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

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.)
- [X] 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:
- [X] 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
CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1997

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)
CONDITIONED AIR COMPANY OF NAPLES, LLC

3786 MERCANTILE AVENUE
NAPLES, FL 34104

2b Employer Identification Number (EIN) 59-0910697

2c Plan Sponsor's telephone number 239-643-2445

2d Business code (see instructions) 811410

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.	10/16/2023	GREGORY R 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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	363
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)**	310
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	338
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	44
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	382
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	382
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	181
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 3D 2T

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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONDITIONED AIR COMPANY OF NAPLES, LLC

D Employer Identification Number (EIN)
59-0910697

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.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY

(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
84-0467907	68322	515040-01	382	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	(b) Total amount of fees paid

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

(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	

(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	883144
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. Specify nature of costs ▶	6d	

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	983466
c	Additions: (1) Contributions deposited during the year	7c(1)	79765		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10437		
	(4) Transferred from separate account	7c(4)	11957		
	(5) Other (specify below)	7c(5)	19172		
	▶ FORFEITURES, LOAN PMTS				
	(6) Total additions			7c(6)	121331
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1104797
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	113705		
	(2) Administration charge made by carrier	7e(2)	15554		
	(3) Transferred to separate account	7e(3)	92394		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	221653
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	883144

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.			**10b**	

Specify nature of costs.

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONDITIONED AIR COMPANY OF NAPLES, LLC

D Employer Identification Number (EIN)
59-0910697

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

GREAT-WEST LIFE & ANNUITY

84-0467907

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

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

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)

GREAT-WEST LIFE & ANNUITY

84-0467907

(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 28	NONE	14907	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

KESTRA ADVISORY SVCS

47-1566880

(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?
27	NONE	14754	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FLORIDA RETIREMENT CONSULTANTS

16703 EARLY RISER AVE
LAND O LAKES, FL 34638

(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?
13	NONE	8257	Yes [ ] No [X]	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)

TUSCAN & COMPANY PA

12621 WORLD PLAZA LN
FT MYERS, FL 33907

(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?
10	NONE	6000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

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.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONDITIONED AIR COMPANY OF NAPLES, LLC

D Employer Identification Number (EIN)
59-0910697

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2055 FUND CL I

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

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)
81-4430771-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2045 FUND CL I

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

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)
81-4515825-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE RET FUND C

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

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)
81-4470950-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2045 FUND

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

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)
81-4457845-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT AGGRESSIVE 2055 FUND CL

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

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)
81-4499160-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2035 FUND CL I

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

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)
81-4484368-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT CONSERVATIVE 2025 FUND

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

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)
81-4447624-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEXSELECT MODERATE 2025 FUND CL I

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4509619-000	**d** Entity code C	**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: INDEXSELECT AGGRESSIVE 2045 FUND CL

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4393238-000	**d** Entity code C	**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: INDEXSELECT MODERATE RETIRE FUND CL

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4532033-000	**d** Entity code C	**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: INDEXSELECT AGGRESSIVE 2025 FUND CL

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4386547-000	**d** Entity code C	**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: INDEXSELECT AGGRESSIVE 2035 FUND CL

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4543855-000	**d** Entity code C	**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: INDEXSELECT CONSERVATIVE 2035 FUND

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4418048-000	**d** Entity code C	**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: INDEXSELECT CONSERVATIVE 2055 FUND

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4374798-000	**d** Entity code C	**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)

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

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 01/01/2022 and ending 12/31/2022

A Name of plan
CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONDITIONED AIR COMPANY OF NAPLES, LLC

D Employer Identification Number (EIN)
59-0910697

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)	135431	275000
(2) Participant contributions	1b(2)		
(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)	54202	39462
(9) Value of interest in common/collective trusts	1c(9)	455921	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	6943922	6209436
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	983466	883144
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	8572942	7407042
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8572942	7407042

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)	269569	
(B) Participants	2a(1)(B)	701213	
(C) Others (including rollovers)	2a(1)(C)	64527	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1035309
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1992	
(F) Other	2b(1)(F)	10437	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12429
(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)		-1272437
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-224699
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	864551	
(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)		864551
f Corrective distributions (see instructions)	2f		23418
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	6000	
(2) Contract administrator fees	2i(2)	31456	
(3) Investment advisory and management fees	2i(3)	15776	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		53232
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		941201
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1165900
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) [X] 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) [X] 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: TUSCAN & COMPANY PA **(2)** EIN: 26-0254161

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:

		Yes	No	Amount
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.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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
CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONDITIONED AIR COMPANY OF NAPLES, LLC

D Employer Identification Number (EIN)
59-0910697

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): 84-0467907

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**

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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

CONDITIONED AIR COMPANY OF NAPLES, LLC
401(k) PLAN

FINANCIAL STATEMENTS, TOGETHER WITH REPORT OF INDEPENDENT AUDITOR

YEARS ENDED
DECEMBER 31, 2022 AND 2021

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.

