

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1972</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>41-0840310</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>763-571-7100</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>812990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1972</u>		2b Employer Identification Number (EIN) <u>41-0840310</u>		2c Plan Sponsor's telephone number <u>763-571-7100</u>		2d Business code (see instructions) <u>812990</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1972</u>											
2b Employer Identification Number (EIN) <u>41-0840310</u>											
2c Plan Sponsor's telephone number <u>763-571-7100</u>											
2d Business code (see instructions) <u>812990</u>											
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) <u>PLUNKETT'S PEST CONTROL, INC.</u> <u>40 NE 52ND WAY</u> <u>FRIDLEY, MN 55421</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	STACY OREILLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	STACY OREILLY
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	571
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)	473
a(2) Total number of active participants at the end of the plan year		6a(2)	409
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	158
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	567
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	567
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	533
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	22
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 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUNKETT'S PEST CONTROL, INC.	D Employer Identification Number (EIN) 41-0840310

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

(a) Name of insurance carrier
THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

(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
13-5570651	62944	080128 100	1	04/01/2021	12/31/2021

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
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **RATES ON FILE.**

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 ▶

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

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PLUNKETT'S PEST CONTROL, INC.	D Employer Identification Number (EIN) 41-0840310	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

COMPASS CAPITAL MANAGEMENT, INC.

706 2ND AVENUE SOUTH, STE 400
MINNEAPOLIS, MN 55402

41-1611668

(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?
51	INVESTMENT ADVISOR	210618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLUNKETT'S PEST CONTROL, INC.</u>	D Employer Identification Number (EIN) <u>41-0840310</u>	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	530652	727408
(2) Participant contributions.....	1b(2)	18156	208147
(3) Other	1b(3)	77175	112371
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1191661	437040
(2) U.S. Government securities	1c(2)	1390465	1097576
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9204221	8914672
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	37720056	44950352
(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)		
(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)	1673816	2972782
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	199703	204353

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	52005905 59624701
Liabilities			
g	Benefit claims payable	1g	41440 3510
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	41440 3510
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	51964465 59621191

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	727683
	(B) Participants	2a(1)(B)	2361720
	(C) Others (including rollovers).....	2a(1)(C)	0
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3089403
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	106
	(B) U.S. Government securities	2b(1)(B)	36519
	(C) Corporate debt instruments	2b(1)(C)	237059
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	273684
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	499232
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	499232
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11057238
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7990665
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	3066573
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	4679731
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	4679731

		(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11608623
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3741279	
(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)		3741279
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	210618	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		210618
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3951897
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7656726
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: REDPATH AND COMPANY, LTD.

(2) EIN: 41-0975573

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		420237

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		900000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PLUNKETT'S PEST CONTROL, INC.</u>	D Employer Identification Number (EIN) <u>41-0840310</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
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): <u>41-1530832</u> 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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**PLUNKETT'S PEST CONTROL, INC.
EMPLOYEE SAVINGS PLAN**

FINANCIAL STATEMENTS

December 31, 2021 and 2020

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees
Plunkett's Pest Control, Inc. Employee Savings Plan
Fridley, Minnesota

Opinion

We have audited the accompanying financial statements of Plunkett's Pest Control, Inc. Employee Savings Plan (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, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, 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 Plunkett's Pest Control, Inc. Employee Savings Plan (the Plan) as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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 the 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 the Plan'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, Schedules 1 and 2, as of and for the year ended December 31, 2021 are presented for purpose 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 the Plan's 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Redpath and Company, Ltd.

REDPATH AND COMPANY, LTD.
St. Paul, Minnesota

October 14, 2022

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****Statement 1**

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments at fair value	\$58,576,775	\$51,379,922
Receivables:		
Employer contributions	727,408	530,652
Participant contributions	208,147	18,156
Accrued interest and dividends	112,371	77,175
Total assets	<u>59,624,701</u>	<u>52,005,905</u>
Liabilities:		
Benefit claims payable	3,510	41,440
Excess contributions payable	-	10,580
Total liabilities	<u>3,510</u>	<u>52,020</u>
Net assets available for benefits	<u><u>\$59,621,191</u></u>	<u><u>\$51,953,885</u></u>

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

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For The Year Ended December 31, 2021

