Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] 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
D & H COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
D & H COMPANY

PO BOX 1688
TUPELO, MS 38802

2b Employer Identification Number (EIN) 64-0297943

2c Plan Sponsor's telephone number 662-842-7525

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/28/2022	NAT LEATHERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	485
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	420
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	364
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	81
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	445
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	445
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	380
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	113
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
D & H COMPANY 401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
D & H COMPANY	64-0297943

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MID-ATLANTIC TRUST COMPANY

27-3169253

(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)

RENASANT BANK

209 TROY STREET
TUPELO, MS 38802

(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	NONE	25840	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EPIC RETIREMENT PLAN SERVICES, INC.

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38	NONE	10385	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
D & H COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
D & H COMPANY

D Employer Identification Number (EIN)
64-0297943

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2864	23160
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2338	1178
(2) Participant contributions	1b(2)	9417	629
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7361	10214
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	1841629	2453139
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1863609	2488320
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2514	3148
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2514	3148
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1861095	2485172

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)	119804	
	(B) Participants	2a(1)(B)	573426	
	(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)		693230
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	5987	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5987
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		264784
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		964001
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	298365	
(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)		298365
f Corrective distributions (see instructions)	2f		5340
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	36219	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		36219
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		339924
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		624077
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MONROE SHINE & CO., INC. **(2)** EIN: 35-1515068

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		2705

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
D & H COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
D & H COMPANY

D Employer Identification Number (EIN)
64-0297943

Part I Distributions

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

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

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

EIN(s): 27-3169253

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

D & H COMPANY 401(K) PLAN
TUPELO, MISSISSIPPI

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2021 AND 2020

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

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Independent Auditor's Report

To the Plan Committee of the
D & H Company 401(k) Plan
Tupelo, Mississippi

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of the D & H Company 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ["ERISA Section 103(a)(3)(C) audit"]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 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 ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 GAAS 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions and assets (held at end of year) as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 19, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Monroe Shine + Co., Inc.

New Albany, Indiana
July 26, 2022

D & H COMPANY 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
Cash	$ 23,160	$ 2,864
Investments, at fair value:		
Money market fund	10,214	7,361
Mutual funds	810,124	583,540
Separately managed accounts	1,643,015	1,258,089
Total investments	2,463,353	1,848,990
Receivables:		
Employer contributions	1,178	2,338
Participant contributions	629	9,417
Total receivables	1,807	11,755
Total Assets	2,488,320	1,863,609
LIABILITY		
Excess contributions payable to participants	3,148	2,514
Net Assets Available for Benefits	$ 2,485,172	$ 1,861,095

See notes to financial statements.

D & H COMPANY 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 5,987	$ 4,944
Net appreciation in fair value of investments	264,784	253,794
	270,771	258,738
Contributions:		
Employer	119,804	96,601
Participant	573,426	507,757
Participant rollovers	-	23,000
	693,230	627,358
Total additions	964,001	886,096
Deductions from net assets attributed to:		
Benefits paid to participants	303,705	177,081
Administrative fees	36,219	26,666
Total deductions	339,924	203,747
Net Increase	624,077	682,349
Net assets available for benefits:		
Beginning of year	1,861,095	1,178,746
End of Year	$ 2,485,172	$ 1,861,095

See notes to financial statements.

(1) DESCRIPTION OF PLAN

The following description of the **D & H Company 401(k) Plan** (the "Plan") provides only general information. Participants should refer to the plan document and Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by D & H Company (the "Company") effective as of January 1, 2017, covering substantially all employees of the Company and its affiliates who have completed one year of service (minimum of 1,000 hours) and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may make pre-tax and after-tax Roth elective salary deferrals up to 100% of eligible compensation, as defined in the plan document, subject to limitations imposed by Internal Revenue Code ("IRC") regulations. Eligible participants are also permitted to make special catch-up contributions in accordance with IRC regulations and rollover contributions representing distributions from other qualified defined benefit plans, defined contribution plans or individual retirement accounts. The Plan also allows employee non-Roth after-tax contributions, subject to IRC limits.