TUSCAN
& Company, PA
Certified Public Accountants & Consultants

Affiliations
Florida Institute of Certified Public Accountants
American Institute of Certified Public Accountants
Private Companies Practice Section
Tax Division

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Conditioned Air Company of Naples, LLC 401(k) Plan
3786 Mercantile Avenue
Naples, Florida 34104

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of Conditioned Air Company of Naples, LLC 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statements of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2022 and 2021, and the related Statements of Changes in Net Assets Available for Plan Benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Conditioned Air Company of Naples, LLC 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan by Voya Retirement Insurance and Annuity Company and Empower Trust Company, LLC that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Voya Retirement Insurance and Annuity Company and Empower Trust Company, LLC in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from Empower Trust Company, LLC and Voya Retirement Insurance and Annuity Company as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note D 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 the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

• The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Conditioned Air Company of Naples, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Audit of the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible 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, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Conditioned Air Company of Naples, LLC 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Plan 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, misrepresentation, 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 risk 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 made by management, as well as evaluate the overall presentation of 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 Conditioned Air Company of Naples, LLC 401(k) Plan's internal controls. 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 Conditioned Air Company of Naples, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 the modified cash basis of accounting which is a comprehensive basis of accounting other than 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 the modified cash basis of accounting.

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.

Supplementary Schedules Required by ERISA

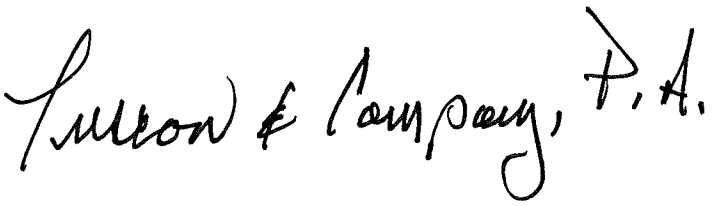
The supplementary schedules of Reportable Transactions and Assets Held for Investment Purposes (modified cash basis) are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are 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 supplementary schedules 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).



TUSCAN & COMPANY, P.A.
Fort Myers, Florida
October 6, 2023

CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS (MODIFIED CASH BASIS)
December 31, 2022 and 2021

ASSETS	2022	2021
Investments:		
Empower Trust Co. - Contract number 515040-01		
Collective trusts	$ -	$ 455,921
Group annuity contract- fixed account	883,144	983,466
Mutual funds	6,209,436	6,942,538
Voya Retirement Insurance and Annuity Company - Contract number 81C630		
Group annuity contract - fixed account	-	1,384
TOTAL INVESTMENTS	7,092,580	8,383,309
Receivable from participants:		
Employer match	275,000	135,431
Employee deferral	-	-
TOTAL RECEIVABLES	275,000	135,431
Notes receivable from participants	39,462	54,202
TOTAL ASSETS AT FAIR VALUE	7,407,042	8,572,942
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 7,407,042	$ 8,572,942

The accompanying notes are an integral part of this statement.

CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)
Years ended December 31, 2022 and 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	2022	2021
Investment income (loss)- Empower:		
Transfer from other trustee/custodian	$ -	$ 8,424,172
Interest and dividends - investments	10,437	487,731
Interest on notes receivable	1,992	650
Net realized gain (loss) including net appreciation (depreciation) in fair value of investments	(1,272,437)	(575,652)
Investment income (loss)- Voya:		
Transfer to other trustee/custodian	-	(8,424,172)
Interest and dividends - investments	-	47,455
Interest on notes receivable	-	2,754
Net appreciation (depreciation) in fair value of investments including net realized gain (loss) on investments	-	994,827
TOTAL INVESTMENT INCOME (LOSS)	(1,260,008)	957,765
Contributions (Cash)- Empower:		
Employee (including Roth)	701,213	135,832
Employer - match (less forfeitures applied)	269,569	114,129
Other (including Plan rollovers)	64,527	7,541
Contributions (Cash)- Voya:		
Employee (including Roth)	-	533,286
Employer - match	-	-
Other (including Plan rollovers)	-	-
TOTAL CONTRIBUTIONS	1,035,309	790,788
TOTAL ADDITIONS (REDUCTIONS) TO NET ASSETS	(224,699)	1,748,553
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	887,969	842,932
Administrative expenses	53,232	13,430
TOTAL DEDUCTIONS FROM NET ASSETS	941,201	856,362
Net increase (decrease) in net assets	(1,165,900)	892,191
Net assets available for plan benefits:		
BEGINNING OF YEAR	8,572,942	7,680,751
END OF YEAR	$ 7,407,042	$ 8,572,942

The accompanying notes are an integral part of this statement.

NOTE A - DESCRIPTION OF PLAN

The following description of Conditioned Air Company of Naples, LLC (the "Company") (sponsor) 401(k) Plan (the "Plan") 001 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a single employer participant-directed 401(k) defined contribution retirement plan covering substantially all eligible employees of the Company. The Plan was adopted on December 1, 1997, and was amended and restated July 29, 2022.

