NFJ Dividend Value Fund		2,468
	Virtus	Virtus NFJ Large-Cap Value Fund Inst		68,761
	Virtus	Virtus Tech Inst		9,753
	Vanguard	Vanguard 500 Index Fd AS		302,444
	Vanguard	Vanguard Balanced Index Fund Admiral		65,495
	Vanguard	Vanguard Developed Markets Index Adml		52,403
	Vanguard	Vanguard Energy Fund Admiral		6,387
	Vanguard	Vngrd Energy Index Adml		684,527
	Vanguard	Vanguard Explorer Fund Admiral		15,728
	Vanguard	Vanguard Long-Term Treasury Fund Adml		44,592
	Vanguard	Vanguard Mid-Cap Index Fund Admiral		150,143
	Vanguard	Vanguard Small-Cap Growth Index Fund Adml		84,756
	Vanguard	VngVanguard Small Cap Value Index Fund Adml		124,796
	Vanguard	Vanguard Value Index Fund Admiral		97,782
Total Registered Investment Company Shares				12,133,352
Self-Directed Brokerage Accounts (SDBA)				
*	SDBA	Aggregate SDBA Assets		1,135,838
Guaranteed investment contract (FBRIC)				
*	Nationwide	Nationwide Fixed Select Contract		657,250
Total investments				13,926,440
*	Participant loans	Loans to plan participants, maturing at various dates, bearing interest between 5.25% to 9.50%	-0-	456,204
Total assets held				\$ 14,382,644

* Indicates a party-in-interest to the Plan.

** Historical cost is not required to be presented, as all investments are participant-directed.

UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
Registered Investment Company Shares				
	Alliance Bernstein	AB Core Oppr I	\$	3,622
	Alliance Bernstein	AB Discovery Val 1		75,464
	Alliance Bernstein	AB Global Bd I		7,058
	Alliance Bernstein	AB Large Cap Gr I		309,499
	Alliance Bernstein	AB Sustainable Intl Thematic I		137
	Allspring	Allspring Special Mid Cap Value Inst		160,266
	American Century	American Century Equity Income Inv		13,380
	American Century	American Century Mid Cap Value Fund Inv		20,800
	American Century	American Century Small Company Inv		32,222
	American Funds	American Funds 2010 Target Date Retirement R6		34,115
	American Funds	American Funds 2015 Target Date Retirement R6		33,827
	American Funds	American Funds 2025 Target Date Retirement R6		62,952
	American Funds	American Funds 2030 Target Date Retirement R6		192,152
	American Funds	American Funds 2035 Target Date Retirement R6		116,002
	American Funds	American Funds 2040 Target Date Retirement R6		201,800
	American Funds	American Funds 2045 Target Date Retirement R6		93,442
	American Funds	American Funds 2050 Target Date Retirement R6		134,508
	American Funds	American Funds 2055 Target Date Retirement R6		92,028
	American Funds	American Funds 2060 Target Date Retirement R6		118,177
	American Funds	American Funds 2065 Target Date Retirement R6		5,502
	American Funds	American Funds Growth Fund of America R6		138,187
	American Funds	American Funds SmallCap World Fund		237,705
	AMG	AMGMgrs Ycktmn Focs I		16,561
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	BNY	BNY Mellon Research Growth Z Fund		35,327
	Calamos	Calamos Global Equity I		108,746
	Carillon Eagle	Carillon Eagle Mid Cap Growth I		29,970
	Conestoga	Conestoga Small Cap Fund Inst		3,640
		Subtotal		2,976,719

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UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
Registered Investment Company Shares				
	Columbia	Columbia Balanced Inst2	\$	39,456
	Davis	Davis Opportunity Y		21,856
	Delaware	Delaware Mid Cap Growth Equity Inst		4,724
	DFA	DFA Emerging Markets Core Equity Inst		65,431
	DFA	DFA U.S. Small Cap Institutional		61,534
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	Emerald	Emerald Fin Bk Innov Inst		14,135
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	Fidelity	Fidelity Advisor Free 2015 Inst		40,575
	Fidelity	Fidelity Advisor Free 2020 Inst		154,863
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	Fidelity	Fidelity Advisor Free 2030 Inst		108,674
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	Goldman Sachs	Goldman Sachs GQGPtnr Intl Oppr		68,941
	Goldman Sachs	Goldman Sachs SmMDCap Gr Inst		173,581
	Harbor	Harbor Cap App Inst		3,346
	Hennessy	Hennessy Focs Inst		18,976
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	Invesco	Invsco Energy R5		4,424
	Invesco	Invsco EQV Euro Eq Y		4,025
	Invesco	Invesco Global Y		327,597
	Invesco	Invesco Gold & Special Minerals Y		47,704
		Subtotal		6,940,557

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UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

As of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current Value
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	PGIM	PGIM Jennison Health Sciences A		14,672
	PGIM	PGIM Total Return Bond Fund -Class R6		15,963
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	PIMCO	PIMCO Real Return Instl		122,320
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	Thornburg	Thornburg Intl Val R5		83,405
	T. Rowe Price	T. Rowe Price Balanced Fund		3,671
	T. Rowe Price	T. Rowe Price Blue Chip Gr		16,713
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	T. Rowe Price	T. Rowe Price Spectrum Conservative Allocation		46,339
	T. Rowe Price	T. Rowe Price Spectrum Moderate Growth Allocation		27,960
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UNITED AIR TEMP 401(K) PROFIT SHARING PLAN

EIN: 54-1245568; PLAN - 001

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

As of December 31, 2022

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	Virtus	Virtus Tech Inst		9,753
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	Vanguard	Vanguard Energy Fund Admiral		6,387
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	Vanguard	Vanguard Explorer Fund Admiral		15,728
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	Vanguard	Vanguard Mid-Cap Index Fund Admiral		150,143
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	Vanguard	VngVanguard Small Cap Value Index Fund Adml		124,796
	Vanguard	Vanguard Value Index Fund Admiral		97,782
Total Registered Investment Company Shares				12,133,352
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*	SDBA	Aggregate SDBA Assets		1,135,838
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Total assets held				\$ 14,382,644

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