Statement 2

	Bond Fund	Money Market Fund	Stock Fund	S&P 500 Fund	Insurance Fund	Total
Additions:						
Employer contributions	\$130,160	\$44,594	\$434,526	\$118,403	\$ -	\$727,683
Participant contributions	426,616	132,912	1,425,940	376,252	-	2,361,720
Investment income:						
Net appreciation in fair value of investments	-	-	7,542,556	543,966	4,650	8,091,172
Dividends	1,513	-	460,064	37,655	-	499,232
Interest	227,563	46,058	57	6	-	273,684
Total additions	<u>785,852</u>	<u>223,564</u>	<u>9,863,143</u>	<u>1,076,282</u>	<u>4,650</u>	<u>11,953,491</u>
Deductions:						
Net depreciation in fair value of investments	301,878	42,990	-	-	-	344,868
Distributions to participants	920,397	275,723	2,417,875	127,284	-	3,741,279
Investment expenses	26,457	1,735	168,504	3,342	-	200,038
Total deductions	<u>1,248,732</u>	<u>320,448</u>	<u>2,586,379</u>	<u>130,626</u>	<u>0</u>	<u>4,286,185</u>
Change in net assets before interfund transfers	(462,880)	(96,884)	7,276,764	945,656	4,650	7,667,306
Interfund transfers	<u>(178,540)</u>	<u>224,572</u>	<u>(416,639)</u>	<u>370,607</u>	<u>-</u>	<u>-</u>
Net increase (decrease) in net assets available for benefits	(641,420)	127,688	6,860,125	1,316,263	4,650	7,667,306
Beginning net assets available for benefits	<u>9,279,929</u>	<u>1,816,573</u>	<u>38,793,742</u>	<u>1,863,938</u>	<u>199,703</u>	<u>51,953,885</u>
Ending net assets available for benefits	<u><u>\$8,638,509</u></u>	<u><u>\$1,944,261</u></u>	<u><u>\$45,653,867</u></u>	<u><u>\$3,180,201</u></u>	<u><u>\$204,353</u></u>	<u><u>\$59,621,191</u></u>

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

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Note 1 DESCRIPTION OF THE PLAN

The following description of the Plunkett's Pest Control, Inc. Employee Savings Plan (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 is a defined contribution plan covering all full-time employees of Plunkett's Pest Control, Inc. (the Company) who have nine months of service, have worked at least 750 hours, and are age 21 or older. Employees covered by a collective bargaining agreement, nonresident aliens, and leased employees are not eligible to participate in the Plan. Plan entrance dates are January 1 and July 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investments options offered by the Plan. The Company contributed a discretionary matching contribution for the year ended December 31, 2021, at a rate of 50 percent of the first 6 percent of eligible compensation that a participant contributes to the Plan. Participants must be employed on the last day of the Plan year and have at least 1,000 hours of service to receive a matching contribution. Additional profit sharing amounts may be contributed at the discretion of the Company. During the year ending December 31, 2021, no profit sharing contributions were made. Contributions are subject to certain IRS limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's discretionary profit sharing contribution and Plan earnings. Participant's accounts are 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.

VESTING

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution and discretionary profit sharing contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

PAYMENT OF BENEFITS

On termination of service due to death, disability, retirement, or termination of service for other reasons, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or partial distribution. Benefit payments to participants with vested account balances greater than \$5,000 are available beginning in the third Plan year following the distributable event for reasons other than death, disability, or retirement. Benefit payments to participants with a vested account balances less than \$5,000 are available as soon as administratively possible following the distributable event. If the vested amount in a participant's account does not exceed \$1,000, the participant will receive an involuntary lump-sum distribution.

FORFEITURES

At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$0. These accounts will be used to reduce future employer contributions. During the year ending December 31, 2021, Company matching contributions were reduced by \$3,617 from forfeited non-vested accounts.

Note 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

USE OF ESTIMATES

The preparation of financial statements in 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 could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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 appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

FUNDING POLICY

The Company matching and profit sharing contributions are remitted to the Plan in the year following the Plan's year end.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Services are recorded as a liability with a corresponding reduction to contributions.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

EXPENSES

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 14, 2022, the date the financial statements were available to be issued.

Note 3 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB ASC 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 that are unobservable inputs for the asset or liability.

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.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Money market funds: Valued at cost which approximates fair value.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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.

Insurance funds: Valued based on the policy surrender value (including dividends) of the life insurance policy held by the Plan.

