

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 02/28/1981
2a Plan sponsor's name (employer, if for a single-employer plan): LLOYD PEST CONTROL COMPANY
2b Employer Identification Number (EIN): 95-1896185
2c Plan Sponsor's telephone number: 619-668-1959
2d Business code (see instructions): 561710

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 366 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 257 |
| | 6a(2) | 247 |
| | 6b | 5 |
| | 6c | 112 |
| | 6d | 364 |
| | 6e | 0 |
| | 6f | 364 |
| | 6g(1) | 357 |
| | 6g(2) | 364 |
| 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 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (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
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

| | | |
|--|--|------------|
| A Name of plan LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 LLOYD PEST CONTROL COMPANY | D Employer Identification Number (EIN) 95-1896185 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

ALPHACORE CAPITAL LLC

875 PROSPECT STREET
SUITE 315
LA JOLLA, CA 92037

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 37828 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CORIENT PRIVATE WEALTH, LLC

88-0967642

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 32698 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CHARLES SCHWAB & CO., INC.

82-3967259

| (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? |
|------------------------|---|--|--|--|---|--|
| 19 | NONE | 9644 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

EVERCORE WEALTH MANAGEMENT LLC

26-3502254

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 7027 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

US BANK INSTITUTIONAL TRUST & CUST

94-0303228

| (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? |
|------------------------|---|--|--|--|---|--|
| 21 | TRUSTEE | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

| | | |
|--|---|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 LLOYD PEST CONTROL COMPANY | D Employer Identification Number (EIN) 95-1896185 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 204326 | 488503 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 1000000 | 1250000 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 130000 | 0 |
| (2) U.S. Government securities | 1c(2) | 0 | 1006755 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | 943101 |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 1350681 | 6722276 |
| (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) | 11999749 | 5798191 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 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 | 14684756 | 16208826 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 14684756 | 16208826 |

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) | 1250000 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1250000 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 9460 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 9460 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 411913 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 411913 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | -486448 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1057495 |
| c Other income | 2c | | 9566 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2251986 |

Expenses

| | | | |
|--|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 616360 | |
| (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) | | 616360 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 24359 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 87197 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 111556 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 727916 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1524070 |
| 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: **CONSIDINE & CONSIDINE**

(2) EIN: **95-2694444**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| 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.) | | 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.) | | 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.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| 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 | |
| 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? | | 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? | | 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 | | |
| 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.) | | 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? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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. | | | |

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

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

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

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan <u>LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>LLOYD PEST CONTROL COMPANY</u> | D Employer Identification Number (EIN) <u>95-1896185</u> | |

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

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 95-6897341

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.

**LLOYD PEST CONTROL COMPANY
PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee
Lloyd Pest Control Company Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Lloyd Pest Control Company Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by the ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years then ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements Section—

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Lloyd Pest Control Company Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, 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 includes 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 Lloyd Pest Control Company Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Lloyd Pest Control Company Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA


The supplemental schedule of assets (held at the end of the year) as of December 31, 2024 is presented for purposes of additional analysis and is 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental

schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CONSIDINE & CONSIDINE

An accountancy corporation

September 23, 2025

**LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

Page 6

| | 2024 | 2023 |
|---|---------------|---------------|
| ASSETS | | |
| CASH | \$ 488,503 | \$ 204,326 |
| INVESTMENTS AT FAIR VALUE (notes 4 and 6) | 14,470,323 | 13,480,430 |
| RECEIVABLES | | |
| Employer contributions | 1,250,000 | 1,000,000 |
| TOTAL ASSETS | 16,208,826 | 14,684,756 |
| TOTAL LIABILITIES | - | - |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 16,208,826 | \$ 14,684,756 |

See accompanying notes

LLOYD PEST CONTROL PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

Page 7

| | 2024 | 2023 |
|--|---------------|---------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| INVESTMENT INCOME (note 4) | | |
| Net appreciation in fair value of investments | \$ 571,047 | \$ 1,241,768 |
| Interest and dividends | 421,373 | 390,903 |
| Other income | 9,566 | 1,881 |
| | 1,001,986 | 1,634,552 |
| CONTRIBUTIONS | | |
| Employer | 1,250,000 | 1,000,000 |
| TOTAL CHANGES | 2,251,986 | 2,634,552 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid to participants | 616,360 | 596,396 |
| Administration fees | 111,556 | 77,393 |
| | 727,916 | 673,789 |
| TOTAL DEDUCTIONS | 727,916 | 673,789 |
| NET INCREASE | 1,524,070 | 1,960,763 |
| NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR | 14,684,756 | 12,723,993 |
| NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR | \$ 16,208,826 | \$ 14,684,756 |

See accompanying notes

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 8

NOTE 1 DESCRIPTION OF PLAN

The following description of Lloyd Pest Control Company Profit Sharing Plan ("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 eligible employees of Lloyd Pest Control Company and Lloyd Termite Control Company (collectively, the "Company"), who are at least 18 years of age, and have completed one year of service. Employees are credited with a year of service for eligibility purposes upon completion of a minimum of 1,000 hours of service during a consecutive twelve-month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Once an employee becomes eligible, they are enrolled in the plan at the next entry date, which is January 1 or July 1.

