

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: WATSCO, INC. PROFIT SHARING RETIREMENT PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/01/1984
2a Plan sponsor's name (employer, if for a single-employer plan): WATSCO, INC.
2b Employer Identification Number (EIN): 59-0778222
2c Plan Sponsor's telephone number: 305-714-4100
2d Business code (see instructions): 423700

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8224
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	6527
	6a(2)	6285
	6b	285
	6c	1493
	6d	8063
	6e	37
	6f	8100
	6g(1)	7907
	6g(2)	7751
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 2R 2S 2T 3D 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WATSCO, INC. PROFIT SHARING RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WATSCO, INC.	D Employer Identification Number (EIN) 59-0778222	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VANGUARD MARKETING CORP **100 VANGUARD BLVD**
MALVERN, PA 19355

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

CHARLES SCHWAB INVESTMENT MGMT INC.

94-3106735

(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)

T ROWE PRICE RPS INC

1307 POINT STREET
BALTIMORE, MD 21231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 28 33 37 38 49 50 52 55 59 62 64 65 71	NONE	131482	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 55 59 62 71	NONE	241	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 50 55 59 62 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA 1200 PROSPECT STREET SUITE 400 LA JOLLA, CA 92037	RANGE OF 0.10 - 0.40% OF AVG DAILY BAL OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO., INC.	33 50 55 59 62 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE 1307 POINT STREET BALTIMORE, MD 21231	RATE OF 0.15% OF AVG DAILY BAL OF ASSET(S)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WATSCO, INC. PROFIT SHARING RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WATSCO, INC.	D Employer Identification Number (EIN) 59-0778222

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9873403	9980931
(2) Participant contributions	1b(2)	595829	973270
(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)	6090050	7278545
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	381372097	439414222
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	882450	1874577

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	94345953	102556333
(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	493159782	562077878
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	493159782	562077878

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)	9980931	
(B) Participants.....	2a(1)(B)	36667546	
(C) Others (including rollovers).....	2a(1)(C)	7272569	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		53921046
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)	476295	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		476295
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2351297	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	18903400	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		21254697
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10915025	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10355204	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		559821
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	9827773	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		36744206
c Other income	2c		636689
d Total income. Add all income amounts in column (b) and enter total.....	2d		123420527

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	54502431	
(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)		54502431
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		54502431

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		68918096
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TEMPLETON & COMPANY, LLP**

(2) EIN: **14-1918990**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>WATSCO, INC. PROFIT SHARING RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WATSCO, INC.</u>	D Employer Identification Number (EIN) <u>59-0778222</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		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): 58-1428634

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704138A.

Plan Name: Watsco, Inc. Profit Sharing Retirement Plan & Trust
Plan Number: 001
Plan Sponsor EIN: 59-0778222

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Watsco, Inc.
Profit Sharing Retirement Plan & Trust

As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024
with Independent Auditors' Report

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023 and for
the Year Ended December 31, 2024

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Note: Other supplemental schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditors' Report

To the Plan Administrator of
Watsco, Inc. Profit Sharing Retirement Plan & Trust
Miami, Florida

Opinion

We have audited the accompanying financial statements of Watsco, Inc. Profit Sharing Retirement Plan & Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Watsco, Inc. Profit Sharing Retirement Plan & Trust as of December 31, 2024 and 2023, and the changes in its net assets for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

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 the Watsco, Inc. Profit Sharing Retirement Plan & Trust 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Watsco, Inc. Profit Sharing Retirement Plan & Trust'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 Watsco, Inc. Profit Sharing Retirement Plan & Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4a— Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

Templeton & Company, LLP

Fort Lauderdale, Florida
September 30, 2025

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets		
Investments, at fair value (Notes 3 and 4)	\$543,845,132	\$476,600,500
Receivables:		
Employer contributions	9,980,931	9,873,403
Participant contributions	973,270	595,829
Notes receivable from participants	7,278,545	6,090,050
Total receivables	18,232,746	16,559,282
Net assets available for benefits	\$562,077,878	\$493,159,782

See accompanying notes to the financial statements.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

Additions to net assets available for benefits attributed to:

Investment income:	
Net appreciation in fair value of investments	\$47,131,800
Dividend income	21,254,697
Other income	636,689
Total investment income	<u>69,023,186</u>
Interest income on notes receivable from participants	<u>476,295</u>
Contributions:	
Participants	36,667,546
Employer	9,980,931
Rollovers	7,272,569
Total contributions	<u>53,921,046</u>
Total additions	<u>123,420,527</u>
 Deductions from net assets available for benefits attributed to:	
Benefits paid to participants	<u>(54,502,431)</u>
Total deductions	<u>(54,502,431)</u>
Net increase in net assets available for benefits	68,918,096
Net assets available for benefits at beginning of year	<u>493,159,782</u>
Net assets available for benefits at end of year	<u><u>\$562,077,878</u></u>

