

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>07/01/1972</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)		2b Employer Identification Number (EIN)	<u>41-0840310</u>
<u>PLUNKETT'S PEST CONTROL, INC.</u>		2c Plan Sponsor's telephone number	<u>763-571-7100</u>
<u>40 NE 52ND WAY</u> <u>FRIDLEY, MN 55421</u>		2d Business code (see instructions)	<u>812990</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.	10/13/2023	SHANNON LABONNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	SHANNON LABONNE
	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 (2022)
v. 220413

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		5 626
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) 485
a(2) Total number of active participants at the end of the plan year		6a(2) 434
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 194
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 628
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 628
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 607
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 30
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) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan 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	04/01/2022	12/31/2022

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

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

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

(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..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****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.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 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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--

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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	205451	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
(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

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>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			
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)	727408	748998
(2) Participant contributions.....	1b(2)	208147	5368
(3) Other.....	1b(3)	112371	95733
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	437040	1209753
(2) U.S. Government securities	1c(2)	1097576	3450378
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8914672	5700007
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	44950352	35238073
(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)	2972782	2849962
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	204353	208050

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	59624701	49506322

Liabilities

g Benefit claims payable	1g	3510	79
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3510	79

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	59621191	49506243
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1135498	
(B) Participants	2a(1)(B)	2378282	
(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)		3513780
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1363	
(B) U.S. Government securities	2b(1)(B)	32224	
(C) Corporate debt instruments	2b(1)(C)	209196	
(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)		242783
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	489083	
(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)		489083
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	12045143	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11266820	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		778323
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-11029134	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-11029134

		(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		-6005165
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3904332	
(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)		3904332
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)	205451	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		205451
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4109783
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-10114948
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: **OLSEN THIELEN & CO, LTD**

(2) EIN: **41-1360831**

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		667921

	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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan 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	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): 41-1530832	
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2022
v. 220413

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	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
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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
Together with
Independent Auditors' Report

December 31, 2022

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Plunkett's Pest Control, Inc. Employee Savings Plan
Fridley, Minnesota

Opinion on the 2022 Financial Statements

We have audited the accompanying financial statements of Plunkett's Pest Control, Inc. Employee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying 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 as of December 31, 2022, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2022 Financial Statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of Plunkett's Pest Control, Inc. Employee Savings 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 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 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 Plunkett's Pest Control, Inc. Employee Savings 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 Plunkett's Pest Control, Inc. Employee Savings 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.

Other Matters

2022 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including the 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.

Auditors' Report on the 2021 Financial Statements

The 2021 financial statements of Plunkett's Pest Control, Inc. Employee Savings Plan were audited by predecessor auditors' whose report dated October 14, 2022, expressed an unmodified opinion on those financial statements and included an other-matter paragraph that provided an opinion that the information in the 2021 supplemental schedules was fairly stated in all material respects in relation to the financial statements as a whole.

Olson Thielert & Co., Ltd.

Roseville, Minnesota
October 10, 2023

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS:		
Investments at Fair Value	<u>\$ 48,656,223</u>	<u>\$ 58,576,775</u>
Receivables:		
Employer Contributions	748,998	727,408
Participant Contributions	5,368	208,147
Accrued Interest and Dividends	<u>95,733</u>	<u>112,371</u>
Total Receivables	<u>850,099</u>	<u>1,047,926</u>
TOTAL ASSETS	<u>49,506,322</u>	<u>59,624,701</u>
LIABILITIES:		
Excess Contributions	<u>79</u>	<u>3,510</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 49,506,243</u>	<u>\$ 59,621,191</u>