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

	2021			
	Level 1	Level 2	Level 3	Total
Money market fund	\$437,040	\$ -	\$ -	\$437,040
Common stocks	44,950,352	-	-	44,950,352
U.S. government securities	-	1,097,576	-	1,097,576
Corporate and municipal bonds	-	8,914,672	-	8,914,672
Mutual Funds	2,972,782	-	-	2,972,782
Insurance fund	-	204,353	-	204,353
Total investments at fair value	<u>\$48,360,174</u>	<u>\$10,216,601</u>	<u>\$0</u>	<u>\$58,576,775</u>

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

	2020			
	Level 1	Level 2	Level 3	Total
Money market fund	\$1,191,661	\$ -	\$ -	\$1,191,661
Common stocks	37,720,056	-	-	37,720,056
U.S. government securities	-	1,390,465	-	1,390,465
Corporate and municipal bonds	-	9,204,221	-	9,204,221
Mutual Funds	1,673,816	-	-	1,673,816
Insurance fund	-	199,703	-	199,703
Total investments at fair value	<u>\$40,585,533</u>	<u>\$10,794,389</u>	<u>\$0</u>	<u>\$51,379,922</u>

Note 4 RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has an investment advisory agreement with a third party to manage certain plan assets. Fees paid for investment management services were \$200,038 for the year ended December 31, 2021. The Company pays directly any other fees related to the Plan's operations.

Note 5 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 employer contributions.

Note 6 INCOME TAX STATUS

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed 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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 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 risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2021 and 2020

Note 8 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$59,621,191	\$51,953,885
Plus: Excess contributions payable	-	10,580
Net assets available for benefits per Form 5500	<u>\$59,621,191</u>	<u>\$51,964,465</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31:

	<u>2021</u>
Net increase in assets available for benefits per the financial statements	\$7,667,306
Less: Excess contributions payable at December 31, 2020	<u>(10,580)</u>
Net increase in net assets available for benefits per Form 5500	<u>\$7,656,726</u>

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

EIN 36-4717783

Schedule 2

PLAN NUMBER 001

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

For The Year Ended December 31, 2021

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	
\$420,237	\$420,237	\$ -	\$ -	\$ -

Schedule of Assets (Held At End of Year)

41-0840310

[illegible]

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
Cash, Money Market, and Accrued Dividends								
	Charles Schwab Bank Sweep Money Market Fd		62,930.25		62,930.25	0.8	6.29	0.0
U.S. Treasury Bonds								
70,000	U S Treasury Bond 2.750% Due 02-15-28	98.93	69,252.92	108.05	75,632.81	0.9	1,925.00	2.5
	Accrued Interest				727.11	0.0		
			69,252.92		76,359.91	0.9	1,925.00	2.5
U.S. Agency Bonds								
100,000	Fed Home Loan Bank 5.375% Due 08-15-24	119.12	119,124.00	111.47	111,469.80	1.3	5,375.00	4.8
75,000	Fed Home Loan Bank 2.875% Due 03-14-25	99.41	74,556.75	105.73	79,297.58	0.9	2,156.25	2.7
103,000	Fed Farm Credit Bank 5.280% Due 04-16-25	127.52	131,347.21	113.57	116,972.05	1.4	5,438.40	4.6
65,000	Fed Farm Credit Bank 2.570% Due 12-24-26	102.46	66,601.63	106.09	68,955.64	0.8	1,670.50	2.4
42,000	Fed Farm Credit Bank 5.090% Due 12-06-27	119.29	50,102.56	120.46	50,593.87	0.6	2,137.80	4.2
50,000	Fed Farm Credit Bank 4.920% Due 09-18-28	117.01	58,504.50	121.53	60,762.80	0.7	2,460.00	4.0
29,000	Fed Farm Credit Bank 4.750% Due 01-16-29	114.57	33,224.28	121.25	35,161.17	0.4	1,377.50	3.9
20,000	Fed Farm Credit Bank 3.190% Due 01-16-29	101.65	20,329.00	110.88	22,176.98	0.3	638.00	2.9
80,000	Fed Home Loan Bank 2.875% Due 03-09-29	99.53	79,624.01	108.89	87,115.92	1.0	2,300.00	2.6

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
75,000	Fed Farm Credit Bank 4.250% Due 12-26-29 Accrued Interest	110.02	82,513.50	119.62	89,718.53	1.1	3,187.50	3.6
					6,385.22	0.1		
			715,927.44		728,609.55	8.7	26,740.95	3.7
Tax-Free Municipal Bonds								
50,000	Minnesota State GO 2016B 5.000% Due 08-01-22	107.96	53,979.00	102.81	51,405.00	0.6	2,500.00	4.9
35,000	Bel Aire KS GO 2020B AGM 2.000% Due 11-01-22	103.19	36,115.40	101.48	35,516.25	0.4	700.00	2.0
100,000	Monticello MN GO ISD 882 Sch Bldg 2016A SD Cred Prog 3.000% Due 02-01-26	98.95	98,952.00	109.03	109,034.00	1.3	3,000.00	2.8
70,000	Waupun WI GO 2020A BAM 4.000% Due 08-01-28	115.07	80,549.30	117.76	82,429.20	1.0	2,800.00	3.4
95,000	Sussex WI REV Sewerage Sys Rev 2020B 2.000% Due 05-01-29	104.14	98,930.90	104.06	98,857.00	1.2	1,900.00	1.9
135,000	Hamilton IN GO East Public Library Ltd 2020 St Intercept 2.000% Due 01-15-30 Accrued Interest	107.49	145,115.70	104.61	141,223.50	1.7	2,700.00	1.9
					5,136.67	0.1		
			513,642.30		523,601.62	6.3	13,600.00	2.6