See accompanying notes to the financial statements.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements

As of December 31, 2024 and 2023 and for the year ended December 31, 2024

1. Description and Administration of the Plan

The following description of the Watsco, Inc. Profit Sharing Retirement Plan & Trust (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General

The Plan was adopted on October 10, 1985, with an effective date of December 1, 1984, as a prototype non-standardized defined contribution plan, commonly known as an Internal Revenue Code (“IRC”) Section 401(k) profit sharing plan. The Plan has since been amended and restated over the years to comply with tax legislation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan Document provides that the Plan be administered by Watsco, Inc. (the “Company”, the “Plan Administrator” or the “Employer”).

The Plan’s trustee is T. Rowe Price Trust Company (the “Trustee”). The Plan’s participants are provided with a variety of investment options. The Trustee has been given the authority and power to make, execute, acknowledge and deliver any instruments that may be necessary or appropriate to carry out its responsibilities.

Plan Amendment

Effective April 1, 2024, the Company amended the Plan to include Roth 401(k) elective deferrals and Roth rollover contributions to the Plan.

Eligibility, Vesting and Contributions

All employees of the Company and its subsidiaries who have adopted the Plan, who have attained the age of 21 and completed three months of service are eligible, as defined in the Plan Document, to participate in the Plan and may enter the Plan on the first day of the Plan year or the first day of each month thereafter. Newly eligible participants are automatically enrolled at an elective pre-tax deferral rate of 3% three months from their date of hire, unless the participant elects a greater or lesser deferral percentage or elects not to contribute to the Plan. Contribution rates are automatically increased by 1% each year thereafter until reaching 10%. Automatic contributions are invested in a target date retirement fund based on the date closest to the year the Participant turns age 65. Participants may opt out of automatic enrollment at any point before or after the three-month window. The maximum participant contribution is 50% of pre-tax compensation, subject to federal limits as defined in the Plan Document. Participants may make contributions as pre-tax or Roth 401(k) contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (“Rollovers”).

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

1. Description and Administration of the Plan (continued)

Participants direct the investment of their contributions into various investment options offered by the Plan. Participants' contribution limit was \$23,000 for 2024. Additionally, participants who turn 50 during the calendar year are eligible to make catch-up contributions to the Plan. The Internal Revenue Service ("IRS") limit for the catch-up contribution was \$7,500 for 2024.

The Employer matching contribution is a discretionary matching contribution. For 2024, the Employer matching contribution was 50% of a participant's elective deferral contributions up to a maximum matching contribution of 2.5% of the participant's compensation, as defined by the Plan Document. The initial Employer matching contribution was in the Company's Common Stock. Plan participants have the option, at any time, of transferring all or a portion of their account balance of the Employer contribution made in its Common Stock to any other participant-directed investment option offered by the Plan. The cash in lieu portion of the Company contribution of fractional shares is initially invested in the Government Money Fund. Participants are eligible to receive an Employer matching contribution for a Plan year only if the participant completes at least 1,000 hours of service during the Plan year, is employed on the last day of the Plan year and at least 12 months of service have elapsed from the employee's date of hire, or if the participant retires, dies, or becomes disabled during the Plan year.

Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors and would be invested in a portfolio of investments as directed by the Company. Participants are eligible to share in discretionary Employer profit sharing contributions for the Plan year only if the participant completes 1,000 hours of service during the Plan year, is employed on the last day of the Plan year and at least 12 months of service have elapsed from the employee's date of hire, or if the participant retires, dies or becomes disabled during the Plan year. The Company has not contributed any discretionary Employer profit sharing contributions since Plan inception.

Earnings (losses) applicable to participant accounts and investment related expenses are allocated daily to participants based upon individual account balances. The Plan provides that all participant contributions (including Rollovers), Employer matching contributions and Employer profit sharing contributions are fully vested at all times and are not subject to forfeiture.