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

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2022**

	Bond Fund	Money Market Fund	Stock Fund	S&P 500 Fund	Insurance Fund	Total
ADDITIONS (REDUCTIONS):						
Employer Contributions	\$ 221,378	\$ 96,790	\$ 602,751	\$ 214,579	\$ –	\$ 1,135,498
Participant Contributions	379,481	174,665	1,382,690	441,446	–	2,378,282
Investment Income (Loss)						
Net Appreciation (Depreciation) in Fair Value of Investments	(987,864)	(7,724)	(8,636,100)	(622,820)	3,697	(10,250,811)
Dividends	3,997	–	437,530	47,556	–	489,083
Interest	205,515	36,223	863	182	–	242,783
Total Additions (Reductions)	<u>(177,493)</u>	<u>299,954</u>	<u>(6,212,266)</u>	<u>80,943</u>	<u>3,697</u>	<u>(6,005,165)</u>
DEDUCTIONS:						
Distributions to Participants	1,009,622	67,018	2,652,356	175,336	–	3,904,332
Investment Expenses	22,208	2,228	176,709	4,306	–	205,451
Total Deductions	<u>1,031,830</u>	<u>69,246</u>	<u>2,829,065</u>	<u>179,642</u>	<u>–</u>	<u>4,109,783</u>
CHANGE IN NET ASSETS BEFORE INTERFUND TRANSFERS	(1,209,323)	230,708	(9,041,331)	(98,699)	3,697	(10,114,948)
INTERFUND TRANSFERS	<u>(406,891)</u>	<u>735,728</u>	<u>(401,571)</u>	<u>72,734</u>	<u>–</u>	<u>–</u>
NET INCREASE (DECREASE) IN NETS ASSETS AVAILABLE FOR BENEFITS	(1,616,214)	966,436	(9,442,902)	(25,965)	3,697	(10,114,948)
BEGINNING NET ASSETS AVAILABLE FOR BENEFITS	<u>8,638,509</u>	<u>1,944,261</u>	<u>45,653,867</u>	<u>3,180,201</u>	<u>204,353</u>	<u>59,621,191</u>
ENDING NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,022,295</u>	<u>\$ 2,910,697</u>	<u>\$ 36,210,965</u>	<u>\$ 3,154,236</u>	<u>\$ 208,050</u>	<u>\$ 49,506,243</u>

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

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF 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 agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Plunkett's Pest Control, Inc. (the Company) who are 21 years of age and who are not members of a collective bargaining unit, nonresident aliens, or leased employees. Employees must have nine months and completion of 750 hours of service to be eligible for employee deferral, and 1,000 hours of service for employer contributions. Plan entry dates are January 1 and July 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined on the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers four fund options to invest in including a stock fund, bond fund, money market fund and S&P fund. The Company may contribute a discretionary matching contribution which is determined annually. In 2022, the Company contributed 50% of the first 6% of base compensation that a participant contributed to the Plan. Additional profit-sharing amounts may be contributed at the option of the Company's Board of Directors. During the year ended December 31, 2022, a profit-sharing contribution of \$385,000 was made. Contributions are subject to certain statutory 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 profit-sharing contribution and Plan earnings (losses). Participant 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 immediately vested in their contributions plus earnings thereon. Vesting in the Company's matching contribution and the earnings thereon is based on years of continuous service. A participant becomes 100% vested after six years of credited service.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. 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 balance of less than \$5,000 are available as soon as administratively possible. If the vested balance in a terminated participant's account does not exceed \$1,000, the vested account balance will be automatically paid out in a single lump sum payment to the participant.

Forfeited Accounts

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$6,680 and \$3,617, respectively. These accounts will be used to reduce the Plan's administrative expenses, future employee contributions or reallocated to participants. In 2022, employer contributions were reduced by \$3,617 from forfeited nonvested 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 presentation 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, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. 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 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.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed 2022 excess contributions to the applicable participants prior to March 15, 2023.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the distributions from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net depreciation of fair value of investments.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. The Trustees determine the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Observable inputs such as unadjusted quoted prices in active markets.

Level 2 - Inputs, other than quoted prices in active markets, which are observable either directly or indirectly; and,

Level 3 - Unobservable inputs where there is little or no market data, which requires the reporting entity to develop its own assumptions.

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

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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

Money Market Fund: 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 including 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, the corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs such as current yields or similar instruments but include adjustments for certain risks that may not be observable, such as credit and liquidity risks. securities are traded.

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 U.S. Securities and Exchange Commission (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 Fund: Valued based on the policy surrender value (including dividends) of the life insurance policy held by the Plan.