The Plan is intended to provide participants with future retirement benefit opportunities. The Plan is subject to the provisions of IRS Code Section 401(k), which allows for employee, employer, and rollover contributions. The Plan is also subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan administration

The administration of the Plan is the responsibility of the Company or the Company's designee. Specifically, the Administrator of the Plan are certain employees of the Company and other individuals designated by the Plan sponsor Conditioned Air Company of Naples, LLC. In addition, the Administrator has contracted Florida Retirement Consultants, a third party servicing agent, as the Plan's designated Servicing Agent and Administrator, for the years ended December 31, 2022 and 2021. Florida Retirement Consultants accounts for individual participant information, prepares required reporting and assists the Plan Administrator.

For the year ended December 31, 2020, the trustee/custodian of the Plan was Voya Retirement Insurance and Annuity Company ("Voya"). For the year ended December 31, 2021, the Plan intended to transfer all funds to the new trustee/custodian, Empower Trust Company, LLC ("Empower"). However, at December 31, 2021 the transfer was not complete and Voya still held a small amount of Plan assets. As of December 31, 2022, the transfer to Empower was completed. All Plan assets are held by third party trustees/custodians, which invest all cash received, interest, and dividend income in accordance with participant direction, and make all distributions to participants.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Contributions

An eligible participant's annual salary reduction (deferrals) contributions may not exceed the lesser of 100 percent of the participant's compensation or $20,500 or $19,500 for calendar years 2022 and 2021, respectively. Eligible compensation included all employee compensation. Certain participants age 50 or over may contribute up to $6,500 for the years 2022 and 2021, more by taking advantage of "catch up" provisions now authorized by federal law. Roth employee deferrals are also permitted.

The Plan also allows for matching contributions and discretionary contributions funded by the employer. The employer matching contribution amount is discretionary and determined by the employer. The participant's share of matching contributions is dependent upon the respective participant's salary deferral amount. Participants must be employed on the last day of the year to receive an allocation of the employer contribution.

Rollover contributions are permitted.

Forfeitures

Forfeitures resulting from termination of Plan participation of non-vested employees are used to pay Plan expenses or are used to offset Employer contributions. For the years ended December 31, 2022 and 2021, $5,431 (applied when 2021 employer receivable was paid in 2022) and $21,302 (applied when 2020 employer receivable was paid in 2021) forfeitures had been used to reduce employer match contribution that was made on March 15, 2022 and 2021, respectively. At December 31, 2022 and 2021, the Plan held $23,283 and $25,535 in unallocated forfeitures, respectively.

Participant accounts

Each participant's account is credited with the participant's contributions and the allocation of the Company's contribution and the participant's pro rata share of the Plan earnings as determined and allocated under the Plan as well as the allocated Plan expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. At December 31, 2022 and 2021, such accounts allocated to participants who have withdrawn from the Plan but were not paid were $2,080,792 and $2,319,797, respectively.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant accounts, continued

Participants may select from an array of investment options to invest in their respective participant account. See Note D for a listing of investment options.

Vesting

Upon attainment of normal retirement age (age 65) or completion of 5th year of service if later, or if employment terminates prior to attainment of retirement age due to death or disability, the participant is 100% vested. The Plan has no provision for early retirement. However, upon termination of employment for any other reason, a participant is entitled to a portion of their account (excluding salary deferred amounts and any related income earned thereon which is immediately 100% vested) in accordance with the following six (6) year vesting schedule:

Years of Service*	Employer Match
Less than two (2)	0%
Two (2)	20%
Three (3)	40%
Four (4)	60%
Five (5)	80%
Six (6) or more	100%

*Vesting in the employer match of the participant accounts is based on participant's years of continuous service. The employee is immediately vested in the employee's respective contributions.

In 2019, the Employer acquired Honest Air Conditioning of Venice, Inc. The Plan recognized the prior service of Honest Air Conditioning of Venice, Inc.'s employees when determining the vesting of their employer contributions and earnings thereon.

Payment of benefits

Payments are made upon termination of service, retirement, death, disability, or financial hardship. The participant must receive payment, generally, in a lump-sum. Installments are permitted in certain circumstances. Partial withdrawals or installments are only permitted for participants or beneficiaries who must receive required minimum distributions. Vested accounts under $5,000 are immediately distributed in a lump-sum for terminated participants. Based upon certain criteria, in-service distributions are permitted upon the participant's attainment of age 59 1/2 and being fully vested in the Plan.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Payment of benefits, continued

Financial hardship distributions are permitted as described by Federal Rules. If a participant experiences a situation of extreme financial hardship where a request for withdrawal as defined by the Internal Revenue Code is requested and approval is granted by the Plan's trustees, the participant may withdraw all or any part of the vested account, excluding income earned on such contributions. Upon death of a participant, the vested balance of the participant's account is distributed to the participant's beneficiary in an elected form, either a lump sum cash payment or an annuity option available to the participant at retirement other than a monthly income that continues for the life of a survivor upon death. Benefits due to terminated employees, either through retirement or otherwise are recorded when paid.

Benefits are recorded when paid.