Payment of Benefits

Upon attainment of a defined retirement age, termination of employment or in the event of death or disability, participants or their beneficiaries are entitled to 100% of their account balance in a lump-sum payment. Participants or their beneficiaries may elect to receive a partial distribution of their account balance.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

1. Description and Administration of the Plan (continued)

Additionally, participants may, while still employed, direct payment to themselves in the form and manner prescribed by the Plan Administrator of part or all of the balance in their individual account upon attainment of a certain age or upon evidence of a financial hardship. Such withdrawals become taxable to participants upon distribution.

Notes Receivable from Participants

Notes receivable from participants consist of participant loans that are secured by the vested balance in the participant account. Participants may borrow against their individual account balances, subject to certain limitations. All notes bear a market rate of interest. The annual interest rate charged on notes outstanding at December 31, 2024 ranged from 4.25% to 9.50%. Note terms range from five months to five years or may exceed five years for the purchase of a primary residence. Principal and interest are repaid through payroll deductions. The financial risk and all costs associated with non-performing notes are borne by the individual noteholder.

Administrative Expenses

Administrative expenses of maintaining the Plan, which primarily consist of advisory, accounting and legal services, are paid by the Company. Fees related to the administration of notes receivable from Plan participants are charged directly to the participant's account as a reduction of the related interest income. Other participant related administrative expenses, which consist of fees associated with optional features offered under the Plan, are charged directly to the participant's account as a reduction of investment income. Participant directed fees paid under the Plan to the Trustee for administration of notes receivable, and other participant related administrative expenses totaled \$131,482 for the year ended December 31, 2024.

Plan Termination

The Company, at its discretion, reserves the right to amend or terminate the Plan subject to the provisions of ERISA. The Company currently has no intention of terminating the Plan.

SECURE Act 2.0

In December 2022, the Securing a Strong Retirement Act ("SECURE Act 2.0") was passed into law, which contained numerous provisions to retirement plans, with varying effective dates through 2027. Since provisions of SECURE Act 2.0 include both required and optional elements, applicable provisions will be evaluated and implemented in accordance with accompanying regulations and guidance, and the Plan will be amended as required.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

1. Description and Administration of the Plan (continued)

Effective January 1, 2024, the Plan was amended to include changes to long-term part-time eligibility. Also, effective January 1, 2025, for participants aged 60 to 63, the catch-up contribution limit will be the greater of \$10,000 or 150% of the standard catch-up limit, which is \$11,250 for 2025.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities. Plan management believes that these estimates are reasonable, however, actual results could differ from such estimates.

Contributions and Distributions

Participant contributions may be made at the election of each eligible employee through payroll deductions, as limited by the Plan and the IRC. Participant contributions also include rollovers into the Plan from other qualified plans.

Employer contributions are also limited by the IRC and may be made either in cash (to the Government Money Fund) or qualifying Company securities (to Watsco, Inc. Common Stock) at the discretion of the Plan Administrator. Plan participants have the option, at any time, of transferring all or a portion of their account balance of the Employer contribution made in the Company's Common Stock to any other participant-directed investment option offered by the Plan. The cash in lieu portion of the Company contribution of fractional shares and cash dividends paid on the Company's Common Stock are initially invested in the Government Money Fund. After-tax participant contributions are not permitted.

Notes Receivable from Participants

Notes receivable from participants (participant loans) are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan Document.

Benefits Paid to Participants

Benefits are recorded when paid by the Plan.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

2. Summary of Significant Accounting Policies (continued)

Investments Valuation and Income Recognition

Investments are reported at their fair value. Fair value is defined as an exit price, representing the amount 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. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the Trustee.

Purchases and sales of investments are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Investment-related expenses are included in net appreciation in fair value of investments. The Trustee allocates a portion of these investment-related expenses to the eligible participants' accounts as a fee credit.

The Plan provides various investment options. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the market values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

The Plan investment options are primarily within the Trustee's investment funds. Other investment options include several Vanguard mutual funds as well as a self-directed brokerage account with Charles Schwab. The self-directed brokerage account, which is an optional feature offered under the Plan, allows participants to invest in individual stocks, bonds, ETFs, and a broader array of mutual funds, at the participant's risk. The fair value of investments in the self-directed brokerage account at December 31, 2024 and 2023 was \$1,874,577 and \$882,450, respectively.

Fair Value Measurements

Financial instruments are carried at fair value in the Statements of Net Assets Available for Benefits. Fair value measurements as per Financial Accounting Standards Board ("FASB") Accounting Standard Codification 820, *Fair Value Measurement*, are classified based on the following fair value hierarchy:

Level 1 Quoted prices in active markets for identical assets or liabilities. An active market for an asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

2. Summary of Significant Accounting Policies (continued)

Level 2 Observable inputs other than Level 1 prices such as quoted prices in active markets for similar assets or liabilities; quoted prices in markets that are not active; or model-driven valuations or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the asset or liability.