The following tables set forth by Level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Description	2022			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 1,209,753	\$ —	\$ —	\$ 1,209,753
Common Stocks	35,238,073	—	—	35,238,073
U.S. Government Securities	—	3,450,378	—	3,450,378
Corporate and Municipal Bonds	—	5,700,007	—	5,700,007
Mutual Funds	2,849,962	—	—	2,849,962
Insurance Fund	—	208,050	—	208,050
Total Investments at Fair Value	<u>\$ 39,297,788</u>	<u>\$ 9,358,435</u>	<u>\$ —</u>	<u>\$ 48,656,223</u>

Description	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>\$ —</u>	<u>\$ 58,576,775</u>

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2022, are reported in net depreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2022, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

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. As described in Note 2, fees paid to the third-party for investment advisory services were \$205,451 for the year ended December 31, 2022. The plan sponsor pays directly any other fees related to the Plan's operations.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

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 would become 100% vested in their employer contributions.

NOTE 6 - TAX STATUS

The Plan uses a Volume Submitter Plan document sponsored by TSC Inc which received an opinion letter from the IRS, dated June 30, 2020, which states that the volume submitter document satisfies the applicable provisions of the Internal Revenue Code (IRC). The Plan itself has not received a determination letter from the IRS. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - RISK AND UNCERTAINTIES

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

NOTE 8 - SUBSEQUENT EVENTS

Subsequent events were evaluated through October 10, 2023, the date the financial statements were available to be issued. Subsequent to year end, the Plan was restated and included changes to eligibility, added a Roth provision and automatic enrollment feature, allowed rollovers into the plan and included changes in direction of investments by the participants.

Also, effective July 1, 2023, the assets of the Plan were transferred to Empower Retirement.

PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
EMPLOYER IDENTIFICATION NUMBER 41-0840310 PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Public Storage	Common Stock		\$ 52,956
*	Various - see attached schedule			6,846,773
*	Various - see attached schedule			35,741,758
*	Various - see attached schedule			2,900,418
*	Various - see attached schedule			3,002,001
*	Various - see attached schedule	Accrued Interest and Dividends included in attached schedules		(95,733)
	Equitable Life Insurance Policy	Cash Surrender Value of Life Insurance Policy		<u>208,050</u>
				<u>\$ 48,656,223</u>

**PLUNKETT'S PEST CONTROL, INC. EMPLOYEE SAVINGS PLAN
EMPLOYER IDENTIFICATION NUMBER 41-0840310 PLAN NUMBER 001**

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2022**

Participant Contributions Transferred Late to Plan *	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 667,921			\$ 667,921	

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		102,202.70		102,202.70	1.5	459.91	0.5
Treasury Bills								
125,000	U S Treasury Bill 0.000% Due 01-19-23	98.61	123,259.56	99.83	124,788.60	1.8	0.00	0.0
U.S. Treasury Bonds								
200,000	U S Treasury Bond 1.500% Due 02-15-25	93.20	186,406.25	94.09	188,187.50	2.7	3,000.00	1.6
45,000	U S Treasury Bond 2.750% Due 02-15-28	98.77	44,444.53	93.97	42,285.94	0.6	1,237.50	2.9
	Accrued Interest				1,600.58	0.0		
			230,850.78		232,074.01	3.4	4,237.50	1.8
U.S. Agency Bonds								
100,000	Fed Home Loan Bank 5.375% Due 08-15-24	119.12	119,124.00	101.01	101,007.10	1.5	5,375.00	5.3
75,000	Fed Home Loan Bank 2.875% Due 03-14-25	99.41	74,556.75	96.72	72,539.70	1.1	2,156.25	3.0
103,000	Fed Farm Credit Bank 5.280% Due 04-16-25	127.52	131,347.21	101.81	104,860.70	1.5	5,438.40	5.2
65,000	Fed Farm Credit Bank 2.570% Due 12-24-26	102.46	66,601.63	94.02	61,111.51	0.9	1,670.50	2.7
42,000	Fed Farm Credit Bank 5.090% Due 12-06-27	119.29	50,102.56	104.43	43,859.09	0.6	2,137.80	4.9
50,000	Fed Farm Credit Bank 4.920% Due 09-18-28	117.01	58,504.50	103.99	51,993.00	0.8	2,460.00	4.7
29,000	Fed Farm Credit Bank 4.750% Due 01-16-29	114.57	33,224.28	103.08	29,892.30	0.4	1,377.50	4.6