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
Taxable Municipal Bonds								
20,000	Frisco TX GO Ltd CTFS Oblig 2016B 1.916% Due 02-15-22	100.94	20,187.60	100.19	20,038.60	0.2	383.20	1.9
15,000	Maryland St GO Build Amer 2010 M-W Call 4.300% Due 03-01-22	109.58	16,437.60	100.66	15,098.70	0.2	645.00	4.3
20,000	Green Bay WI GO Ref 2012D 2.580% Due 04-01-22	96.22	19,244.40	100.57	20,114.80	0.2	516.00	2.6
100,000	Des Moines IA GO Area Cmnty Clg Multiple Proj 51-B 2021B 1.000% Due 06-01-22	101.07	101,066.00	100.28	100,283.00	1.2	1,000.00	1.0
100,000	Eastern IA GO Cmnty Clg Dist Indl Merged Area IX 2015-2 3.000% Due 06-01-22	105.48	105,482.00	101.12	101,119.00	1.2	3,000.00	3.0
265,000	Upper Occoquan VA REV Sewage Auth Regl 2013A 2.250% Due 07-01-22	100.29	265,770.25	100.96	267,551.95	3.2	5,962.50	2.2

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
70,000	Robbinsville Twp NJ GO Mercer Cnty Gen Impt 2015B 4.000% Due 07-15-22	109.53	76,669.90	101.60	71,120.00	0.9	2,800.00	3.9
15,000	Michigan St GO 2016A 1.966% Due 11-01-22	96.72	14,508.00	101.24	15,185.85	0.2	294.90	1.9
80,000	Mississippi St GO Nissan North America Proj 2012A M-W Call 2.414% Due 11-01-22	92.37	73,898.20	101.59	81,272.00	1.0	1,931.20	2.4
25,000	Mississippi St GO 2012E M-W Call 2.597% Due 12-01-22	101.71	25,427.75	101.89	25,472.25	0.3	649.25	2.5
20,000	Mounds View MN GO ISD 621 2015A SD Cred Prog 3.000% Due 02-01-23	104.40	20,879.20	102.61	20,522.40	0.2	600.00	2.9
350,000	Greenville Co SC GO 2013A St Aid Withholding 2.450% Due 04-01-23	100.00	350,015.00	101.56	355,470.50	4.3	8,575.00	2.4
75,000	Holliston MA GO Ltd 2013 2.600% Due 05-01-23	100.02	75,015.00	101.23	75,922.50	0.9	1,950.00	2.6
45,000	Owensboro KY GO 2013C 2.400% Due 05-01-23	100.03	45,015.00	102.07	45,930.60	0.5	1,080.00	2.4

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
25,000	Riverside CA GO Cmnty Clg Dist 2014B 3.490% Due 08-01-23	103.42	25,855.00	104.27	26,068.25	0.3	872.50	3.3
100,000	Mississippi St GO 2011C M-W Call 3.543% Due 10-01-23	110.46	110,455.00	104.75	104,748.00	1.3	3,543.00	3.4
50,000	Roanoke VA GO Public Impt 2012B M-W Call ST Aid Withhldg 2.962% Due 10-01-23	100.61	50,304.00	103.75	51,872.50	0.6	1,481.00	2.9
50,000	Wichita KS REV Wtr & Swr Utility Revenue 2019B 3.000% Due 10-01-23	103.88	51,941.50	103.71	51,852.50	0.6	1,500.00	2.9
35,000	Olentangy OH GO Local Sch Dist 2013A 5.000% Due 12-01-23	119.28	41,747.95	108.07	37,823.10	0.5	1,750.00	4.6
15,000	Thief River Falls MN GO ISD 564 OPEB 2016B SD Cred Prog 2.050% Due 02-01-24	100.44	15,065.70	101.99	15,299.10	0.2	307.50	2.0
75,000	Minneapolis MN GO Downtown East Proj 2014 3.250% Due 03-01-24	100.57	75,429.00	104.93	78,696.00	0.9	2,437.50	3.1