CONTRIBUTIONS

Contributions to the Plan are as follows:

- 1) The Company may make a discretionary contribution to the Plan on an annual basis up to the maximum amount allowed by the Internal Revenue Code. Effective January 1, 1996, the Plan does not allow employee contributions, with the exception of rollovers from other qualified plans. These amounts are included in contributions on the statements of changes in net assets available for plan benefits. The Company contributed 6.68% and 5.71% of participants' eligible compensation for 2024 and 2023, respectively.
- 2) Participants may rollover or transfer amounts from other qualified plans.

PARTICIPANT ACCOUNTS

All of the Plan's investments are nonparticipant-directed and managed by third-party investment companies.

Individual accounts are maintained for each participant. As of each valuation date, each eligible participant's account is allocated a portion of the Company's discretionary contribution, based on compensation. Forfeitures of terminated participants' nonvested accounts are allocated in a manner consistent with that for Company contributions.

Also at each valuation date, each participant's account that has not been distributed since the previous valuation date is allocated net earnings or loss as follows: (1) nonsegregated accounts are allocated a portion of the Plan's net earnings or losses based on the prior valuation date in the ratio that the value of each participant's account as of the preceding valuation date bears to the total value of all accounts as of the preceding valuation date; (2) segregated accounts will have only the net earnings or losses earned specifically thereon allocated thereto. As of December 31, 2024 and 2023, there were no

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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segregated accounts. For purposes of the allocation, the total value of all accounts as of the preceding valuation date is adjusted by the beginning balance of participants who withdrew from the Plan during the year, including both their withdrawals and forfeited, nonvested amounts.

VESTING

Participants are immediately fully vested in their rollover contributions and the earnings and losses on them. Participants are vested in the Company's discretionary contributions and any related earnings or losses as follows:

| <u>Years of Service</u> | <u>Vested Interest</u> |
|-------------------------|------------------------|
| 1 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

For vesting purposes, participants are credited with a year of service during any Plan year in which they have completed at least 1,000 hours of service. Participants become fully vested upon termination for reason of retirement, death or disability, or if the Plan is terminated. Nonvested benefits are forfeited by participants upon termination for reasons other than retirement, death or disability.

The vested balance of a participant's account(s) may be withdrawn to provide benefits in accordance with the terms of the Plan document. The withdrawal may be taken as a lump-sum payment or an alternate form of payment, if permitted under the Plan, at the time of distribution.

PAYMENT OF BENEFITS

For purposes of determining whether or not a withdrawal is being used to provide benefits in accordance with the Plan document, the term "benefits" is limited to amounts becoming payable to the participant due to:

- (A) termination of employment
- (B) retirement
- (C) disability
- (D) death
- (E) in-service distributions

As defined in the plan document.

Withdrawals for reasons other than those listed above are allowed but may be subject to certain charges and adjustments.

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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In the event of a mandatory distribution greater than \$1,000, but no more than \$5,000, in accordance with the payment provisions of the Plan, if the Participant does not elect to have such distributions paid directly to an eligible retirement plan specified by the Participant in a direct rollover or to receive the distribution directly under any form of payment allowed under the Plan, then the distribution will be paid in a direct rollover to an individual retirement plan designated by the plan administrator. Mandatory distributions of \$1,000 or less will be paid in cash as directed by the plan administrator, unless the Participant elects a direct rollover or elects to receive the distribution under another form permitted by the Plan.

The Plan allows in-service distributions. These amounts are included in Benefits Paid to Participants on the Statement of Changes in Net Assets Available for Plan Benefits.

ADMINISTRATIVE EXPENSES

A portion of the administrative expenses of the Plan were paid by the employer for the years ended December 31, 2024 and 2023. Amounts totaling \$111,556 and \$77,393 were paid directly by the plan for investment advisory and management fees as well as participant distribution fees in 2024 and 2023, respectively. Certain investment related expenses are included as a reduction of investment return and are not separately reflected.

FORFEITED ACCOUNTS

At December 31, 2024 and 2023, forfeited vested accounts totaled \$0, respectively. For the years ended December 31, 2024 and 2023 additional employer contributions to active participants using 2024 and 2023 forfeitures totaled \$14,080 and \$68,461, respectively.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The accompanying financial statements have been prepared using the accrual method in conformity with generally accepted accounting principles (GAAP) in the United States of America.

Use of estimates - The preparation of financial statements in conformity with GAAP requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Credit Losses – The Plan follows ASU 2016-13 Financial Instruments – Credit Losses (Topic 326) and all related amendments. The standard replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the CECL methodology is applicable to trading receivables, financing receivables, held-to-maturity debt securities, and receivables relating to repurchase agreements and securities lending agreements. It also applies to off-balance sheet credit exposures not accounted for as insurance (loan commitments, standby letters of credit, financial guarantees, and other similar instruments) and net investments in leases recognized by a lessor in accordance with Topic 842 on leases.