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
20,000	Fed Farm Credit Bank 3.190% Due 01-16-29	101.65	20,329.00	94.83	18,965.50	0.3	638.00	3.4
80,000	Fed Home Loan Bank 2.875% Due 03-09-29	99.53	79,624.01	92.91	74,327.52	1.1	2,300.00	3.1
75,000	Fed Farm Credit Bank 4.250% Due 12-26-29	110.02	82,513.50	99.77	74,826.38	1.1	3,187.50	4.3
	Accrued Interest				6,385.22	0.1		
			715,927.44		639,768.00	9.3	26,740.95	4.2
Tax-Free Municipal Bonds								
70,000	Waupun WI GO 2020A BAM 4.000% Due 08-01-28	115.07	80,549.30	105.57	73,901.80	1.1	2,800.00	3.8
95,000	Sussex WI REV Sewerage Sys Rev 2020B 2.000% Due 05-01-29	104.14	98,930.90	91.07	86,517.45	1.3	1,900.00	2.2
135,000	Hamilton IN GO East Public Library Ltd 2020 St Intercept 2.000% Due 01-15-30	107.49	145,115.70	90.63	122,347.80	1.8	2,700.00	2.2
	Accrued Interest				2,728.33	0.0		
			324,595.90		285,495.38	4.2	7,400.00	2.6
Taxable Municipal Bonds								
20,000	Mounds View MN GO ISD 621 2015A SD Cred Prog 3.000% Due 02-01-23	104.40	20,879.20	99.89	19,977.80	0.3	600.00	3.0

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
350,000	Greenville Co SC GO 2013A St Aid Withholding 2.450% Due 04-01-23	100.00	350,015.00	99.52	348,316.50	5.1	8,575.00	2.5
75,000	Holliston MA GO Ltd 2013 2.600% Due 05-01-23	100.02	75,015.00	99.41	74,554.50	1.1	1,950.00	2.6
45,000	Owensboro KY GO 2013C 2.400% Due 05-01-23	100.03	45,015.00	99.28	44,676.90	0.7	1,080.00	2.4
25,000	Riverside CA GO Cmnty Clg Dist 2014B 3.490% Due 08-01-23	103.42	25,855.00	99.60	24,900.50	0.4	872.50	3.5
100,000	Mississippi St GO 2011C M-W Call 3.543% Due 10-01-23	110.46	110,455.00	99.15	99,152.00	1.4	3,543.00	3.6
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	98.91	49,452.50	0.7	1,481.00	3.0
50,000	Wichita KS REV Wtr & Swr Utility Revenue 2019B 3.000% Due 10-01-23	103.88	51,941.50	98.83	49,412.50	0.7	1,500.00	3.0
35,000	Olentangy OH GO Local Sch Dist 2013A 5.000% Due 12-01-23	119.28	41,747.95	100.50	35,173.25	0.5	1,750.00	5.0

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
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	97.34	14,601.60	0.2	307.50	2.1
75,000	Minneapolis MN GO Downtown East Proj 2014 3.250% Due 03-01-24	100.57	75,429.00	98.66	73,997.25	1.1	2,437.50	3.3
50,000	Owensboro KY GO 2019C BAM 2.625% Due 04-01-24	102.67	51,335.50	97.68	48,838.00	0.7	1,312.50	2.7
100,000	Des Moines IA GO 2020E 4.000% Due 06-01-24	113.13	113,134.00	99.26	99,255.00	1.4	4,000.00	4.0
15,000	Wilmington NC GO 2014 4.000% Due 06-01-24	106.86	16,028.70	99.34	14,900.25	0.2	600.00	4.0
30,000	Manassas VA GO 2014D St Aid Withhldg 3.000% Due 07-01-24	100.05	30,015.00	97.86	29,357.10	0.4	900.00	3.1
125,000	Borger TX GO Wtrwks & Swr Sys LTD 2014 4.000% Due 08-01-24	108.51	135,640.00	98.91	123,632.50	1.8	5,000.00	4.0
15,000	Walnut Valley CA GO Unif Sch Dist 2019 1.950% Due 08-01-24	100.32	15,047.85	96.03	14,403.90	0.2	292.50	2.0
90,000	McKinney TX GO 2014 3.250% Due 08-15-24	100.87	90,781.80	97.83	88,048.80	1.3	2,925.00	3.3