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Fair Value of Financial Instruments

The fair values of investments, notes receivable from Plan participants, and contributions receivable approximated their carrying values due to the short-term nature of these instruments. However, considerable judgment is involved in making fair value determinations and while Plan management believes that these estimates of fair value are reasonable, actual fair values could differ from such estimates.

3. Non-Participant Directed Investments

Information about the assets and significant components of the changes in net assets related to the Watsco, Inc. Common Stock investment is as follows:

	December 31,	
	2024	2023
Watsco, Inc. Common Stock	\$102,556,333	\$94,345,953
Employer contributions receivable	8,743,271	8,735,218
	\$111,299,604	\$103,081,171
Changes in net assets:		
Appreciation in fair value of Watsco, Inc. Common Stock		\$10,387,594
Employer contributions		8,743,271
Dividends		2,351,297
Transfers to participant-directed investments		(4,298,892)
Benefits paid to Plan participants		(8,964,837)
		\$ 8,218,433

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

4. Fair Value Measurements

The following tables present the Plan assets that are measured at fair value on a recurring basis segregated among the appropriate levels within the fair value hierarchy:

Description	Fair Value at December 31, 2024	Fair Value Measurements at December 31, 2024		
		Level 1	Level 2	Level 3
Mutual Funds	\$439,797,102	\$439,797,102	-	-
Equity Securities	103,994,803	103,994,803	-	-
Exchange-Traded Funds	53,227	53,227	-	-
Total Investments at Fair Value	\$543,845,132	\$543,845,132	-	-

Description	Fair Value at December 31, 2023	Fair Value Measurements at December 31, 2023		
		Level 1	Level 2	Level 3
Mutual Funds	\$381,692,157	\$381,692,157	-	-
Equity Securities	94,877,999	94,877,999	-	-
Exchange-Traded Funds	30,344	30,344	-	-
Total Investments at Fair Value	\$476,600,500	\$476,600,500	-	-

The following is a description of the valuation methodologies used for Plan instruments measured at fair value, as well as the classification of such instruments within the fair value hierarchy.

Mutual Funds – These investments are public investment vehicles valued using the Net Asset Value (“NAV”) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The fair values for these investments are based on quoted prices in active markets and are therefore classified within Level 1 of the fair value hierarchy.

Equity Securities – These investments are exchange-traded equity securities. The fair values for these investments are based on quoted prices in active markets and are therefore classified within Level 1 of the fair value hierarchy.

Exchange-Traded Funds – These investments are exchange-traded funds. The fair values for these investments are based on quoted prices in active markets and are therefore classified within Level 1 of the fair value hierarchy.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

4. Fair Value Measurements (continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2024 and 2023.

5. Party-in-Interest Transactions

The Company has historically made its Employer matching contribution to the Plan in the form of the Company's Common Stock and cash contributions (in lieu of fractional shares). The Company's Common Stock match aggregated \$8,743,271 or 18,450 shares and \$1,237,660 of cash in lieu of fractional shares for the year ended December 31, 2024. The Company also paid dividends of \$2,351,297 on shares held by the Plan for the year ended December 31, 2024. Since the Company also serves as the Plan Administrator, and as allowed by the Plan, this contribution and dividend payment represents a party-in-interest transaction, as defined by ERISA. Participant-directed investments are primarily shares of mutual funds managed by the Trustee and therefore, also represent party-in-interest transactions. Notes receivable from Plan participants are also considered to be party-in-interest transactions because they are transacted with Plan participants.

The Company pays fees and expenses on behalf of the Plan, which primarily consists of advisory, accounting, and legal services and administrative fees.

6. Income Tax Status

The Plan Administrator has an opinion letter from the IRS dated August 19, 2020, stating that the Non-Standardized Pre-Approved Profit-Sharing Plan, as then designed, is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain qualification. The Plan has been amended and the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
Notes to the Financial Statements – Continued

6. Income Tax Status (continued)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

7. Risks and Uncertainties

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

8. Delinquent Participant Contributions

During the year ended December 31, 2024, participant contributions totaling \$37 were not remitted to the Plan within the period described by the U.S. Department of Labor. This amount was subsequently remitted to the Plan during 2025.