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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Investments valuation and income recognition - Investments are stated at fair value as certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan's trustee. Quoted market prices are used to value investments at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividends are recorded on the ex-dividend date.

Classification and Measurement of Financial Instruments - The Plan follows Accounting Standards Update (ASU) 2016-01 "Recognition and Measurement of Financial Assets and Financial Liabilities." This ASU requires most equity investments to be measured at fair value and eliminates the requirement to disclose the method and significant assumptions used to estimate the fair value for instruments not recognized at fair value in the Plan's financial statements.

Fair value measurement - The Plan follows accounting standards consistent with the FASB Codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Benefits - Benefits are recorded when paid.

Income taxes - The pension plan is tax exempt under the Internal Revenue Code Section 401(a) and consequently pays no income tax.

The Plan obtained its latest determination letter in June 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2024 and 2023, the Plan has not accrued interest or penalties related to uncertain tax positions. The Plan files a tax return in U.S. Federal jurisdiction.

NOTE 3 PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer may terminate the Plan at any time with respect to all participants by the adoption of an appropriate resolution by its owners. In the event of a complete termination of the Plan, the rights of all participants to account balances accrued to the date of the termination are fully vested and not subject to forfeiture.

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 INFORMATION PREPARED AND CERTIFIED BY PLAN TRUSTEE

The Company has obtained certifications from Charles Schwab Trust Bank (“Charles Schwab”) and US Bank, N.A (“US Bank”), collectively “the trustees” of the Plan, that all of the information provided to the Company by the trustees is complete and accurate. The trustees certifications apply to substantially all of the Plan’s investment assets, transactions, and supplemental schedules. The trustees report such information primarily on the cash basis while the accompanying financial statements and supplemental schedules are presented on the accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by the trustees.

The following is information prepared and certified by Charles Schwab:

| | 2024 | 2023 |
|---|---------------|---------------|
| Cash | \$ 488,503 | \$ 204,275 |
| Investments: | | |
| Mutual funds and ETF | \$ 5,798,191 | \$ 11,999,748 |
| Common and corporate stocks | 7,665,377 | 1,350,681 |
| U.S. Government securities | 1,006,755 | - |
| Money market funds | - | 130,000 |
| | \$ 14,470,323 | \$ 13,480,429 |
| Investment income: | 2024 | 2023 |
| Net appreciation in fair value of investments | \$ 571,009 | \$ 700,701 |
| Interest and dividends on investments | 421,373 | 307,982 |
| | \$ 992,382 | \$ 1,008,683 |

The following is information prepared and certified by US Bank:

| | 2024 | 2023 |
|---|-------|------------|
| Cash | \$ - | \$ 51 |
| Investments: | | |
| Mutual funds | \$ - | \$ 1 |
| Investment income: | 2024 | 2023 |
| Net appreciation in fair value of investments | \$ 38 | \$ 541,067 |
| Interest and dividends on investments | - | 82,921 |
| Other income | - | 1,881 |
| | \$ 38 | \$ 625,869 |

During 2024 and 2023, the Plan's investments (including investments bought, sold, and held during the year) changed in value by \$571,047 and \$1,241,768, respectively.

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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NOTE 5 RISKS AND UNCERTAINTIES

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

NOTE 6 FAIR VALUE MEASUREMENT

The Plan follows fair value measurement accounting standards to value its financial assets and liabilities. Fair value is based on 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. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

The Plan's policy is to recognize transfers of investments into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2024 and 2023, there were no significant transfers of investments into or out of Level 3.

Money market funds, mutual funds and exchange-traded funds: Money market funds, mutual funds and exchange-traded funds are valued at quoted market prices in an exchange and active markets, which represent the net asset value of shares held by the Plan at year-end and are classified as Level 1 investments.

Corporate and common stocks: Valued at the closing price reported on the active market on which the individual securities are traded and classified as Level 1 investments.

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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U.S. Government securities are government and agency obligations, are valued at daily evaluated pricing and classified as Level 2 investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There are no plan assets requiring the use of level 3 inputs for the years presented and there were no changes in the methods used to measure fair value at December 31, 2024 and 2023.