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
80,000	Arizona St REV Pwr Auth Pwr Resource 2014 M-W Call 3.679% Due 10-01-24	102.45	81,963.80	98.28	78,620.00	1.1	2,943.20	3.7
15,000	Harris Co TX GO Ref Road 2012B 4.000% Due 10-01-24	110.08	16,511.70	98.45	14,767.80	0.2	600.00	4.1
20,000	Canton OH GO Local School Dist 2019 SD Cred Prog 2.129% Due 11-01-24	100.68	20,136.00	95.43	19,086.40	0.3	425.80	2.2
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	97.07	24,268.25	0.4	747.25	3.1
25,000	Montgomery Co OH GO LTD 2013B 3.750% Due 12-01-24	106.10	26,524.50	98.39	24,597.50	0.4	937.50	3.8
40,000	Desoto TX GO Ltd 2016 2.050% Due 02-15-25	92.11	36,842.20	94.71	37,883.20	0.6	820.00	2.2
50,000	Hobart WI GO 2013 3.250% Due 03-01-25	102.06	51,031.00	97.03	48,517.00	0.7	1,625.00	3.3
40,000	Webster MA GO St Qualified Sch 2019A St Aid Withhldg 3.000% Due 03-01-25	103.44	41,375.00	96.13	38,452.00	0.6	1,200.00	3.1
25,000	Green Bay WI GO 2016B 2.250% Due 04-01-25	100.45	25,113.25	94.65	23,663.50	0.3	562.50	2.4

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
30,000	Wisconsin St GO 2021-3 M-W Call Refunded 0.650% Due 05-01-25	90.24	27,072.00	91.31	27,393.30	0.4	195.00	0.7
50,000	Babylon NY GO Public Impt Ltd 2015 4.000% Due 07-01-25	105.07	52,535.00	98.66	49,328.50	0.7	2,000.00	4.1
25,000	Findlay OH GO Ltd 2016B 2.500% Due 07-01-25	102.19	25,547.50	94.84	23,709.25	0.3	625.00	2.6
55,000	Andover MA GO Ltd 2021 1.330% Due 11-01-25	93.62	51,491.70	91.42	50,282.65	0.7	731.50	1.5
75,000	Raleigh NC GO Hsg 2016C 3.000% Due 02-01-26	105.28	78,963.00	95.22	71,417.25	1.0	2,250.00	3.2
75,000	San Antonio TX GO Ltd Ctfs Oblig 2016 2.273% Due 02-01-26	101.92	76,440.00	93.18	69,887.25	1.0	1,704.75	2.4
120,000	Lago Vista TX GO LTD 2016B 2.940% Due 02-15-26	102.61	123,135.00	94.83	113,796.00	1.7	3,528.00	3.1
10,000	Frederick MD GO 2016A 2.600% Due 03-01-26	103.46	10,345.90	93.91	9,390.90	0.1	260.00	2.8
35,000	Milwaukee WI GO Corp Purp 2019T5 3.000% Due 04-01-26	102.23	35,779.40	93.44	32,702.25	0.5	1,050.00	3.2

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
90,000	Mercer Cnty NJ GO 2019 2.417% Due 05-01-26	91.66	82,495.50	93.17	83,855.70	1.2	2,175.30	2.6
200,000	Lexington-Fayette KY GO Urban Cty KY Govt 2016A 2.375% Due 08-01-26	100.01	200,015.00	91.90	183,804.00	2.7	4,750.00	2.6
10,000	Walnut Valley CA GO Unif Sch Dist 2019 2.190% Due 08-01-26	100.70	10,070.20	91.60	9,160.10	0.1	219.00	2.4
100,000	Cincinnati OH GO 2016B 3.000% Due 12-01-26	101.40	101,401.00	94.28	94,282.00	1.4	3,000.00	3.2
100,000	Richfield MN GO ISD 280 OPEB 2017A SD Cred Prog 3.000% Due 02-01-27	100.88	100,875.00	93.46	93,455.00	1.4	3,000.00	3.2
40,000	Oak Creek WI GO 2017B 4.000% Due 03-01-27	108.74	43,497.80	97.01	38,804.80	0.6	1,600.00	4.1
30,000	Reedsburg WI GO Corp Purp 2021A 2.000% Due 03-01-27	107.11	32,133.00	88.95	26,683.80	0.4	600.00	2.2
130,000	Lexington-Fayette KY GO Urban Cty KY Govt 2017B 2.750% Due 06-01-27	100.25	130,324.40	90.79	118,024.40	1.7	3,575.00	3.0
35,000	Lane OR GO Cmnty Clg 2020B Sch Bd Gty 1.252% Due 06-15-27	96.26	33,691.30	85.68	29,989.05	0.4	438.20	1.5