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
50,000	Owensboro KY GO 2019C BAM 2.625% Due 04-01-24	102.67	51,335.50	103.41	51,705.00	0.6	1,312.50	2.5
100,000	Des Moines IA GO 2020E 4.000% Due 06-01-24	113.13	113,134.00	107.24	107,236.00	1.3	4,000.00	3.7
15,000	Wilmington NC GO 2014 4.000% Due 06-01-24	106.86	16,028.70	107.01	16,051.95	0.2	600.00	3.7
30,000	Manassas VA GO 2014D St Aid Withhldg 3.000% Due 07-01-24	100.05	30,015.00	101.46	30,438.00	0.4	900.00	3.0
125,000	Borger TX GO Wtrwks & Swr Sys LTD 2014 4.000% Due 08-01-24	108.51	135,640.00	106.47	133,082.50	1.6	5,000.00	3.8
15,000	Walnut Valley CA GO Unif Sch Dist 2019 1.950% Due 08-01-24	100.32	15,047.85	101.66	15,248.85	0.2	292.50	1.9
90,000	McKinney TX GO 2014 3.250% Due 08-15-24	100.87	90,781.80	105.81	95,229.90	1.1	2,925.00	3.1
80,000	Arizona St REV Pwr Auth Pwr Resource 2014 M-W Call 3.679% Due 10-01-24	102.45	81,963.80	106.64	85,310.40	1.0	2,943.20	3.4

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
15,000	Harris Co TX GO Ref Road 2012B 4.000% Due 10-01-24	110.08	16,511.70	107.95	16,192.65	0.2	600.00	3.7
20,000	Canton OH GO Local School Dist 2019 SD Cred Prog 2.129% Due 11-01-24	100.68	20,136.00	103.14	20,628.60	0.2	425.80	2.1
25,000	Denver City & Cty CO GO Sch Dist #1 2018B St Aid Withhldg 2.989% Due 12-01-24	100.35	25,087.75	105.35	26,337.25	0.3	747.25	2.8
40,000	Desoto TX GO Ltd 2016 2.050% Due 02-15-25	92.11	36,842.20	101.83	40,733.20	0.5	820.00	2.0
50,000	Hobart WI GO 2013 3.250% Due 03-01-25	102.06	51,031.00	106.13	53,067.00	0.6	1,625.00	3.1
40,000	Webster MA GO St Qualified Sch 2019A St Aid Withhldg 3.000% Due 03-01-25	103.44	41,375.00	103.04	41,214.80	0.5	1,200.00	2.9
25,000	Green Bay WI GO 2016B 2.250% Due 04-01-25	100.45	25,113.25	103.27	25,817.25	0.3	562.50	2.2
50,000	Babylon NY GO Public Impt Ltd 2015 4.000% Due 07-01-25	105.07	52,535.00	109.00	54,501.50	0.7	2,000.00	3.7

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
25,000	Findlay OH GO Ltd 2016B 2.500% Due 07-01-25	102.19	25,547.50	104.29	26,071.75	0.3	625.00	2.4
75,000	Raleigh NC GO Hsg 2016C 3.000% Due 02-01-26	105.28	78,963.00	105.24	78,931.50	0.9	2,250.00	2.9
75,000	San Antonio TX GO Ltd Ctfs Oblig 2016 2.273% Due 02-01-26	101.92	76,440.00	103.76	77,819.25	0.9	1,704.75	2.2
120,000	Lago Vista TX GO LTD 2016B 2.940% Due 02-15-26	102.61	123,135.00	104.63	125,554.80	1.5	3,528.00	2.8
10,000	Frederick MD GO 2016A 2.600% Due 03-01-26	103.46	10,345.90	105.07	10,506.60	0.1	260.00	2.5
35,000	Milwaukee WI GO Corp Purp 2019T5 3.000% Due 04-01-26	102.23	35,779.40	105.74	37,009.00	0.4	1,050.00	2.8
200,000	Lexington-Fayette KY GO Urban Cty KY Govt 2016A 2.375% Due 08-01-26	100.01	200,015.00	103.57	207,148.00	2.5	4,750.00	2.3
10,000	Walnut Valley CA GO Unif Sch Dist 2019 2.190% Due 08-01-26	100.70	10,070.20	102.16	10,215.60	0.1	219.00	2.1
100,000	Cincinnati OH GO 2016B 3.000% Due 12-01-26	101.40	101,401.00	107.47	107,472.00	1.3	3,000.00	2.8