The following table presents the investments listed on the statement of net assets measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2024.

| | Level 1 | Level 2 | Level 3 | Total |
|-----------------------------|----------------------|---------------------|-------------|----------------------|
| Assets | | | | |
| Mutual funds, ETF's | \$ 5,798,191 | \$ - | \$ - | \$ 5,798,191 |
| Common and corporate stocks | 7,665,377 | - | - | 7,665,377 |
| U.S. Government securities | - | 1,006,755 | - | 1,006,755 |
| | <u>\$ 13,463,568</u> | <u>\$ 1,006,755</u> | <u>\$ -</u> | <u>\$ 14,470,323</u> |

The following table presents the investments listed on the statement of net assets measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2023.

| | Level 1 | Level 2 | Level 3 | Total |
|---------------------|----------------------|-------------|-------------|----------------------|
| Assets | | | | |
| Mutual funds, ETF's | \$ 11,999,749 | \$ - | \$ - | \$ 11,999,749 |
| Corporate stocks | 1,350,681 | - | - | 1,350,681 |
| Money market funds | 130,000 | - | - | 130,000 |
| | <u>\$ 13,480,430</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 13,480,430</u> |

NOTE 7 PARTY-IN-INTEREST

Certain Plan investments are managed by the trustees of the Plan, which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to Charles Schwab totaled \$87,197 and \$38,976 for the years ended December 31, 2024 and 2023, respectively. Administrative fees incurred by the Plan to US Bank totaled \$0 and \$9,347 for the years ended December 31, 2024 and 2023, respectively. The Plan also paid fees totaling \$24,359 and \$13,499 for the years ended December 31, 2024 and 2023, respectively, to the FuturePlan Administrative Services, LLC, the plan administrator. Other consulting fees incurred by the Plan totaled \$0 and \$15,571 for the years ended December 31, 2024 and 2023. The Company also pays certain administrative fees of the Plan, which are not reimbursed. In addition, the Company provides administrative services to the Plan at no cost to the Plan.

**LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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NOTE 8 SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 23, 2025, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par of maturity value | (d) Cost | (e) Current value |
|-----|--|--|--------------|-------------------|
| | Pimco Income Fund Inst Cl | Mutual fund | \$ 1,217,900 | \$ 1,214,938 |
| | Vanguard Short Term Cor Bond ETF | Exchange-traded fund | 518,655 | 537,879 |
| | Vanguard Total Bond Mkt Index Adm | Mutual fund | 498,184 | 429,452 |
| | DFA Five Yr Global Fixed Inc Port Instl | Mutual fund | 412,203 | 399,217 |
| | US Treasury NT 4.25% 11/15/34 | U.S. Government securities | 393,531 | 389,812 |
| | Amazon Com inc | Common stock | 312,042 | 342,248 |
| | JP Morgan Ultra Short Income ETF | Exchange-traded fund | 335,608 | 334,960 |
| | JP Morgan Income I | Mutual fund | 335,000 | 334,606 |
| | SPDR Doubleline TTL Return TTCL ETF | Exchange-traded fund | 333,311 | 330,876 |
| | Fidelity Total Bond ETF | Exchange-traded fund | 331,995 | 329,794 |
| | Eaton Vance Inc Fund of Boston Cl I | Mutual fund | 300,000 | 297,686 |
| | Alphabet Inc | Common stock | 235,202 | 277,324 |
| | Microsoft Corp | Common stock | 226,442 | 267,652 |
| | Blackrock Inc New | Common stock | 227,239 | 230,650 |
| | Artisan International Value Instl | Mutual fund | 240,000 | 221,473 |
| | Pzena Emerging Markets Value Instl | Mutual fund | 240,000 | 208,099 |
| | Apple Inc | Common stock | 131,121 | 206,596 |
| | Fidelity MSCI Health Care Index ETF | Exchange-traded fund | 199,226 | 197,684 |
| | Nvidia Corp | Common stock | 129,047 | 192,035 |
| | PJIM Jennison Health Sci Z | Mutual fund | 215,000 | 179,009 |
| | Vanguard S&P 500 ETF | Exchange-traded fund | 159,554 | 176,191 |
| | Accenture Plc Class A | Common stock | 160,549 | 168,859 |
| | US Treasury NT 1.75% 3/15/25 | U.S. Government securities | 165,358 | 168,102 |
| | US Treasury NT 4.625% 3/15/26 | U.S. Government securities | 152,476 | 150,633 |