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
40,000	Santa Monica-Malibu CA GO Unif Sch Dist 2020 1.139% Due 07-01-27	99.67	39,866.60	85.07	34,026.40	0.5	455.60	1.3
35,000	Visalia CA GO Unif Sch Dist 2022 3.000% Due 08-01-27	103.59	36,255.40	91.82	32,137.70	0.5	1,050.00	3.3
75,000	Auburn ME GO 2019B 3.000% Due 09-01-27	106.15	79,611.00	92.29	69,216.75	1.0	2,250.00	3.3
15,000	Ohio State GO Ltd Third Frontier M-W Call 2017A 2.850% Due 11-01-27	100.30	15,045.00	92.04	13,805.85	0.2	427.50	3.1
25,000	Concord NH GO 2020A 3.000% Due 01-15-28	106.62	26,655.75	92.11	23,027.00	0.3	750.00	3.3
135,000	Bloomfield Twp NJ GO 2018 5.000% Due 02-01-28	113.26	152,895.75	99.62	134,488.35	2.0	6,750.00	5.0
135,000	Madison WI GO Area Tech Clg Ref 2020 2.000% Due 03-01-28	106.76	144,124.80	87.76	118,474.65	1.7	2,700.00	2.3
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	82.53	82,529.00	1.2	1,000.00	1.2

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>
110,000	Santa Clarita CA GO Cmnty Clg Dist 2019 2.632% Due 08-01-28	101.03	111,132.60	88.97	97,870.30	1.4	2,895.20	3.0
30,000	Walnut Valley CA GO Unif Sch Dist 2019 2.300% Due 08-01-28	100.44	30,131.40	87.60	26,279.10	0.4	690.00	2.6
60,000	Fairfax CA GO Elem Sch Dist 2020 BAM 2.000% Due 11-01-28	105.41	63,243.00	83.74	50,246.40	0.7	1,200.00	2.4
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	84.60	29,608.95	0.4	640.85	2.2
200,000	California State GO Var Purp 2019A 3.050% Due 04-01-29	103.92	207,842.00	90.21	180,418.00	2.6	6,100.00	3.4
40,000	Marysville MI GO Pub Sch Dist 2019 Q-SBLF 2.540% Due 05-01-29	100.04	40,015.00	86.52	34,608.40	0.5	1,016.00	2.9
20,000	Isle Wight Cnty VA GO 2020B 2.000% Due 07-01-29	103.11	20,621.00	84.13	16,825.40	0.2	400.00	2.4
30,000	Minnesota State GO 2020G 1.140% Due 08-01-29	84.83	25,448.40	78.84	23,652.90	0.3	342.00	1.4
25,000	Velasco TX GO Drain Dist 2021 5.000% Due 08-01-29	126.13	31,531.75	98.85	24,711.50	0.4	1,250.00	5.1

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
175,000	Hillsborough CA GO Sch Dist 2020 1.840% Due 09-01-29	101.20	177,092.25	83.00	145,244.75	2.1	3,220.00	2.2
185,000	Cincinnati OH GO 2021B 2.000% Due 12-01-29	102.26	189,177.50	83.56	154,584.15	2.3	3,700.00	2.4
70,000	Oakland CA GO 2020 2.110% Due 01-15-30	100.47	70,330.00	83.34	58,335.20	0.9	1,477.00	2.5
40,000	Portsmouth VA GO Prerefunded 2013B St Aid Withhldg 3.939% Due 02-01-30	105.90	42,361.40	99.93	39,973.60	0.6	1,575.60	3.9
95,000	Wilmington MA GO Ref 2020 1.400% Due 03-15-30	100.33	95,312.25	79.01	75,059.50	1.1	1,330.00	1.8
65,000	Green Bay WI GO Met Swr Dist 2020 2.000% Due 05-01-30	100.92	65,600.00	83.05	53,983.80	0.8	1,300.00	2.4
40,000	Apex NC GO 2020 1.480% Due 06-01-30	79.54	31,815.40	79.45	31,780.40	0.5	592.00	1.9
110,000	Tualatin Vly OR GO Fire & Rescue Rural Fire 2020 1.860% Due 06-01-30	100.26	110,290.00	82.02	90,217.60	1.3	2,046.00	2.3
35,000	Honolulu HI REV City & Cty Wstwr Sys 2015c M-W Call 4.118% Due 07-01-30	112.54	39,387.90	98.80	34,581.40	0.5	1,441.30	4.2

