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
- [X] 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
IMPERIAL COMMERCIAL CLEANING, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/2012

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)
IMPERIAL COMMERCIAL CLEANING, INC.

151 DIXON AVENUE
AMITYVILLE, NY 11701

2b Employer Identification Number (EIN)
11-3231461

2c Plan Sponsor's telephone number
631-491-7400

2d Business code (see instructions)
561720

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.	12/18/2023	JEFFREY KRINICK
	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**	455
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)**	443
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	444
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	11
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	455
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	455
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	32
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:

2A 2E 2G 2J 2K 2T 3D 3H 2F

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)	[ ]	**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
IMPERIAL COMMERCIAL CLEANING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IMPERIAL COMMERCIAL CLEANING, INC.

D Employer Identification Number (EIN)
11-3231461

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
EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(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
93-1225432	60214	386431-01	32	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	

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

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(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	24
5	Current value of plan's interest under this contract in separate accounts at year end	5	2113854

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AS PER RULES OF INSURANCE COMPANY

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	916
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	2
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	918
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	894		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	894
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	24

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)**	
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)**	
(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)**	
(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
IMPERIAL COMMERCIAL CLEANING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IMPERIAL COMMERCIAL CLEANING, INC.

D Employer Identification Number (EIN)
11-3231461

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

EMPOWER LIFE & ANNUITY INSURANCE CO

93-1225432

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

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

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

APRIO MANAGEMENT LLC

2002 SUMMIT BLVD STE 120
ATLANTA, GA 30319-1498

(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	INVESTMENT ADVISOR	5203	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

ERP RETIREMENT SERVICES

135 PINELAWN ROAD
STE 240 NORTH
MELVILLE, NY 11747

(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	CONTRACT ADMIN	75	Yes [X] No [ ]	Yes [ ] No [X]	2081	Yes [ ] No [X]

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

FIRST GREAT-WEST LIFE & ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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	RECORDKEEPER	483	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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
IMPERIAL COMMERCIAL CLEANING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IMPERIAL COMMERCIAL CLEANING, INC.

D Employer Identification Number (EIN)
11-3231461

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:	EMPOWER LIFETIME 2025 FUND SVC		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	378749
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMPOWER LIFETIME 2035 FUND SVC		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1380425
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMPOWER LIFETIME 2045 FUND SVC		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31832
a Name of MTIA, CCT, PSA, or 103-12 IE:	ARTISAN INTERNATIONAL INV		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8326
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO DEVELOPING MARKETS A		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20431
a Name of MTIA, CCT, PSA, or 103-12 IE:	VIRTUS DUFF & PHELPS REAL ESTATE SE		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30243
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMPOWER S&P SMCAP 600 INDEX FUND IN		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38761

a Name of MTIA, CCT, PSA, or 103-12 IE:	HEARTLAND VALUE PLUS		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7478
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY ADVISOR LEVERAGED CO STK M		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5832
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMPOWER T ROWE PRICE MDCP GR FUND I		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15062
a Name of MTIA, CCT, PSA, or 103-12 IE:	VIRTUS CEREDEX MID-CAP VALUE EQUITY		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6048
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMPOWER S&P 500 INDEX FUND INV		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32576
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN LARGE CAP GROWTH A		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43353
a Name of MTIA, CCT, PSA, or 103-12 IE:	FRANKLIN HIGH INCOME R		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27502
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMPOWER BOND INDEX FUND INV		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12849
a Name of MTIA, CCT, PSA, or 103-12 IE:	EMPOWER S&P MIDCAP 400 INDEX FUND I		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30057
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN CENTURY EQUITY INCOME A		
b Name of sponsor of entity listed in (a):	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK		
c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24960

a Name of MTIA, CCT, PSA, or 103-12 IE: EMPOWER LIFETIME 2055 FUND SVC

b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12764

a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER SMALL CAP GROWTH INSTITUTIONA

b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2638

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN ADMIN

b Name of sponsor of entity listed in (a): EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

c EIN-PN 93-1225432-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3968

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
IMPERIAL COMMERCIAL CLEANING, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
IMPERIAL COMMERCIAL CLEANING, INC.