See accompanying independent auditor's report

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

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|-----|--|--|----------|-------------------|
| | ANSYS Inc. | Common stock | 149,089 | 150,112 |
| | Constellation Brand CL A | Common stock | 156,471 | 144,755 |
| | Viking Holdings Ltd | Common stock | 140,863 | 144,738 |
| | Autozone, Inc. | Common stock | 139,464 | 144,090 |
| | Cyberark Software Ltd | Common stock | 131,110 | 141,589 |
| | JP Morgan Chase & Co | Common stock | 129,652 | 140,230 |
| | Home Depot | Common stock | 135,303 | 140,036 |
| | EOG Resources Inc | Common stock | 144,854 | 139,128 |
| | ASML Holding NV New F | Common stock | 144,891 | 138,616 |
| | TJX Cos Inc | Common stock | 129,511 | 138,327 |
| | Morgan Stanley | Common stock | 138,297 | 138,292 |
| | Costco Wholesale Corp | Common stock | 141,387 | 137,440 |
| | Alphabet Inc | Common stock | 124,644 | 135,212 |
| | Mc Donalds Corp | Common stock | 130,591 | 134,799 |
| | Visa Inc CL A | Common stock | 124,549 | 134,318 |
| | Procter & Gamble | Common stock | 130,075 | 134,120 |
| | ConocoPhillips | Common stock | 127,716 | 133,879 |
| | Broadcom Limited | Common stock | 113,085 | 133,308 |
| | General Dynamics Corp | Common stock | 129,431 | 131,745 |
| | Coca Cola Company | Common stock | 128,607 | 130,746 |
| | Chubb Ltd | Common stock | 127,983 | 129,861 |
| | CBRE Group Inc. Class A | Common stock | 131,686 | 129,321 |
| | Digital Realty Trust | Common stock | 129,840 | 128,564 |
| | SPDR S&P Biotech ETF IV | Exchange-traded fund | 126,420 | 126,084 |
| | Invesco S&P Global Water Index ETF | Exchange-traded fund | 130,060 | 126,015 |

See accompanying independent auditor's report

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par of maturity value | (d) Cost | (e) Current value |
|-----|--|--|----------|-------------------|
| | Mastercard Inc | Common stock | 115,718 | 123,744 |
| | Thermo Fisher Scientific Corp Com | Common stock | 121,497 | 122,255 |
| | Crocs Inc | Common stock | 113,103 | 120,483 |
| | Williams Co. Inc | Common stock | 120,404 | 118,524 |
| | CDW Corp | Common stock | 123,707 | 113,996 |
| | Blackstone Group, Inc. | Common stock | 115,378 | 112,935 |
| | Unitedhealth Group Inc | Common stock | 128,837 | 111,289 |
| | DFA US High Relative Profit Prt Inst | Mutual fund | 69,631 | 110,044 |
| | Lubrizol Corp | Corporate stock | 113,477 | 109,839 |
| | DFA US Targeted Value Port Instl | Mutual fund | 67,306 | 106,555 |
| | US Treasury NT 2.875% 5/31/25 | U.S. Government securities | 99,877 | 101,410 |
| | Honeywell International | Corporate stock | 103,261 | 100,131 |
| | American Tower Corporation REIT | Common stock | 111,320 | 99,958 |
| | American Tower Corporation | Corporate stock | 101,398 | 99,510 |
| | Johnson & Johnson | Corporate stock | 104,816 | 99,415 |
| | Toyota Motor CRE | Corporate stock | 99,918 | 99,230 |
| | US Treasury NT 4.125% 10/31/29 | U.S. Government securities | 99,300 | 98,891 |
| | US Treasury NT 4.125% 11/30/31 | U.S. Government securities | 98,023 | 97,906 |
| | Adobe Systems Inc | Common stock | 109,142 | 97,830 |
| | CVS Health Corporation | Corporate stock | 101,075 | 97,464 |
| | Johnson CTLS Intl | Corporate stock | 100,257 | 97,254 |
| | Walt Disney Co | Corporate stock | 96,254 | 95,877 |
| | Weyerhaeuser Co | Corporate stock | 97,079 | 94,668 |
| | Builders Firstsource, Inc. | Common stock | 116,747 | 93,619 |
| | Abbott Laboratories | Common stock | 89,598 | 91,619 |

See accompanying independent auditor's report

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par of maturity value | (d) Cost | (e) Current value |
|-----|--|--|----------|-------------------|
| | Chevron Corporation | Common stock | 89,793 | 86,904 |
| | Generac Holdings Inc. | Common stock | 100,558 | 86,053 |
| | Novo-Nordisk A-S F | Common stock | 95,079 | 75,698 |
| | Vanguard International Dividend Aprectn ETF | Exchange-traded fund | 66,173 | 63,992 |
| | Waste Management | Corporate stock | 50,342 | 49,712 |
| | Vanguard Emerging Mkt Gov Bond ETF IV | Exchange-traded fund | 42,069 | 37,574 |
| | Fiserv Inc | Common stock | 38,924 | 36,976 |
| | Celanese Corp | Common stock | 53,409 | 34,605 |
| | Meta Platforms Inc | Common stock | 8,646 | 32,203 |
| | Tesla Motors Inc | Common stock | 14,967 | 26,250 |
| | Real Estate Select Sctr Spdr ETF | Exchange-traded fund | 21,784 | 23,385 |
| | Wal-Mart Stores Inc | Common stock | 3,612 | 20,329 |
| | Berkshire Hathaway B | Common stock | 1,024 | 13,598 |
| | Vanguard Mid Cap ETF | Exchange-traded fund | 9,923 | 12,678 |
| | Oracle Corporation | Common stock | 2,232 | 12,498 |
| | Salesforce Com | Common stock | 2,453 | 11,703 |
| | Goldman Sachs Group Inc | Common stock | 4,537 | 11,452 |
| | Cisco Systems | Common stock | 6,727 | 11,248 |
| | Intuit | Common stock | 3,856 | 9,427 |
| | Caterpillar Inc | Common stock | 2,252 | 9,069 |
| | Netflix Inc | Common stock | 1,021 | 8,913 |
| | Intuitive Surgical | Common stock | 2,758 | 7,829 |
| | Eli Lilly & Company | Common stock | 121 | 7,720 |
| | Qualcomm Inc | Common stock | 2,144 | 7,681 |