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>
200,000	Cascade WA Rev Wtr Alliance Wtr Sys 2020 2.000% Due 09-01-30	107.30	214,607.00	82.37	164,740.00	2.4	4,000.00	2.4
115,000	Hillsborough CA GO Sch Dist 2020 1.940% Due 09-01-30	101.31	116,507.70	81.32	93,520.30	1.4	2,231.00	2.4
30,000	Oxford MI GO Cmnty Schs 2020 Q-SBLF 2.000% Due 11-01-30	101.46	30,437.70	81.04	24,312.90	0.4	600.00	2.5
30,000	Milwaukee Cnty WI GO Prom Nts 2021A 2.000% Due 12-01-30	101.29	30,387.00	82.00	24,599.40	0.4	600.00	2.4
55,000	Smithfield RI GO 2020B 2.097% Due 01-15-31	103.97	57,181.45	81.20	44,660.00	0.7	1,153.35	2.6
155,000	Covington KY GO 2021 2.000% Due 02-01-31	100.01	155,015.00	79.70	123,536.55	1.8	3,100.00	2.5
100,000	Webberville MI GO Cmnty Sch Dist 2021 Q-SBLF 2.000% Due 05-01-31	101.80	101,803.00	79.90	79,897.00	1.2	2,000.00	2.5
165,000	Hampton Twp PA GO Ltd Sch Dist 2021E St Aid Withhldg 1.800% Due 08-15-31	100.55	165,914.25	77.56	127,978.95	1.9	2,970.00	2.3
185,000	Murrieta Vly CA GO Unif Sch Dist 2021 2.008% Due 09-01-31	101.91	188,524.45	79.03	146,198.10	2.1	3,714.80	2.5

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
130,000	Edmonds WA GO Ltd 2021B 2.000% Due 12-01-31	101.38	131,790.80	79.66	103,552.80	1.5	2,600.00	2.5
50,000	Seattle WA GO Ltd 2021 1.700% Due 12-01-31	100.03	50,015.00	75.66	37,828.50	0.6	850.00	2.2
100,000	Arkansas St GO 2022A 2.500% Due 07-01-32	100.02	100,015.00	82.26	82,256.00	1.2	2,500.00	3.0
	Accrued Interest				45,203.74	0.7		
			6,177,644.40		5,462,443.99	79.8	153,607.70	2.8
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			7,674,480.77		6,846,772.69	100.0	192,446.06	2.8

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		517,351.10		517,351.10	1.4	2,328.08	0.5
	Dividend Accruals		39,290.80		39,290.80	0.1	0.00	0.0
			556,641.90		556,641.90	1.6	2,328.08	0.4
Common Stocks								
5,425.00	Accenture PLC	72.59	393,822.13	266.84	1,447,607.00	4.1	24,304.00	1.7
14,500.00	Alphabet Inc Class A	81.99	1,188,824.17	88.23	1,279,335.00	3.6	0.00	0.0
19,305.00	Amphenol Corp Class A	75.93	1,465,872.66	76.14	1,469,882.70	4.1	16,216.20	1.1
14,500.00	CVS Health Corp	37.35	541,553.51	93.19	1,351,255.00	3.8	35,090.00	2.6
11,000.00	Check Point Software Technologies Ltd	90.59	996,506.70	126.16	1,387,760.00	3.9	0.00	0.0
17,920.00	Church & Dwight Co Inc	52.71	944,565.89	80.61	1,444,531.20	4.0	18,816.00	1.3
22,800.00	Cognizant Tech Solutions A	55.09	1,255,964.90	57.19	1,303,932.00	3.6	24,624.00	1.9
5,550.00	Danaher Corp	44.56	247,307.79	265.42	1,473,081.00	4.1	5,550.00	0.4
9,825.00	Ecolab Inc	102.40	1,006,061.64	145.56	1,430,127.00	4.0	20,829.00	1.5
13,000.00	Expeditors	33.70	438,079.34	103.92	1,350,960.00	3.8	17,420.00	1.3
28,080.00	Fastenal Co	20.87	586,132.06	47.32	1,328,745.60	3.7	34,819.20	2.6
7,900.00	Fedex Corp	125.87	994,373.98	173.20	1,368,280.00	3.8	36,340.00	2.7
13,700.00	Fiserv Inc	111.10	1,522,111.99	101.07	1,384,659.00	3.9	0.00	0.0
6,400.00	Illinois Tool Works	35.56	227,568.12	220.30	1,409,920.00	3.9	33,536.00	2.4
13,766.00	Intercontinental Exchange Inc	95.60	1,315,978.68	102.59	1,412,253.94	4.0	20,924.32	1.5
8,070.00	Johnson & Johnson	79.78	643,804.46	176.65	1,425,565.50	4.0	36,476.40	2.6
5,755.00	Microsoft Corp	46.11	265,363.97	239.82	1,380,164.10	3.9	15,653.60	1.1
11,835.00	Qualcomm, Inc.	63.68	753,612.21	109.94	1,301,139.90	3.6	35,505.00	2.7
3,356.00	Roper Technologies	310.76	1,042,896.21	432.09	1,450,094.04	4.1	9,161.88	0.6