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
100,000	Richfield MN GO ISD 280 OPEB 2017A SD Cred Prog 3.000% Due 02-01-27	100.88	100,875.00	107.52	107,516.00	1.3	3,000.00	2.8
40,000	Oak Creek WI GO 2017B 4.000% Due 03-01-27	108.74	43,497.80	112.06	44,825.60	0.5	1,600.00	3.6
30,000	Reedsburg WI GO Corp Purp 2021A 2.000% Due 03-01-27	107.11	32,133.00	102.59	30,776.70	0.4	600.00	1.9
130,000	Lexington-Fayette KY GO Urban Cty KY Govt 2017B 2.750% Due 06-01-27	100.25	130,324.40	105.75	137,477.60	1.6	3,575.00	2.6
40,000	Santa Monica-Malibu CA GO Unif Sch Dist 2020 1.139% Due 07-01-27	99.67	39,866.60	98.04	39,214.80	0.5	455.60	1.2
75,000	Auburn ME GO 2019B 3.000% Due 09-01-27	106.15	79,611.00	107.32	80,488.50	1.0	2,250.00	2.8
400,000	Cascade WA Rev Wtr Alliance Wtr Sys 2020 2.000% Due 09-01-27	108.14	432,571.00	103.36	413,448.00	4.9	8,000.00	1.9
15,000	Ohio State GO Ltd Third Frontier M-W Call 2017A 2.850% Due 11-01-27	100.30	15,045.00	107.12	16,067.70	0.2	427.50	2.7

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
25,000	Concord NH GO 2020A 3.000% Due 01-15-28	106.62	26,655.75	107.33	26,832.25	0.3	750.00	2.8
135,000	Bloomfield Twp NJ GO 2018 5.000% Due 02-01-28	113.26	152,895.75	118.34	159,757.65	1.9	6,750.00	4.2
135,000	Madison WI GO Area Tech Clg Ref 2020 2.000% Due 03-01-28	106.76	144,124.80	102.30	138,103.65	1.7	2,700.00	2.0
100,000	Des Moines IA GO Area Cmnty Clg Multiple Proj 51-B 2021B 1.000% Due 06-01-28	100.37	100,371.00	96.26	96,260.00	1.2	1,000.00	1.0
110,000	Santa Clarita CA GO Cmnty Clg Dist 2019 2.632% Due 08-01-28	101.03	111,132.60	106.29	116,923.40	1.4	2,895.20	2.5
30,000	Walnut Valley CA GO Unif Sch Dist 2019 2.300% Due 08-01-28	100.44	30,131.40	102.53	30,759.00	0.4	690.00	2.2
60,000	Fairfax CA GO Elem Sch Dist 2020 BAM 2.000% Due 11-01-28	105.41	63,243.00	100.73	60,437.40	0.7	1,200.00	2.0

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
35,000	West Liberty Salem OH GO Local Sch Dist LTD 2020B SD Cred Prog 1.831% Due 12-01-28	100.53	35,185.80	99.94	34,978.30	0.4	640.85	1.8
200,000	California State GO Var Purp 2019A 3.050% Due 04-01-29	103.92	207,842.00	108.18	216,366.00	2.6	6,100.00	2.8
40,000	Marysville MI GO Pub Sch Dist 2019 Q-SBLF 2.540% Due 05-01-29	100.04	40,015.00	102.96	41,184.80	0.5	1,016.00	2.5
20,000	Isle Wight Cnty VA GO 2020B 2.000% Due 07-01-29	103.11	20,621.00	101.55	20,310.00	0.2	400.00	2.0
25,000	Velasco TX GO Drain Dist 2021 5.000% Due 08-01-29	126.13	31,531.75	121.61	30,401.50	0.4	1,250.00	4.1
175,000	Hillsborough CA GO Sch Dist 2020 1.840% Due 09-01-29	101.20	177,092.25	100.25	175,444.50	2.1	3,220.00	1.8
185,000	Cincinnati OH GO 2021B 2.000% Due 12-01-29	102.26	189,177.50	102.12	188,927.55	2.3	3,700.00	2.0
70,000	Oakland CA GO 2020 2.110% Due 01-15-30	100.47	70,330.00	101.37	70,959.00	0.8	1,477.00	2.1

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
40,000	Portsmouth VA GO Prerefunded 2013B St Aid Withhldg 3.939% Due 02-01-30	105.90	42,361.40	103.45	41,380.80	0.5	1,575.60	3.8
95,000	Wilmington MA GO Ref 2020 1.400% Due 03-15-30	100.33	95,312.25	96.60	91,770.00	1.1	1,330.00	1.4
65,000	Green Bay WI GO Met Swr Dist 2020 2.000% Due 05-01-30	100.92	65,600.00	100.60	65,390.00	0.8	1,300.00	2.0
110,000	Tualatin Vly OR GO Fire & Rescue Rural Fire 2020 1.860% Due 06-01-30	100.26	110,290.00	98.97	108,871.40	1.3	2,046.00	1.9
35,000	Honolulu HI REV City & Cty Wstwr Sys 2015c M-W Call 4.118% Due 07-01-30	112.54	39,387.90	110.05	38,517.85	0.5	1,441.30	3.7
200,000	Cascade WA Rev Wtr Alliance Wtr Sys 2020 2.000% Due 09-01-30	107.30	214,607.00	102.67	205,340.00	2.5	4,000.00	1.9
115,000	Hillsborough CA GO Sch Dist 2020 1.940% Due 09-01-30	101.31	116,507.70	100.74	115,846.40	1.4	2,231.00	1.9
30,000	Oxford MI GO Cmnty Schs 2020 Q-SBLF 2.000% Due 11-01-30	101.46	30,437.70	99.60	29,879.10	0.4	600.00	2.0