See accompanying independent auditor's report

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par of maturity value | (d) Cost | (e) Current value |
|-----|--|--|----------|-------------------|
| | Emerson Electric | Common stock | 3,367 | 7,436 |
| | American Express Co | Common stock | 956 | 7,420 |
| | Gilead Sciences Inc | Common stock | 3,744 | 7,390 |
| | Lockheed Martin Corp | Common stock | 2,785 | 7,289 |
| | Stryker Corp | Common stock | 2,320 | 7,202 |
| | Exxon Mobil Corp | Common stock | 3,573 | 6,992 |
| | Amgen Incorporated | Common stock | 1,469 | 6,516 |
| | Applied Materials | Common stock | 2,211 | 6,505 |
| | Abbvie Inc | Common stock | 1,109 | 5,864 |
| | Raytheon Technologies Co | Common stock | 1,124 | 5,786 |
| | Danaher Corporation Delaware | Common stock | 1,074 | 5,739 |
| | Union Pacific Corp | Common stock | 2,107 | 5,702 |
| | Honeywell International | Common stock | 1,529 | 5,647 |
| | Fedex Corporation | Common stock | 3,560 | 5,627 |
| | Elevance Health Inc | Common stock | 1,928 | 5,533 |
| | Paypal Holdings Inc | Common stock | 1,773 | 5,121 |
| | Electronic Arts | Common stock | 4,082 | 5,120 |
| | Mondelez Intl Inc | Common stock | 2,868 | 5,077 |
| | Illinois Tool Wks Inc | Common stock | 3,215 | 5,071 |
| | Comcast Corp New Cl A | Common stock | 954 | 4,879 |
| | Pepsico Inc | Common stock | 1,925 | 4,562 |
| | 3M Company | Common stock | 884 | 4,518 |
| | Walt Disney Co | Common stock | 1,227 | 4,455 |
| | United Parcel Service B | Common stock | 2,270 | 4,412 |
| | Medtronic Plc | Common stock | 4,232 | 4,393 |

See accompanying independent auditor's report

**LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024**

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par of maturity value | (d) Cost | (e) Current value |
|-----|--|--|----------------------|----------------------|
| | Occidental Petrol Co | Common stock | 5,162 | 4,200 |
| | Kimberly-Clark Corp | Common stock | 726 | 3,931 |
| | Cigna Corp | Common stock | 3,422 | 3,866 |
| | CVS Health Corporation | Common stock | 2,677 | 3,367 |
| | Intel Corp | Common stock | 4,826 | 2,707 |
| | Target Corporation | Common stock | 1,750 | 2,704 |
| | Lauder Estee Cos Inc | Common stock | 2,683 | 2,249 |
| | | | <u>\$ 14,124,281</u> | <u>\$ 14,470,323</u> |

* Indicates an identified person known to be a party-in-interest to the Plan

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par of maturity value | (d) Cost | (e) Current value |
|-----|--|--|--------------|-------------------|
| | Pimco Income Fund Inst Cl | Mutual fund | \$ 1,217,900 | \$ 1,214,938 |
| | Vanguard Short Term Cor Bond ETF | Exchange-traded fund | 518,655 | 537,879 |
| | Vanguard Total Bond Mkt Index Adm | Mutual fund | 498,184 | 429,452 |
| | DFA Five Yr Global Fixed Inc Port Instl | Mutual fund | 412,203 | 399,217 |
| | US Treasury NT 4.25% 11/15/34 | U.S. Government securities | 393,531 | 389,812 |
| | Amazon Com inc | Common stock | 312,042 | 342,248 |
| | JP Morgan Ultra Short Income ETF | Exchange-traded fund | 335,608 | 334,960 |
| | JP Morgan Income I | Mutual fund | 335,000 | 334,606 |
| | SPDR Doubleline TTL Return TTCL ETF | Exchange-traded fund | 333,311 | 330,876 |
| | Fidelity Total Bond ETF | Exchange-traded fund | 331,995 | 329,794 |
| | Eaton Vance Inc Fund of Boston Cl I | Mutual fund | 300,000 | 297,686 |
| | Alphabet Inc | Common stock | 235,202 | 277,324 |
| | Microsoft Corp | Common stock | 226,442 | 267,652 |
| | Blackrock Inc New | Common stock | 227,239 | 230,650 |
| | Artisan International Value Instl | Mutual fund | 240,000 | 221,473 |
| | Pzena Emerging Markets Value Instl | Mutual fund | 240,000 | 208,099 |
| | Apple Inc | Common stock | 131,121 | 206,596 |
| | Fidelity MSCI Health Care Index ETF | Exchange-traded fund | 199,226 | 197,684 |
| | Nvidia Corp | Common stock | 129,047 | 192,035 |
| | PJIM Jennison Health Sci Z | Mutual fund | 215,000 | 179,009 |
| | Vanguard S&P 500 ETF | Exchange-traded fund | 159,554 | 176,191 |
| | Accenture Plc Class A | Common stock | 160,549 | 168,859 |
| | US Treasury NT 1.75% 3/15/25 | U.S. Government securities | 165,358 | 168,102 |
| | US Treasury NT 4.625% 3/15/26 | U.S. Government securities | 152,476 | 150,633 |