PORTFOLIO APPRAISAL

Quantity	Security	Unit Cost	Total Cost	Price	Market Value	Pct. Assets	Annual Income	Yield
6,197.00	Sherwin-Williams Co	41.43	256,740.78	237.33	1,470,734.01	4.1	14,872.80	1.0
6,500.00	Stryker Corp	67.80	440,670.28	244.49	1,589,185.00	4.4	19,500.00	1.2
2,700.00	ThermoFisher Scientific Inc.	50.82	137,212.00	550.69	1,486,863.00	4.2	3,240.00	0.2
7,265.00	Visa Inc	75.46	548,229.82	207.76	1,509,376.40	4.2	13,077.00	0.9
9,800.00	Walmart Inc	58.01	568,471.42	141.79	1,389,542.00	3.9	21,952.00	1.6
15,425.00	Walt Disney Co	108.29	1,670,298.49	86.88	1,340,124.00	3.7	0.00	0.0
			19,452,023.19		35,185,117.39	98.4	457,907.40	1.3
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			20,008,665.09		35,741,759.29	100.0	460,235.48	1.3

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		438,160.96		438,160.96	15.1	1,971.72	0.5
Treasury Bills								
295,000	U S Treasury Bill 0.000% Due 02-02-23	98.55	290,729.41	99.68	294,067.06	10.1	0.00	0.0
450,000	U S Treasury Bill 0.000% Due 03-23-23	98.40	442,807.63	99.07	445,817.93	15.4	0.00	0.0
825,000	U S Treasury Bill 0.000% Due 04-20-23	97.94	808,006.55	98.70	814,247.61	28.1	0.00	0.0
225,000	Treasury Bill 0.000% Due 06-08-23	97.74	219,920.10	98.03	220,573.49	7.6	0.00	0.0
			1,761,463.69		1,774,706.08	61.2	0.00	0.0
U.S. Treasury Bonds								
325,000	U S Treasury Bond 1.625% Due 05-31-23	98.48	320,069.45	98.80	321,089.83	11.1	5,281.25	1.6
250,000	U S Treasury Bond 0.125% Due 06-30-23	97.11	242,783.08	97.78	244,453.13	8.4	312.50	0.1
125,000	U S Treasury Bond 0.125% Due 08-15-23	96.58	120,722.66	97.19	121,484.38	4.2	156.25	0.1
	Accrued Interest				524.17	0.0		
			683,575.19		687,551.49	23.7	5,750.00	0.8
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			2,883,199.84		2,900,418.54	100.0	7,721.72	0.3

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		152,038.81		152,038.81	5.1	684.17	0.5
Equity Mutual Funds								
48,501.7400	Schwab S&P 500 Indx- Sel Shs	53.67	2,603,157.24	58.76	2,849,962.24	94.9	0.00	0.0
TOTAL PORTFOLIO - Plunkett's Employee Savings Plan			2,755,196.05		3,002,001.05	100.0	684.17	0.0

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2022 and Ending 12/31/2022

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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