D Employer Identification Number (EIN)
11-3231461

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	54279	68063
(2) Participant contributions	1b(2)	16	1
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2234177	2113854
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	916	24
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2289388	2181942
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	1275	1173
k Total liabilities (add all amounts in lines 1g through1j)	1k	1275	1173
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2288113	2180769

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)	68065	
(B) Participants	2a(1)(B)	193072	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		261137
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	2	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	149648	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		149648
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7008	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7709	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-701
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-511796
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		-101710
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	5634	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5634
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5634
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-107344
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [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: JTS ASSOCIATES CPA'S, P.C. **(2)** EIN: 11-2924523

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		3015

		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		228811
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 _____.

Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

AS OF DECEMBER 31, 2022 AND 2021

AND FOR THE YEAR ENDED DECEMBER 31, 2022

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JTS ASSOCIATES CPAs, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note I 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 on the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United State 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 Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan and to meet our ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibility for the Audit of the Financial Statements

Except as described in the Scope and Nature of 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, internal omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the 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 included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment there are conditions or events, considered in the aggregate, that raise substantial doubt about Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and delinquent participant contributions as of December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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 supplemental schedules, other than the information in the supplemental 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 supplemental 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).

JTS Associates CPAs, P.C.

Westbury, New York
October 3, 2023

Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	2022	2021
ASSETS:		
Investments at fair value	$ 2,113,854	$ 2,234,177
Investments at contract value	24	916
TOTAL INVESTMENTS	2,113,878	2,235,093
RECEIVABLES:		
Participant contributions receivable	1	16
Employer matching contributions receivable	68,012	54,279
Employer corrective contributions receivable	51	-
TOTAL RECEIVABLES	68,064	54,295
TOTAL ASSETS	2,181,942	2,289,388
LIABILITIES:		
Other liability	1,173	1,275
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,180,769	$ 2,288,113

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

Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

ADDITIONS TO NET ASSETS:		
Investment Income:		
Dividends	$	149,650
Contributions:		
Participant contributions		193,071
Employer contributions		68,014
Employer corrective contributions		51
Total Contributions		261,136
TOTAL ADDITIONS TO NET ASSETS		410,786
DEDUCTIONS FROM NET ASSETS:		
Administrative expenses		5,634
Net depreciation in fair value of investments		512,496
TOTAL DEDUCTIONS FROM NET ASSETS		518,130
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS		(107,344)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		2,288,113
End of year	$	2,180,769

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

JTS ASSOCIATES CPAs, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. The Plan covers eligible employees of Imperial Commercial Cleaning, Inc., Imperial Contract Cleaning, Inc., and Accent Maintenance Corp. (collectively the "Company").

General
The Plan is a defined contribution plan established to provide retirement benefits for all eligible employees of the Company who have reached age twenty-one or older and have completed one year of service, as defined by the plan document. The Plan specifically does not cover employees covered under a collective bargaining unit, non-resident aliens who do not receive any compensation from U.S. sources, leased employees or 1099 employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustees of the Plan are responsible for the oversight of the Plan, determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Contributions
Each year, participants may contribute up to the maximum percentage allowable not to exceed the limits of Code Sections 401(k), 402(g), 404 and 415. The maximum employee contributions allowable in 2022 for the 401(k) portion and the Roth IRA portion, including catch-up contributions (for participants who have attained age 50 before the end of the year), is $27,000. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). The Plan provides for a discretionary matching contribution, of which a proportionate amount will be allocated to the participants matching contribution account. For the year ended December 31, 2022, the Company did not make a discretionary matching contribution. The Plan is a safe harbor 401(k) plan which requires that the Company provide a safe harbor matching contribution for eligible participants, as defined in the plan document. The safe harbor contribution is equal to 100% of participant contributions up to 3% of compensation plus 50% of participant contributions between 3% and 5% of compensation. All participants eligible to participate in the Plan are eligible for the safe harbor matching contribution. For the year ended December 31, 2022, the Company made a safe harbor matching contribution of $68,014.

Participant Accounts
Each participant's account is credited with the participant's contributions, the Company's safe harbor matching contributions, allocations of (a) the Company's discretionary matching contributions, if any, and (b) Plan earnings, and may be charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments
Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan. The Plan currently offers various investment options, with a range of risk profiles and investment strategies, as investment options for Plan participants.