See accompanying independent auditor's report

LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par of maturity value | (d) Cost | (e) Current value |
|-----|--|--|----------|-------------------|
| | ANSYS Inc. | Common stock | 149,089 | 150,112 |
| | Constellation Brand CL A | Common stock | 156,471 | 144,755 |
| | Viking Holdings Ltd | Common stock | 140,863 | 144,738 |
| | Autozone, Inc. | Common stock | 139,464 | 144,090 |
| | Cyberark Software Ltd | Common stock | 131,110 | 141,589 |
| | JP Morgan Chase & Co | Common stock | 129,652 | 140,230 |
| | Home Depot | Common stock | 135,303 | 140,036 |
| | EOG Resources Inc | Common stock | 144,854 | 139,128 |
| | ASML Holding NV New F | Common stock | 144,891 | 138,616 |
| | TJX Cos Inc | Common stock | 129,511 | 138,327 |
| | Morgan Stanley | Common stock | 138,297 | 138,292 |
| | Costco Wholesale Corp | Common stock | 141,387 | 137,440 |
| | Alphabet Inc | Common stock | 124,644 | 135,212 |
| | Mc Donalds Corp | Common stock | 130,591 | 134,799 |
| | Visa Inc CL A | Common stock | 124,549 | 134,318 |
| | Procter & Gamble | Common stock | 130,075 | 134,120 |
| | ConocoPhillips | Common stock | 127,716 | 133,879 |
| | Broadcom Limited | Common stock | 113,085 | 133,308 |
| | General Dynamics Corp | Common stock | 129,431 | 131,745 |
| | Coca Cola Company | Common stock | 128,607 | 130,746 |
| | Chubb Ltd | Common stock | 127,983 | 129,861 |
| | CBRE Group Inc. Class A | Common stock | 131,686 | 129,321 |
| | Digital Realty Trust | Common stock | 129,840 | 128,564 |
| | SPDR S&P Biotech ETF IV | Exchange-traded fund | 126,420 | 126,084 |
| | Invesco S&P Global Water Index ETF | Exchange-traded fund | 130,060 | 126,015 |

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LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
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DECEMBER 31, 2024

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|-----|--|--|----------|-------------------|
| | Mastercard Inc | Common stock | 115,718 | 123,744 |
| | Thermo Fisher Scientific Corp Com | Common stock | 121,497 | 122,255 |
| | Crocs Inc | Common stock | 113,103 | 120,483 |
| | Williams Co. Inc | Common stock | 120,404 | 118,524 |
| | CDW Corp | Common stock | 123,707 | 113,996 |
| | Blackstone Group, Inc. | Common stock | 115,378 | 112,935 |
| | Unitedhealth Group Inc | Common stock | 128,837 | 111,289 |
| | DFA US High Relative Profit Prt Inst | Mutual fund | 69,631 | 110,044 |
| | Lubrizol Corp | Corporate stock | 113,477 | 109,839 |
| | DFA US Targeted Value Port Instl | Mutual fund | 67,306 | 106,555 |
| | US Treasury NT 2.875% 5/31/25 | U.S. Government securities | 99,877 | 101,410 |
| | Honeywell International | Corporate stock | 103,261 | 100,131 |
| | American Tower Corporation REIT | Common stock | 111,320 | 99,958 |
| | American Tower Corporation | Corporate stock | 101,398 | 99,510 |
| | Johnson & Johnson | Corporate stock | 104,816 | 99,415 |
| | Toyota Motor CRE | Corporate stock | 99,918 | 99,230 |
| | US Treasury NT 4.125% 10/31/29 | U.S. Government securities | 99,300 | 98,891 |
| | US Treasury NT 4.125% 11/30/31 | U.S. Government securities | 98,023 | 97,906 |
| | Adobe Systems Inc | Common stock | 109,142 | 97,830 |
| | CVS Health Corporation | Corporate stock | 101,075 | 97,464 |
| | Johnson CTLS Intl | Corporate stock | 100,257 | 97,254 |
| | Walt Disney Co | Corporate stock | 96,254 | 95,877 |
| | Weyerhaeuser Co | Corporate stock | 97,079 | 94,668 |
| | Builders Firstsource, Inc. | Common stock | 116,747 | 93,619 |
| | Abbott Laboratories | Common stock | 89,598 | 91,619 |