Loans

Loans are available to participants under the Plan. The maximum loan amount is the lesser of 50% of the participant's vested account or $50,000. The minimum loan amount is $1,000. The maximum loan term is 60 months, unless the purpose of the loan is to acquire the participant's principal residence, in such case, the term is 30 years. Participants are allowed only one loan to be outstanding at any point in time. Loans are secured by the vested balances in the participant's Plan account and bear interest at one percent (1%) over prime at the time of loan issuance.

Interest earned on the loans by the Plan is separately recognized when accrued.

Loans not repaid at the date of employee termination are recorded as distributions.

Expenses

Administrative expenses incurred by the Trustees/Custodians, the Servicing Agent and/or Investment Advisors are paid for by the Company or by the Plan with Plan assets. Such expenses include but are not limited to, expenses required by ERISA, required bonding, recordkeeping, and fees and expenses of the Trustees/Custodians.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan eligibility

All Company employees are eligible to participate except for those part of a bargaining unit. Employees qualify for participation in all portions of the Plan upon completion of two (2) months of service. The Plan offers entry dates of the first day of the month following the month eligibility criteria was met.

Excess contributions payable

Participant contributions for the years ended December 31, 2022 and 2021, are net of payments of approximately $0 and $0, respectively, made after each Plan year end to certain active participants to return excess contributions as required to satisfy the relevant nondiscrimination provision of the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Basis of accounting

The Plan prepares its financial statements using the modified cash basis of accounting. Under this comprehensive basis of accounting, no provision has been made to record items which have been incurred but not paid or earned but not received. This includes items such as interest receivable except for notes receivable which are accrued. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Fair market value is the amount Plan sponsors would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity. This fair market value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed credit rates.

The Statements of Net Assets Available for Plan Benefits present the fair value of the investment contracts. The Statements of Changes in Net Assets Available for Plan Benefits is prepared on a fair value basis.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments are carried at fair value based on the fair value of the underlying securities in which the account is invested. The values of the forfeiture accounts are equal to actual cash value and or outstanding balance at the respective year-end. Participant loans are valued at their outstanding unpaid balances, which approximates fair value. Income on loans is recorded when accrued, consistent with the modified cash basis of accounting.

Group annuity contract - fixed accounts

The Plan has entered into investment contracts (group annuity) with Empower Retirement Company ("Empower"), which is fully benefit responsive. As such, it is reported at contract value which approximates fair value. Contract value is the relevant measure of fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact less than contract value is not probable. Empower may terminate the contract with reasonable cause, and upon termination, a market value adjustment may apply.

Empower is contractually obligated to pay the principal and specified interest rate that is guaranteed to the plan. The crediting rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rating of the contract will track current yields on a trailing basis.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments, continued

The Empower Collective Trust is valued at NAV which approximates fair value.

The Voya Fixed Account is available through a group annuity or other type of contract issued by the Voya Retirement Insurance and Annuity Company ("VRIAC"). The Voya Fixed Account is an obligation of VRIAC's general account which supports all of VRIAC's insurance and annuity commitments. All guarantees are based on the financial strength and claims-paying ability of VRIAC, who is solely responsible for all obligations under its contracts.

Empower maintains the contributions in a fixed account. The average yield and crediting interest rates were approximately 1.45% and 1.45% for years ended December 31, 2022 and 2021, respectively. Such interest rates are reviewed every two years for resetting.

The Great-West Investments Fixed Account is available through a group annuity or other type of contract issued by the Empower Retirement Company. The Great-West Investments Fixed Account is an obligation of Empower's general account which supports all of Empower's insurance and annuity commitments. All guarantees are based on the financial strength and claims-paying ability of Empower, who is solely responsible for all obligations under its contracts.

Fixed Account guarantees minimum rates of interest and may credit interest that exceeds the guaranteed minimum rates. Daily credited interest becomes part of principal and the investment increases through compound interest. All amounts invested by the Plan in the Great-West Investments Fixed Account receive the same credited rate. This is known as a portfolio method of interest rate crediting.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments, continued

The Great-West Investments Fixed Account guarantees principal and a guaranteed minimum interest rate ("GMIR") for the life of the contract, as well as featuring two declared interest rates: a current rate, determined at least monthly, and guaranteed minimum floor rate declared for a defined period - currently one calendar year. The GMIR may vary by participant based on the date the participant established an account under the contract. The guaranteed minimum floor rate may change after a defined period, but it will never be lower that the GMIR that applies for the life of the contract. The current rate, the guaranteed minimum floor rate and the GMIR are expressed as annual effective yields. Taking the effect of compounding into account, the interest credited to the individual participant's account daily yields the then current credited rate.

Income recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. Realized gains and losses are not separately reported as such information is not available. In accordance with the policy of stating investments at fair market value, any change in unrealized appreciation or depreciation for the year is recorded and combined with realized gains and losses on investments in the Statements of Changes in Net Assets Available for Plan Benefits. As such, both realized and unrealized gain/appreciation and loss/depreciation are recorded net and reflected as investment income (loss).