9. Subsequent Events

The Plan has evaluated events occurring subsequent to December 31, 2024 through September 30, 2025, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

Supplemental Information

Watsco, Inc.
 Profit Sharing Retirement Plan & Trust
 EIN: 59-0778222 Plan No.: 001
 Form 5500, Schedule H, Line 4a
 Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitutes 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	
		\$ <u>37</u>		

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
EIN: 59-0778222 Plan No.: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
*	T. Rowe Price Trust Company, Inc.	Retirement 2030 Fund	**	\$ 48,022,279
*	T. Rowe Price Trust Company, Inc.	Retirement 2035 Fund	**	42,725,426
*	T. Rowe Price Trust Company, Inc.	Retirement 2025 Fund	**	37,358,767
*	T. Rowe Price Trust Company, Inc.	Growth Stock Fund	**	34,019,495
*	T. Rowe Price Trust Company, Inc.	Retirement 2040 Fund	**	30,203,519
*	T. Rowe Price Trust Company, Inc.	Government Money Fund	**	30,063,519
*	T. Rowe Price Trust Company, Inc.	Retirement 2045 Fund	**	26,668,326
*	T. Rowe Price Trust Company, Inc.	Media and Telecommunications Fund	**	21,802,686
*	T. Rowe Price Trust Company, Inc.	Science and Technology Fund	**	18,044,423
*	T. Rowe Price Trust Company, Inc.	Retirement 2050 Fund	**	17,746,724
	The Vanguard Group, Inc.	Vanguard 500 Index Fund Admiral	**	15,667,792
*	T. Rowe Price Trust Company, Inc.	Health Sciences Fund	**	14,163,934
*	T. Rowe Price Trust Company, Inc.	Retirement 2020 Fund	**	13,726,124
*	T. Rowe Price Trust Company, Inc.	Small-Cap Value Fund	**	12,806,292
*	T. Rowe Price Trust Company, Inc.	Retirement 2055 Fund	**	12,747,447
*	T. Rowe Price Trust Company, Inc.	U.S. Large-Cap Core Fund	**	10,684,654
*	T. Rowe Price Trust Company, Inc.	New Horizons Fund	**	9,646,576
*	T. Rowe Price Trust Company, Inc.	Balanced Fund	**	8,807,022
*	T. Rowe Price Trust Company, Inc.	Retirement 2060 Fund	**	6,451,118
*	T. Rowe Price Trust Company, Inc.	Spectrum Income Fund	**	5,764,022
*	T. Rowe Price Trust Company, Inc.	Value Fund	**	5,715,079
*	T. Rowe Price Trust Company, Inc.	Retirement 2015 Fund	**	3,752,010
*	T. Rowe Price Trust Company, Inc.	Spectrum International Fund	**	3,175,533
	The Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	**	2,114,845
	The Vanguard Group, Inc.	Vanguard Extended Market Index Fund	**	1,981,353
	Charles Schwab Trust Bank	Common Stock/Exchange-Traded Fund	**	1,874,577
	The Vanguard Group, Inc.	Vanguard Total International Stock Index Fund	**	1,661,944
*	T. Rowe Price Trust Company, Inc.	Retirement 2065 Fund	**	1,373,226
*	T. Rowe Price Trust Company, Inc.	Retirement Balanced Fund	**	1,221,686
*	T. Rowe Price Trust Company, Inc.	Retirement 2010 Fund	**	760,020
*	T. Rowe Price Trust Company, Inc.	Retirement 2005 Fund	**	538,381

Continued on next page.

Watsco, Inc.
Profit Sharing Retirement Plan & Trust
EIN: 59-0778222 Plan No.: 001
Form 5500, Schedule H, Line 4i
Schedule of Assets (Held at End of Year), Continued

As of December 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Watsco, Inc.	Common Stock	\$40,353,177	\$ 102,556,333
Total investments				543,845,132
*	Notes Receivable from Participants	Rates ranging from 4.25% – 9.50%, range of 5-month – 5-year maturities; may exceed 5 years for the purchase of a primary residence	-0-	7,278,545
Total				<u>\$ 551,123,677</u>

* Represents a party-in-interest.

** Indicates a participant-directed investment; cost disclosure is not required.

Plan Name	WATSCO, INC. PROFIT SHARING RETIREMENT PLAN AND TRUST
Plan Sponsor EIN	59-0778222
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	WATSCO, INC. PROFIT SHARING RETIREMENT PLAN AND TRUST
Plan Sponsor EIN	59-0778222
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X

Plan Name	WATSCO, INC. PROFIT SHARING RETIREMENT PLAN AND TRUST
Plan Sponsor EIN	59-0778222
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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