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
30,000	Milwaukee Cnty WI GO Prom Nts 2021A 2.000% Due 12-01-30	101.29	30,387.00	101.80	30,538.50	0.4	600.00	2.0
55,000	Smithfield RI GO 2020B 2.097% Due 01-15-31	103.97	57,181.45	100.53	55,289.30	0.7	1,153.35	2.1
155,000	Covington KY GO 2021 2.000% Due 02-01-31	100.01	155,015.00	98.74	153,047.00	1.8	3,100.00	2.0
100,000	Webberville MI GO Cmnty Sch Dist 2021 Q-SBLF 2.000% Due 05-01-31	101.80	101,803.00	100.28	100,280.00	1.2	2,000.00	2.0
165,000	Hampton Twp PA GO Ltd Sch Dist 2021E St Aid Withhldg 1.800% Due 08-15-31	100.55	165,914.25	97.82	161,399.70	1.9	2,970.00	1.8
185,000	Murrieta Vly CA GO Unif Sch Dist 2021 2.008% Due 09-01-31	101.91	188,524.45	99.88	184,774.30	2.2	3,714.80	2.0
130,000	Edmonds WA GO Ltd 2021B 2.000% Due 12-01-31	101.38	131,790.80	99.77	129,695.80	1.6	2,600.00	2.0
50,000	Seattle WA GO Ltd 2021 1.700% Due 12-01-31 Accrued Interest	100.03	50,015.00	99.04	49,520.50	0.6	850.00	1.7
					50,604.44	0.6		
			6,914,097.90		6,964,589.94	83.3	169,828.25	2.5
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			8,275,850.81		8,356,091.27	100.0	212,100.49	2.6

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
Cash, Money Market, and Accrued Dividends								
	Charles Schwab Bank Sweep Money Market Fd		203,845.01		203,845.01	0.5	20.38	0.0
	Dividend Accruals		35,548.25		35,548.25	0.1	0.00	0.0
			239,393.26		239,393.26	0.5	20.38	0.0
Common Stocks								
4,575.00	Accenture PLC	32.29	147,707.09	414.55	1,896,566.25	4.2	17,751.00	0.9
600.00	Alphabet Inc Class A	1,539.24	923,541.75	2,897.04	1,738,224.00	3.9	0.00	0.0
18,250.00	CVS Health Corp	42.28	771,681.41	103.16	1,882,670.00	4.2	40,150.00	2.1
15,000.00	Check Point Software Technologies Ltd	97.44	1,461,550.41	116.56	1,748,400.00	3.9	0.00	0.0
19,000.00	Church & Dwight Co Inc	55.33	1,051,343.07	102.50	1,947,500.00	4.3	19,190.00	1.0
21,000.00	Cognizant Tech Solutions A	54.71	1,148,975.02	88.72	1,863,120.00	4.1	20,160.00	1.1
5,200.00	Danaher Corp	29.02	150,899.29	329.01	1,710,852.00	3.8	4,368.00	0.3
7,750.00	Ecolab Inc	91.16	706,518.32	234.59	1,818,072.50	4.0	15,810.00	0.9
13,655.00	Expeditors	35.56	485,629.67	134.29	1,833,729.95	4.1	15,839.80	0.9
28,400.00	Fastenal Co	20.80	590,622.74	64.06	1,819,304.00	4.0	31,808.00	1.7
6,700.00	Fedex Corp	126.87	850,049.33	258.64	1,732,888.00	3.8	20,100.00	1.2
17,025.00	Fiserv Inc	111.62	1,900,330.91	103.79	1,767,024.75	3.9	0.00	0.0
7,400.00	Illinois Tool Works	53.12	393,102.53	246.80	1,826,320.00	4.0	36,112.00	2.0
12,500.00	Intercontinental Exchange Inc	94.67	1,183,325.01	136.77	1,709,625.00	3.8	16,500.00	1.0
10,000.00	Johnson & Johnson	93.43	934,250.98	171.07	1,710,700.00	3.8	42,400.00	2.5
16,000.00	Medtronic PLC	85.93	1,374,852.84	103.45	1,655,200.00	3.7	40,320.00	2.4
5,250.00	Microsoft Corp	23.00	120,734.35	336.32	1,765,680.00	3.9	13,020.00	0.7
10,000.00	Qualcomm, Inc.	53.74	537,431.85	182.87	1,828,700.00	4.1	27,200.00	1.5