Interest and dividends are combined and reported as a separate line item.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable is recorded on the modified cash basis (when accrued). Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses had been recorded as of December 31, 2022 or 2021.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income tax status

The Plan adopted a Prototype Non-Standardized 401(k) Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on June 30, 2020, which stated that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's counsel and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles 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 tax authorities; however, there are currently no audits for any tax periods in progress.

The Plan's annual return Form 5500 for the prior three (3) fiscal years remain open for examination by tax authorities and may change upon examination.

Parties-in-interest transactions

Plan investments were managed by Empower Trust Company and Voya, which are the investment trustees/custodians as defined by the Plan. Certain administrative functions are performed by officers and employees of the Company. Other recordkeeping and administrative functions are performed by Florida Retirement Consultants, a third party servicing agent, contracted by the Plan Administrator as well as an auditor. These entities and the Company are considered parties-in-interest. No Administrator, officer or employee receives compensation from the Plan.

Plan termination

Although the Company has not expressed any intent to do so, the Plan may be terminated at any time subject to the provisions of ERISA. Upon termination, all assets are to be distributed to vested Plan participants or their beneficiaries. In the event of such termination, participants would become 100% vested in their individual accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Use of estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the Statements of Net Assets Available for Plan Benefits and the changes in Plan net assets during the reporting period. Accordingly, actual results could differ from these estimates.

Fair value of financial instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

Subsequent events

Subsequent events have been evaluated through October 6, 2023, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan investments included mutual funds, collective trusts and a group annuity contract which invest in various investment securities and in various companies within various markets. All of the Plan's investments are recorded at fair value in accordance with the reporting requirements governing the Plan. Net changes in asset value is reflected as net appreciation (depreciation) in the fair value of investments which includes realized income or loss as well. All such investments are subject to various market and economic risk factors as well as the national and global economies and it is at least reasonably possible that changes in the values (loss of principal) of investment securities will occur in the near term and that such changes could materially affect the participant's account balances and amounts reported in the Plan's financial statements and supplementary schedules.

NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the Trustee/Custodian at December 31:

Voya (Trustee/Custodian)**		2022		2021	
Fixed Accounts					
Voya	Fixed Account	$ -		$ 1,384	
Empower (Trustee/Custodian)**					
Fixed Accounts		2022		2021	
1GWAQ30	GWI Fixed Account - Series Class II	883,144	*	983,466	*
Mutual Funds					
1RFDTX	American Funds 2025 TRGT Date Retire R6	168,109		-	
1RFFTX	American Funds 2035 TRGT Date Retire R6	114,138		-	
1RFGTX	American Funds 2040 TRGT Date Retire R7	11,892		-	
1RFHTX	American Funds 2045 TRGT Date Retire R8	101,297		-	
1RFKTX	American Funds 2055 TRGT Date Retire R10	155,947		-	
1RERGX	American Funds Euro Pacific Gr R6	-		442,692	*
1RNWGX	American Funds New World R6	73,052		89,947	
1PTYGTC	Putnam Global Technology Fund Y	194		1,392	
1BACIX	BlackRock Energy Opportunities Inst	143,318		16,990	
1SHSKX	BlackRock Health Sciences Opps K	287,128		243,166	
1DCMSX	DFA Commodity Strategy I	132,700		121,314	
1DFREX	DFA Real Estate Securities I	7,693		5,119	
1FIJDX	Fidelity Advisor Gold Z	293,243		2,908	
1FSPHX	Fidelity Select Health Care Portfolio	-		186,691	
1FIURX	First Eagle Gold R4	-		56,618	
1QUAYX	AB Small Cap Growth Adv	138,065		302,327	
1GTTUX	GoldmanSachs Small Cp Val Insghts R6	42,803		27,079	
1ISCIX	Federated Hermes Intl Small-Mid CoIs	30,775		30,249	
1FSSNX	Fidelity Small Cap Index	243,537		303,410	
1FSMDX	Fidelity Mid Cap Index	496,691	*	667,277	*
1IYMIX	Delaware Ivy Mid Cap Growth I	406,871	*	621,961	*
1PVMIX	Prinicpal Mid Cap Value I Inst	648,772	*	739,397	*
1FAGOX	Fidelity Advisor Growth Opportunities M	242,499		471,413	*
1FXAIX	Fidelity 500 Index	185,677		195,105	
1JUEMX	JPMorgan US Equity R6	958,983	*	1,380,834	*
1VASGX	Vanguard Life Strategy Growth Inv	296,000		343,004	
1VSCGX	Vanguard Life Strategy Cnsrv Gr Inv	379		815	
1VSMGX	Vanguard Life Strategy Moderate Growth	286,195		215,593	
1VASIX	Vanguard Life Strategy Income Inv	456		458	
1RCWGX	American Funds Capital World Bond R6	13,773		22,735	
1RPPEX	American Funds Preservation Port R4	100,383		102,094	
1BRHYX	BlackRock High Yield Bond Portfolio K	133,617		155,769	
1DIPSX	DFA Inflation - Protected Securities I	66,009		79,912	
1HFHTX	Hartford Floating Rate High Income R5	1,147		761	
1LBNVX	Lord Abbett Bond Debenture R6	57,351		86,172	
1MEDGX	MFS Emerging Markets Debt R4	23,290		29,336	
1WCMIX	WCM Focused International Growth Instl	347,452		-	
		6,209,436		6,942,538	