Company discretionary salary deferral matching contributions for 2021 and 2020 were made equal to 25% of each participant's salary deferral contributions, limited to 4% of eligible compensation. Company contributions may also include discretionary employer contributions as determined annually by the Company. The Company made no discretionary employer contributions during 2021 and 2020 other than the matching contributions discussed above.

Effective for employees who become eligible participants after September 1, 2017, the Plan automatically withholds 4% of eligible compensation on a pre-tax basis. Employees can opt out of the Plan's automatic enrollment provisions by providing written notice to the plan administrator. A participant may also withdraw automatic enrollment salary deferral contributions, and earnings thereon, without penalty, within 30 days after the date the first automatic deferral is made.

Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, a money market fund and separately managed accounts as investment options for participants. The separately managed accounts are administered by a division of Renasant Bank, the trustee of the Plan, and principally consist of mutual funds. Participants may change their investment elections at any time.

Participant Accounts

Each participant's account is credited with the participant's salary deferrals, employer contributions, and plan earnings, and charged with an allocation of plan losses and administrative expenses. Allocations are based on participant compensation, account balances or specific transactions, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(1 - continued)

Vesting

Participants are immediately 100% vested in their salary deferral and rollover contributions plus actual earnings thereon. Vesting in employer contributions is based on years of continuous service as defined in the plan document. Participants are 100% vested in their employer contributions after five years of credited service.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, participants may elect to receive a lump sum amount equal to the value of their vested account balance. The Plan also provides for in-service distributions for participants that have attained age 59½ or for financial hardships. Separated participants with vested account balances exceeding $5,000 may elect to defer benefits until reaching normal retirement age.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law. The CARES Act, among other things, included several relief provisions available to tax-qualified retirement plans and their participants. Plan management evaluated the relief provisions available to plan participants under the CARES Act and adopted the provision that permits COVID-19 related in-service distributions during 2020 of up to $100,000, without penalty, for eligible participants.

Forfeited Accounts

Participants forfeit employer contribution accounts when terminating service prior to vesting in their employer contributions. These accounts will be used to reduce future employer contributions or pay plan expenses. At December 31, 2021 and 2020, forfeited nonvested accounts totaled $9,887 and $7,121, respectively. Forfeited nonvested accounts were used to reduce employer contributions by $6,700 and $10,400 for 2021 and 2020, respectively.

Excess Contributions Payable to Participants

Amounts payable to participants for contributions made by non-eligible employees are recorded as a liability in the statements of net assets available for benefits, with a corresponding reduction to contributions. At December 31, 2021 and 2020, amounts payable to participants totaled $3,148 and $2,514, respectively.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

(2 - continued)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for additional discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Capital gain distributions and dividends from mutual funds held in the separately managed accounts are included in net appreciation in fair value of investments. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds (including those held in separately managed accounts) are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for these investments.

Administrative Expenses

Some administrative expenses are paid by the Company and some are paid by the Plan. Those that were paid by the Plan are reflected in the accompanying financial statements. Certain administrative functions are performed by employees of the Company. Neither the Company nor its employees receive compensation from the Plan.

Payment of Benefits

Benefits are recorded when paid. At December 31, 2021 and 2020, there were no allocated amounts to participants who had elected to withdraw from the Plan, but had not yet been paid.

Subsequent Events

Management has evaluated whether any subsequent events that require recognition or disclosure in the accompanying financial statements and related notes thereto have taken place through July 26, 2022, the date these financial statements were available to be issued.

(3) FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include quoted prices for similar assets in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted prices that are observed for the asset; or inputs that are derived principally from or can be corroborated by observable market data by correlation or other means.