Vesting
Participants are immediately vested in their deferral contributions, rollover contributions and the Company's safe harbor matching contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service. Participants are also fully vested upon reaching normal retirement age, death, or total disability.

Payment of Benefits
On termination of service due to death, disability, retirement, or separation, a participant with a vested balance of $5,000 or greater may elect to receive either a lump-sum distribution or installment payments under various options, equal to the value of the participant's vested interest in his or her account. Participants with an account balance less than $5,000 receive their vested balance automatically as a lump-sum distribution.

NOTE A - DESCRIPTION OF THE PLAN (Cont'd)

Forfeited Accounts
Any employer contributions which are not vested at the termination of a participant's employment with the Company are considered to be forfeited funds after a five-year period of severance or break in service. Forfeited funds will be applied first to pay administrative expenses of the Plan and then any remaining forfeited funds will be applied to reduce employer contributions. The balance of forfeited nonvested accounts was $2 and $894 as of December 31, 2022 and 2021, respectively. During the year ended December 31, 2022, $894 of forfeited nonvested accounts was used to offset the balance of the Company's safe harbor matching contribution for 2021.

Recent Regulatory and Economic Events
On December 29, 2022, President Biden signed into law the Consolidated Appropriations Act of 2023, which included a package of retirement provisions referred to as the Secure 2.0 Act of 2022 ("SECURE 2.0"). SECURE 2.0 builds upon the Setting Every Community Up for Retirement Enhancement Act of 2019 and includes reforms that seek to expand retirement coverage and savings. The new law includes required and optional changes that are applicable to both ERISA and non-ERISA plans with effective dates varying across the provisions.

Effective January 1, 2023, the required minimum distribution age was increased from 72 to 73 in connection with SECURE 2.0 legislation. This provision was operationalized immediately prior to amending the Plan document as permitted under the law, which allows for an extended period before formal plan amendments need to be adopted to reflect the SECURE 2.0 changes.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition
Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by their investment advisors and the custodian. See Note C for a discussion of fair value measurements.

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

Excess Contributions Payable
Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability on the accompanying statements of net assets available for benefits with a corresponding reduction to contributions on the accompanying statement of changes in net assets available for benefits. The Plan did not have any excess contributions payable as of December 31, 2022, or 2021.

Payment of Benefits
Benefits to participants are recorded when paid.

Expenses
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment-related expenses are included in net depreciation of the fair value of investments.

NOTE C - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification ("ASC") Topic 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value on a recurring basis, as of December 31, 2022 and 2021:

	December 31, 2022				
	Total	Level 1	Level 2	Level 3	Not Leveled
Mutual funds	$ 2,113,854	$ 2,113,854	$ -	$ -	$ -
Investments measured at contract value*	24	-	-	-	24
Total	$ 2,113,878	$ 2,113,854	$ -	$ -	$ 24

	December 31, 2021				
	Total	Level 1	Level 2	Level 3	Not Leveled
Mutual funds	$ 2,234,177	$ 2,234,177	$ -	$ -	$ -
Investments measured at contract value*	916	-	-	-	916
Total	$ 2,235,093	$ 2,234,177	$ -	$ -	$ 916

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CERTIFIED PUBLIC ACCOUNTANTS

NOTE C – FAIR VALUE MEASUREMENTS (Cont'd)

In accordance with FASB ASC Subtopic 820-10, *Fair Value Measurement,* certain investments that were measured at contract value have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the accompanying statements of net assets available for benefits.

NOTE D – GROUP ANNUITY CONTRACT

The Plan has a group annuity contract with Great-West Life & Annuity Insurance Company ("Great-West) that invests contributions in the Key Guaranteed Portfolio Fund totaling $916 and $277 as of December 31, 2022 and 2021, respectively. The Key Guaranteed Portfolio Fund is a general account product. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for 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, as reported to the Plan by Great-West, represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest is based on a formula agreed upon with the issuer but may not be less than 0%. The average yield earned by the Plan for the benefit-responsive investment contract can be derived by averaging the quarterly gross interest rates for the fund over the year. The average rate for the years ended December 31, 2022 and 2021 was 0.93% and .90%, respectively. Such interest rates are reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due is dependent on the issuers' ability to meet its financial obligations. The issuers' ability to meet its' current obligations may be affected by future economic and regulatory developments.