NOTE D - INVESTMENTS, CONTINUED

Empower (Trustee/Custodian)**, continued

Collective Trust		2022	2021
1ISA25I	Index Select Aggressive 2025 Fund CL I	-	16,662
1ISA35I	Index Select Aggressive 2035 Fund CL I	-	39,811
1ISA45I	Index Select Aggressive 2045 Fund CL I	-	44,908
1ISA55I	Index Select Aggressive 2055 Fund CL I	-	133,612
1ISCRFI	Index Select Conservative Ret Fund CL I	-	439
1ISC25I	Index Select Conservative 2025 Fund CL I	-	64,540
1ISC35I	Index Select Conservative 2035 Fund CL I	-	28,568
1ISC45I	Index Select Conservative 2045 Fund CL I	-	4,694
1ISC55I	Index Select Conservative 2055 Fund CL I	-	18,181
1ISMRFI	Index Select Moderate Retire Fund CL I	-	712
1ISM25I	Index Select Moderate 2025 Fund CL I	-	16,562
1ISM35I	Index Select Moderate 2035 Fund CL I	-	17,752
1ISM45I	Index Select Moderate 2045 Fund CL I	-	63,034
1ISM55I	Index Select Moderate 2055 Fund CL I	-	6,446
		-	455,921
	Total Investments	$ 7,092,580	$ 8,383,309

* Investments equal to or greater than 5% of net assets available for Plan benefits at end of plan year.
** Considered to be a party-in-interest.

Information certified by Trustees

The Plan administrator has elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Empower Retirement Company, a custodian/trustee for the Plan for the year ended December 31, 2022 and for the period November 3, 2021 to December 31, 2021. Voya Retirement Insurance and Annuity Company, a custodian/trustee for the Plan for the period January 1, 2021 to November 2, 2021. Voya and Empower have certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for Plan benefits as of December 31, 2022 and 2021, and the schedules of assets (held at end of year), and the related investment activity reflected in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2022 and 2021.

NOTE E - FAIR VALUE MEASUREMENTS

Fair value measurements

FASB ASC 820-10-50-1 (formerly Financial Accounting Standards Board Statement No. 157), "Fair Value Measurements," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure fair value of certain financial instruments could result in a different fair value at the reporting date.

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 in active markets for identical assets. Level (3) inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. 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 from other than quoted market prices. Level (3) inputs were only used when Level (1) or Level (2) inputs were not available.

Level (1) fair value measurements

The fair value of the mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The Plan reported the mutual funds as Level 1 inputs at December 31, 2022 and 2021.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Level (2) fair value measurements

Level 2 inputs from the fixed accounts, the pooled separate accounts and collective trusts (NAV) are from other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These inputs include quoted market prices of similar assets or liabilities in active markets, quoted market prices for identical or similar assets or liabilities in markets that are not active, and pricing models developed principally from inputs from or corroborated by observable market data by correlation or other means. The Trustee/Custodian notes the collective trusts are valued using the NAV and are not leveled.

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the years ended December 31, 2022 and 2021, are reported as net realized and unrealized gains and losses of fair value of investments. Interest and dividend income are combined and reported on a separate line item.

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consist of the following at December 31:

		Fair Value Measurements Using:			
	Fair Value	Level (1)	Level (2)	Level (3)	NAV
December 31, 2022					
Empower					
Collective Trusts	$ -	$ -	$ -	$ -	$ -
Fixed Accounts	883,144	-	883,144	-	-
Mutual Funds	6,209,436	6,209,436	-	-	-
Notes Receivable	39,462	-	-	39,462	-
TOTAL	$ 7,132,042	$ 6,209,436	$ 883,144	$ 39,462	$ -

	Fair Value	Level (1)	Level (2)	Level (3)	NAV
December 31, 2021					
Voya					
Fixed Account	$ 1,384	$ -	$ 1,384	$ -	$ -
Empower					
Collective Trusts	455,921	-	-	-	455,921
Fixed Accounts	983,466	-	983,466	-	-
Mutual Funds	6,942,538	6,942,538	-	-	-
Notes Receivable	54,202	-	-	54,202	-
TOTAL	$ 8,437,511	$ 6,942,538	$ 984,850	$ 54,202	$ 455,921

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Level (2) fair value measurements, continued

	2022	2021
Beginning Balance	$ 54,202	$ 80,444
New Loans Issued	4,000	18,000
Loan Payments	(17,508)	(24,415)
Deemed Distributions	(1,232)	(19,827)
Ending Balance	$ 39,462	$ 54,202

NOTE F - NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable consist of loans to Plan participants of $39,462 and $54,202, as of December 31, 2022 and 2021, respectively. At December 31, 2022, the notes carried interest rates ranging from 3.50 % to 6.50%. These notes receivables are managed and in the custody of the trustees/custodians. Interest earned on notes receivable is recognized as a separate item when accrued by the Plan.