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LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

Plan Number: 002

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|-----|--|--|----------|-------------------|
| | Chevron Corporation | Common stock | 89,793 | 86,904 |
| | Generac Holdings Inc. | Common stock | 100,558 | 86,053 |
| | Novo-Nordisk A-S F | Common stock | 95,079 | 75,698 |
| | Vanguard International Dividend Aprectn ETF | Exchange-traded fund | 66,173 | 63,992 |
| | Waste Management | Corporate stock | 50,342 | 49,712 |
| | Vanguard Emerging Mkt Gov Bond ETF IV | Exchange-traded fund | 42,069 | 37,574 |
| | Fiserv Inc | Common stock | 38,924 | 36,976 |
| | Celanese Corp | Common stock | 53,409 | 34,605 |
| | Meta Platforms Inc | Common stock | 8,646 | 32,203 |
| | Tesla Motors Inc | Common stock | 14,967 | 26,250 |
| | Real Estate Select Sctr Spdr ETF | Exchange-traded fund | 21,784 | 23,385 |
| | Wal-Mart Stores Inc | Common stock | 3,612 | 20,329 |
| | Berkshire Hathaway B | Common stock | 1,024 | 13,598 |
| | Vanguard Mid Cap ETF | Exchange-traded fund | 9,923 | 12,678 |
| | Oracle Corporation | Common stock | 2,232 | 12,498 |
| | Salesforce Com | Common stock | 2,453 | 11,703 |
| | Goldman Sachs Group Inc | Common stock | 4,537 | 11,452 |
| | Cisco Systems | Common stock | 6,727 | 11,248 |
| | Intuit | Common stock | 3,856 | 9,427 |
| | Caterpillar Inc | Common stock | 2,252 | 9,069 |
| | Netflix Inc | Common stock | 1,021 | 8,913 |
| | Intuitive Surgical | Common stock | 2,758 | 7,829 |
| | Eli Lilly & Company | Common stock | 121 | 7,720 |
| | Qualcomm Inc | Common stock | 2,144 | 7,681 |

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LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 95-1896185

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|-----|--|--|----------|-------------------|
| | Emerson Electric | Common stock | 3,367 | 7,436 |
| | American Express Co | Common stock | 956 | 7,420 |
| | Gilead Sciences Inc | Common stock | 3,744 | 7,390 |
| | Lockheed Martin Corp | Common stock | 2,785 | 7,289 |
| | Stryker Corp | Common stock | 2,320 | 7,202 |
| | Exxon Mobil Corp | Common stock | 3,573 | 6,992 |
| | Amgen Incorporated | Common stock | 1,469 | 6,516 |
| | Applied Materials | Common stock | 2,211 | 6,505 |
| | Abbvie Inc | Common stock | 1,109 | 5,864 |
| | Raytheon Technologies Co | Common stock | 1,124 | 5,786 |
| | Danaher Corporation Delaware | Common stock | 1,074 | 5,739 |
| | Union Pacific Corp | Common stock | 2,107 | 5,702 |
| | Honeywell International | Common stock | 1,529 | 5,647 |
| | Fedex Corporation | Common stock | 3,560 | 5,627 |
| | Elevance Health Inc | Common stock | 1,928 | 5,533 |
| | Paypal Holdings Inc | Common stock | 1,773 | 5,121 |
| | Electronic Arts | Common stock | 4,082 | 5,120 |
| | Mondelez Intl Inc | Common stock | 2,868 | 5,077 |
| | Illinois Tool Wks Inc | Common stock | 3,215 | 5,071 |
| | Comcast Corp New Cl A | Common stock | 954 | 4,879 |
| | Pepsico Inc | Common stock | 1,925 | 4,562 |
| | 3M Company | Common stock | 884 | 4,518 |
| | Walt Disney Co | Common stock | 1,227 | 4,455 |
| | United Parcel Service B | Common stock | 2,270 | 4,412 |
| | Medtronic Plc | Common stock | 4,232 | 4,393 |

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**LLOYD PEST CONTROL COMPANY PROFIT SHARING PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024**

Plan Sponsor's EIN: 95-1896185

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|-----|--|--|----------------------|----------------------|
| | Occidental Petrol Co | Common stock | 5,162 | 4,200 |
| | Kimberly-Clark Corp | Common stock | 726 | 3,931 |
| | Cigna Corp | Common stock | 3,422 | 3,866 |
| | CVS Health Corporation | Common stock | 2,677 | 3,367 |
| | Intel Corp | Common stock | 4,826 | 2,707 |
| | Target Corporation | Common stock | 1,750 | 2,704 |
| | Lauder Estee Cos Inc | Common stock | 2,683 | 2,249 |
| | | | <u>\$ 14,124,281</u> | <u>\$ 14,470,323</u> |

* Indicates an identified person known to be a party-in-interest to the Plan