Certain events limit the Plan's ability to transact at contract value with the contract issuer. Such events include the following: (1) premature termination of the contracts by the Plan, (2) plant closings, (3) layoffs, (4) Plan termination, (5) bankruptcy, (6) and early retirement incentives. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. The contract issuer may not terminate the contract at any amount less than the contract value.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NOTE E – OTHER LIABILITY

During the year ended December 31, 2021, one of the Company's employees who was not an eligible plan participant made $1,248 of elective contributions to the Plan. The balance of this employee's contributions, including earnings was $1,275 as of December 31, 2021. This balance was returned to the employee in March 2022.

During the year ended December 31, 2022, two participants made contributions based on amounts in excess of eligible compensation. The balance of this excess was $1,173 as of December 31, 2022, and will be returned to the participants in 2023.

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H - TAX STATUS

The Plan is structured and follows a volume submitter cash or deferred profit-sharing plan, pre-approved by the IRS. The IRS issued an opinion letter dated March 31, 2014, that the volume submitter profit sharing plan is acceptable in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE I - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by Great-West, the custodian:

	December 31, 2022	December 31, 2021
Investments	$ 2,113,878	$ 2,235,093
Dividends	$ 149,650	
Net depreciation in fair value of investments	$ 512,496	

NOTE J – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

As of December 31, 2022, and 2021, there were no differences between the net assets available for benefits per the accompanying financial statements and to the Schedule H of Form 5500. Additionally, there were no differences in the change in net assets available for benefits per the accompanying financial statements to Schedule H of Form 5500 for the year ended December 31, 2022.

NOTE K - EXPENSES OF THE PLAN

The Company provides certain administrative services to the Plan at no cost to the Plan and pays the cost of certain administrative expenses of the Plan. Administrative expenses paid by the Plan aggregated $5,634 for the year ended December 31, 2022 and are comprised of asset maintenance fees. Asset maintenance fees are allocated to the accounts of participants proportionately based on the value of the participant's account balance.

NOTE L - PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Plan are managed by Great-West. Great-West is the custodian and record-keeper for the Plan and therefore, these transactions qualify as party-in-interest transactions. Professional fees paid to Great-West by the Plan aggregated $5,634 for the year ended December 31, 2022. In addition, the Plan utilizes third-party service providers who are considered parties-in-interest. Indirect fees paid by the Plan to these third-party service providers are included in net depreciation in fair value of investments as they are paid through revenue sharing, rather than a direct payment. Therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE M – CONTRIBUTIONS TO PARTICIPANTS

During the years ended December 31, 2022 and 2020, an operational failure limited the ability of the Plan to withhold the full amount of elective deferrals (pre-tax contributions) from certain participants. The total shortfall, including the corresponding employer matching contribution totaled $51 and $27 for the years ended December 31, 2022 and 2020, respectively. In accordance with ERISA and IRS guidelines, the Company is required to make a qualified non-elective contribution ("QNEC") equal to 50% of the employee's missed participant deferral's plus applicable employer matching contributions and lost investment earnings. On October 27, 2021, the Company paid the 2020 QNEC owed in full, including earnings. As of December 31, 2022, the QNEC receivable, including lost investment earnings is $51 and is included in the accompanying statement of net assets available for benefits.

NOTE N – PROHIBITED TRANSACTIONS

During the year ended December 31, 2021, participant contributions aggregating $3,015 were not remitted to the Plan on a timely basis as provided for in DOL regulations. Participant contributions that are not deposited within the specified time frame represent a prohibited use of Plan assets by the Company according to the requirements of ERISA and the IRC. As of December 31, 2022, the untimely participant contribution remittances, including all lost earnings relating to the year ended December 31, 2021 were fully remitted to the Plan.

NOTE O – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 3, 2023, the date on which the financial statements were available to be issued. There were no subsequent events through October 3, 2023 that required disclosures in or adjustment to the accompanying financial statements.

Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2022

Employer Identification Number: 11-3231461
Plan Number: 002

Plan Year	Participant Contributions Transferred Late to Plan: ☐ Check Here If Late Participant Loan Repayments Are Included	Total That Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2021	$ 3,015	$ -	$ 3,015	$ -	$ -

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Imperial Commercial Cleaning, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

Employer Identification Number: 11-3231461
Plan Number: 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Empower Lifetime 2025 Fund Svc	Mutual Funds	**	$ 378,750
*	Empower Lifetime 2035 Fund Svc	Mutual Funds	**	1,380,426
*	Empower Lifetime 2045 Fund Svc	Mutual Funds	**	31,833
*	Empower Lifetime 2055 Fund Svc	Mutual Funds	**	12,764
	Artisan International Inv	Mutual Funds	**	8,326
	Invesco Developing Markets A	Mutual Funds	**	20,431
	Virtus Duff & Phelps Real Estate Sec A	Mutual Funds	**	30,243
	Alger Small Cap Growth Institutional I	Mutual Funds	**	2,638
*	Empower S&P Smcap 600 Index Fund Inv	Mutual Funds	**	38,761
	Heartland Value Plus	Mutual Funds	**	7,478
	Fidelity Advisor Leveraged Co Stk M	Mutual Funds	**	5,832
*	Empower S&P Midcap 400 Index Fund Inv	Mutual Funds	**	30,057
*	Empower T Rowe Price Mdcp Gr Fund Inv	Mutual Funds	**	15,062
	Virtus Ceredex Mid-Cap Value Equity I	Mutual Funds	**	6,048
	American Century Equity Income A	Mutual Funds	**	24,960
*	Empower S&P 500 Index Fund Inv	Mutual Funds	**	32,575
	JPMorgan Large Cap Growth A	Mutual Funds	**	43,353
	Franklin High Income R	Mutual Funds	**	27,502
*	Empower Bond Index Fund Inv	Mutual Funds	**	12,849
	Pimco Total Return Admin	Mutual Funds	**	3,968
*	Key Guaranteed Portfolio Fund	Group Annuity Contract	**	22
				$ 2,113,878

* Party-in-interest, as defined by ERISA.
** Cost information is not required for participant-directed investments and therefore is not included.

JTS ASSOCIATES CPAs, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

2022 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
		3015		

2022 Schedule H, line 4i—Schedule of Assets (Held At End of Year)				
(a) - place an asterisk (*) on the line of each identified person known to be a party-in-interest to the plan	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	ARTISAN INTERNATIONAL INV	10303	8326
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	FIDELITY ADVISOR LEVERAGED CO STK M	6982	5832
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	FRANKLIN HIGH INCOME R	30688	27502
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER BOND INDEX FUND INV	14432	12849
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER LIFETIME 2025 FUND SVC	432576	378749
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER LIFETIME 2035 FUND SVC	1586046	1380425
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER LIFETIME 2045 FUND SVC	37285	31832
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER LIFETIME 2055 FUND SVC	14645	12764
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER S&P 500 INDEX FUND INV	29936	32576
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER S&P MIDCAP 400 INDEX FUND INV	28712	30057
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER S&P SMCAP 600 INDEX FUND INV	42306	38761
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	EMPOWER T ROWE PRICE MDCP GR FUND INV	12944	15062
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	HEARTLAND VALUE PLUS	6882	7478
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	JPMORGAN LARGE CAP GROWTH A	42568	43353
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	INVESCO DEVELOPING MARKETS A	22890	20431
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	AMERICAN CENTURY EQUITY INCOME A	25256	24960
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	VIRTUS DUFF & PHELPS REAL ESTATE SEC A	41372	30243
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	VIRTUS CEREDEX MID-CAP VALUE EQUITY I	7052	6048
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	ALGER SMALL CAP GROWTH INSTITUTIONAL I	3593	2638
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	PIMCO TOTAL RETURN ADMIN	4718	3968
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	KEY GUARANTEED PORTFOLIO FUND	21	22
*	EMPOWER LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK	FORFEITURE/ASSET HOLDING ACCOUNT	0	2