NOTE G - RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

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

	2022	2021
Net Assets, beginning of period, per the financial statements	$ 8,572,942	$ 7,680,751
Net assets, beginning of period, per Form 5500	$ 8,572,942	$ 7,680,751
Net Assets, end of year, per the financial statements	$ 7,407,042	$ 8,572,942
Net assets, end of year, per Form 5500	$ 7,407,042	$ 8,572,942
Net increase (decrease) per the financial statements	$(1,165,900)	$ 892,191
Net increase (decrease) per Form 5500	$(1,165,900)	$ 892,191

NOTE H - COVID-19

The Cares Act of March 27, 2020 provides that a participant may withdraw up to $100,000, before December 31, 2020, from the Plan if the participant was diagnosed with COVID-19 as well as the spouse or dependent or experienced adverse financial consequences from the pandemic. The Act waives the early withdrawal penalty. The withdrawal is taxable over 1-3 years and can be repaid within 3 three years. Alternatively, a similarly impacted individual may take a hardship loan from the Plan equal to the lesser of the participant's vested loan balance or $100,000. Certain loan repayment provisions were also extended.

SUPPLEMENTARY SCHEDULES

CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN
EIN: 59-0910697
PLAN NUMBER: 001
SCHEDULE 1
FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS*
For the year ended December 31, 2022

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE

No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN
EIN: 59-0910697
PLAN NUMBER: 001
SCHEDULE 2
FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS*
For the year ended December 31, 2021

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE

No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN
EIN: 59-0910697
PLAN NUMBER: 001
SCHEDULE 3
FORM 5500, PART IV(4)(i) - SCHEDULE H - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)
December 31, 2022

IDENTITY OF ISSUER		DESCRIPTION OF INVESTMENT	COST (2)	FAIR VALUE	
		Fixed Accounts			
Empower	(1)	GWI Fixed Account - Series Class II	N/A	$ 883,144	*
				883,144	
		Mutual Funds			
Empower	(1)	American Funds 2025 TRGT Date Retire R6	N/A	168,109	
Empower	(1)	American Funds 2035 TRGT Date Retire R6	N/A	114,138	
Empower	(1)	American Funds 2040 TRGT Date Retire R6	N/A	11,892	
Empower	(1)	American Funds 2045 TRGT Date Retire R6	N/A	101,297	
Empower	(1)	American Funds 2055 TRGT Date Retire R6	N/A	155,947	
Empower	(1)	American Funds New World R6	N/A	73,052	
Empower	(1)	Putnam Global Technology Fund Y	N/A	194	
Empower	(1)	BlackRock Energy Opportunities Inst	N/A	143,318	
Empower	(1)	BlackRock Health Sciences Opps K	N/A	287,128	
Empower	(1)	DFA Commodity Strategy I	N/A	132,700	
Empower	(1)	DFA Real Estate Securities I	N/A	7,693	
Empower	(1)	Fidelity Advisor Gold Z	N/A	293,243	
Empower	(1)	AB Small Cap Growth Adv	N/A	138,065	
Empower	(1)	GoldmanSachs Small Cp Val Insghts R6	N/A	42,803	
Empower	(1)	Federated Hermes Intl Small-Mid CoIs	N/A	30,775	
Empower	(1)	Fidelity Small Cap Index	N/A	243,537	
Empower	(1)	Fidelity Mid Cap Index	N/A	496,691	*
Empower	(1)	Delaware Ivy Mid Cap Growth I	N/A	406,871	*
Empower	(1)	Prinicpal Mid Cap Value I Inst	N/A	648,772	*
Empower	(1)	Fidelity Advisor Growth Opportunities M	N/A	242,499	
Empower	(1)	Fidelity 500 Index	N/A	185,677	
Empower	(1)	JPMorgan US Equity R6	N/A	958,983	*
Empower	(1)	Vanguard Life Strategy Growth Inv	N/A	296,000	
Empower	(1)	Vanguard Life Strategy Cnsrv Gr Inv	N/A	379	
Empower	(1)	Vanguard Life Strategy Moderate Growth	N/A	286,195	
Empower	(1)	Vanguard Life Strategy Income Inv	N/A	456	
Empower	(1)	American Funds Capital World Bond R6	N/A	13,773	
Empower	(1)	American Funds Preservation Port R4	N/A	100,383	
Empower	(1)	BlackRock High Yield Bond Portfolio K	N/A	133,617	
Empower	(1)	DFA Inflation - Protected Securities I	N/A	66,009	
Empower	(1)	Hartford Floating Rate High Income R5	N/A	1,147	
Empower	(1)	Lord Abbett Bond Debenture R6	N/A	57,351	
Empower	(1)	MFS Emerging Markets Debt R4	N/A	23,290	
Empower	(1)	WCM Focused International Growth Instl	N/A	347,452	
				6,209,436	
		Total Investments		7,092,580	
Notes Receivable -		Rate of 3.5% - 6.5%		39,462	
		Total assets held for investment purposes		$ 7,132,042	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
(1) Held by Empower Retirement Company and considered to be a Party-in-Interest.
(2) Cost information is not required for participant directed funds.