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
3,600.00	Roper Technologies	316.30	1,138,662.98	491.86	1,770,696.00	3.9	8,928.00	0.5
5,250.00	Sherwin-Williams Co	6.60	34,664.07	352.16	1,848,840.00	4.1	11,550.00	0.6
6,750.00	Stryker Corp	76.42	515,802.58	267.42	1,805,085.00	4.0	18,765.00	1.0
2,825.00	ThermoFisher Scientific Inc.	50.82	143,564.41	667.24	1,884,953.00	4.2	2,938.00	0.2
8,475.00	Visa Inc	96.50	817,872.67	216.71	1,836,617.25	4.1	12,712.50	0.7
12,000.00	Walmart Inc	72.41	868,972.33	144.69	1,736,280.00	3.8	26,400.00	1.5
11,250.00	Walt Disney Co	123.39	1,388,162.30	154.89	1,742,512.50	3.9	0.00	0.0
			19,640,247.90		44,879,560.20	99.5	442,022.30	1.0
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			19,879,641.16		45,118,953.46	100.0	442,042.68	1.0

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
Cash, Money Market, and Accrued Dividends								
	Charles Schwab Bank Sweep Money Market Fd		94,379.45		94,379.45	5.0	9.44	0.0
U.S. Treasury Bonds								
300,000	U S Treasury Bond 0.125% Due 08-31-22	99.95	299,835.00	99.91	299,718.75	15.9	375.00	0.1
	Accrued Interest				127.42	0.0		
			299,835.00		299,846.17	15.9	375.00	0.1
Tax-Free Municipal Bonds								
365,000	Kershaw Cnty SC GO 2021 5.000% Due 03-01-22	102.25	373,215.60	100.76	367,777.65	19.5	18,250.00	5.0
100,000	Marquette Cnty WI GO 2021 Prom Nts 0.750% Due 04-01-22	100.31	100,306.00	100.14	100,138.00	5.3	750.00	0.7
90,000	Fargo ND GO Park Dist 2021A 2.000% Due 05-01-22	101.35	91,216.60	100.56	90,501.30	4.8	1,800.00	2.0
85,000	Holt MI GO Ltd Public Schs 2021 BAM 4.000% Due 05-01-22	102.56	87,175.50	101.23	86,047.20	4.6	3,400.00	4.0
100,000	Iowa Vly IA GO Cmnty Clg Dist 2020 2.000% Due 06-01-22	101.10	101,103.00	100.73	100,733.00	5.3	2,000.00	2.0

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
225,000	Milwaukee WI GO Area Tech Clg Dist Prom Nts 2018C 4.000% Due 06-01-22	102.55	230,746.75	101.57	228,541.50	12.1	9,000.00	3.9
250,000	Minnesota State GO 2016D 5.000% Due 08-01-22	105.43	263,580.00	102.81	257,025.00	13.6	12,500.00	4.9
250,000	Altoona WI GO Prom Notes 2021B 1.000% Due 10-01-22 Accrued Interest	100.90	252,240.00	100.58	251,457.50	13.3	2,500.00	1.0
					13,842.08	0.7		
			1,499,583.45		1,496,063.23	79.1	50,200.00	3.4
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			1,893,797.90		1,890,288.85	100.0	50,584.44	2.7

PORTFOLIO APPRAISAL

<u>Quantity</u>	<u>Security</u>	<u>Unit Cost</u>	<u>Total Cost</u>	<u>Price</u>	<u>Market Value</u>	<u>Pct. Assets</u>	<u>Annual Income</u>	<u>Yield</u>
Cash, Money Market, and Accrued Dividends								
	Charles Schwab Bank Sweep Money Market Fd		75,885.52		75,885.52	2.5	7.59	0.0
Equity Mutual Funds								
40,756.5430	Schwab S&P 500 Indx- Sel Shs	51.66	2,105,426.16	72.94	2,972,782.25	97.5	0.00	0.0
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			2,181,311.68		3,048,667.77	100.0	7.59	0.0

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2021 and Ending 12/31/2021

Name of Plan: Plunkett's Pest Control, Inc. Employee Savings Plan

Employer Identification Number: 41-0840310 Three-digit plan number: 001

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