CONDITIONED AIR COMPANY OF NAPLES, LLC 401(K) PLAN
EIN: 59-0910697
PLAN NUMBER: 001
SCHEDULE 4
FORM 5500, PART IV(4)(i) - SCHEDULE H - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)
December 31, 2021

IDENTITY OF ISSUER		DESCRIPTION OF INVESTMENT	COST (2)	FAIR VALUE	
		Fixed Accounts			
Empower	(1)	GWI Fixed Account - Series Class II	N/A	$ 983,466	*
Voya	(3)	Fixed Account	N/A	1,384	
				984,850	
		Collective Trusts			
Empower	(1)	Index Select Aggressive 2025 Fund CL I	N/A	16,662	
Empower	(1)	Index Select Aggressive 2035 Fund CL I	N/A	39,811	
Empower	(1)	Index Select Aggressive 2045 Fund CL I	N/A	44,908	
Empower	(1)	Index Select Aggressive 2055 Fund CL I	N/A	133,612	
Empower	(1)	Index Select Conservative Ret Fund CL I	N/A	439	
Empower	(1)	Index Select Conservative 2025 Fund CL I	N/A	64,540	
Empower	(1)	Index Select Conservative 2035 Fund CL I	N/A	28,568	
Empower	(1)	Index Select Conservative 2045 Fund CL I	N/A	4,694	
Empower	(1)	Index Select Conservative 2055 Fund CL I	N/A	18,181	
Empower	(1)	Index Select Moderate Retire Fund CL I	N/A	712	
Empower	(1)	Index Select Moderate 2025 Fund CL I	N/A	16,562	
Empower	(1)	Index Select Moderate 2035 Fund CL I	N/A	17,752	
Empower	(1)	Index Select Moderate 2045 Fund CL I	N/A	63,034	
Empower	(1)	Index Select Moderate 2055 Fund CL I	N/A	6,446	
				455,921	
		Mutual Funds			
Empower	(1)	American Funds Euro Pacific Gr R6	N/A	442,692	*
Empower	(1)	American Funds New World R6	N/A	89,947	
Empower	(1)	Putnam Global Technology Fund Y	N/A	1,392	
Empower	(1)	BlackRock Energy Opportunities Inst	N/A	16,990	
Empower	(1)	BlackRock Health Sciences Opps K	N/A	243,166	
Empower	(1)	DFA Commodity Strategy I	N/A	121,314	
Empower	(1)	DFA Real Estate Securities I	N/A	5,119	
Empower	(1)	Fidelity Advisor Gold Z	N/A	2,908	
Empower	(1)	Fidelity Select Health Care Portfolio	N/A	186,691	
Empower	(1)	First Eagle Gold R4	N/A	56,618	
Empower	(1)	AB Small Cap Growth Adv	N/A	302,327	
Empower	(1)	GoldmanSachs Small Cp Val Insghts R6	N/A	27,079	
Empower	(1)	Federated Hermes Intl Small-Mid CoIs	N/A	30,249	
Empower	(1)	Fidelity Small Cap Index	N/A	303,410	
Empower	(1)	Fidelity Mid Cap Index	N/A	667,277	*
Empower	(1)	Delaware Ivy Mid Cap Growth I	N/A	621,961	*
Empower	(1)	Prinicpal Mid Cap Value I Inst	N/A	739,397	*
Empower	(1)	Fidelity Advisor Growth Opportunities M	N/A	471,413	*
Empower	(1)	Fidelity 500 Index	N/A	195,105	
Empower	(1)	JPMorgan US Equity R6	N/A	1,380,834	*
Empower	(1)	Vanguard Life Strategy Growth Inv	N/A	343,004	
Empower	(1)	Vanguard Life Strategy Cnsrv Gr Inv	N/A	815	
Empower	(1)	Vanguard Life Strategy Moderate Growth	N/A	215,593	
Empower	(1)	Vanguard Life Strategy Income Inv	N/A	458	
Empower	(1)	American Funds Capital World Bond R6	N/A	22,735	
Empower	(1)	American Funds Preservation Port R4	N/A	102,094	
Empower	(1)	BlackRock High Yield Bond Portfolio K	N/A	155,769	
Empower	(1)	DFA Inflation - Protected Securities I	N/A	79,912	
Empower	(1)	Hartford Floating Rate High Income R5	N/A	761	
Empower	(1)	Lord Abbett Bond Debenture R6	N/A	86,172	
Empower	(1)	MFS Emerging Markets Debt R4	N/A	29,336	
				6,942,538	
			Total Investments	8,383,309	
Notes Receivable -		Rate of 3.5% - 6.5%		54,202	
			Total assets held for investment purposes	$ 8,437,511	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

(1) Held by Empower Retirement Company and considered to be a Party-in-Interest.

(2) Cost information is not required for participant directed funds.

(3) Held by Voya Retirement Insurance and Annuity Company and considered to be a Party-in-Interest.