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

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 2 inputs are used for investments for which Level 1 inputs are not available. Level 3 inputs are used only if Level 1 or Level 2 inputs are not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

The following tables present the balances of the Plan's investments within the fair value hierarchy measured at fair value as of December 31, 2021 and 2020:

	Level 1	Level 2	Level 3	Total
December 31, 2021:				
Money market fund	$ 10,214	$ -	$ -	$ 10,214
Mutual funds	810,124	-	-	810,124
Separately managed accounts:				
Cash and money market fund	127,068	-	-	127,068
Mutual funds	1,515,947	-	-	1,515,947
Total investments	$2,463,353	$ -	$ -	$2,463,353

(3 - continued)

	Level 1	Level 2	Level 3	Total
December 31, 2020:				
Money market fund	$ 7,361	$ -	$ -	$ 7,361
Mutual funds	583,540	-	-	583,540
Separately managed accounts:				
Cash and money market fund	114,611	-	-	114,611
Mutual funds	1,143,478	-	-	1,143,478
Total investments	$1,848,990	$ -	$ -	$1,848,990

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

Mutual Funds and Money Market Fund

The fair value of the mutual funds is based on the quoted net asset value ("NAV") of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the United States Securities and Exchange Commission. The funds must publish their daily NAV and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The money market fund held by the Plan generally transacts subscription and redemption activity at a $1.00 per unit stable NAV.

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation in fair value of investments.

(4) RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Renasant Bank is the trustee of the Plan, Mid-Atlantic Trust Company is the custodian of the Plan's assets and EPIC Advisors, Inc. is the third-party administrator for the Plan. Transactions between the Plan and these entities constitute exempt party-in-interest transactions. Administrative fees paid by the Plan to these related parties were $36,219 and $26,666 for the years ended December 31, 2021 and 2020, respectively.

(5) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their employer contributions.

(6) TAX STATUS

The Plan is based on a pre-approved plan that has received a favorable opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, that the pre-approved plan is designed in accordance with applicable sections of the IRC. The plan sponsor has not separately applied for a determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

(7) RISKS AND UNCERTAINTIES

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

The COVID-19 pandemic has affected, and may continue to affect, economic activity globally, nationally and locally, and has led to significant volatility in financial markets. Economic conditions, market conditions and other effects of the COVID-19 pandemic may continue to affect the Plan, but the extent of the impact is uncertain and cannot be reasonably estimated.

(8) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Management has obtained certifications from Renasant Bank, the trustee of the Plan, as of December 31, 2021 and 2020, and for the years then ended, stating that the certified investment information is complete and accurate. The following is a summary of the information included in the Plan's financial statements and supplemental schedules that was obtained from data prepared and certified to as complete and accurate by the trustee.

	2021	2020
Investments, at fair value		
Money market fund	$ 10,214	$ 7,361
Mutual funds	810,124	583,540
Separately managed accounts	1,643,015	1,258,089
Investment income:		
Interest and dividends	5,987	4,944
Net appreciation in fair value of investments	264,784	253,794

Note 3: All investment balances included in the note.

Supplemental schedule of assets (held at end of year): All investment balances included in the schedule.

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2021

Payroll Date	Date of Deposit	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions	Contributions Not Yet Corrected	Total Fully Corrected Outside VFCP
10/20/2020	1/25/2021	$ 2,076	$ 2,076	$ -	$ 2,076
12/31/2021	2/3/2022	629	629	629	-
		$ 2,705	$ 2,705	$ 629	$ 2,076

None of the contributions above include late participant loan repayments.

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Federated Hermes Government Obligations Fund	Money market fund	$ 10,214
	Federated Hermes Kaufman Small Cap Fund	Mutual fund	$ 13,501
	Baird Core Plus Bond Fund	Mutual fund	3,219
	Vanguard Large Cap Index Fund	Mutual fund	128,072
	Vanguard Total Stock Market Index Fund	Mutual fund	7,278
	JPMorgan Equity Income Fund	Mutual fund	9,663
	JPMorgan Growth Advantage Fund	Mutual fund	203,855
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	143,225
	Vanguard Mid Cap Index Fund	Mutual fund	56,156
	Undiscovered Managers Behavioral Value Fund	Mutual fund	10,250
	Vanguard Small Cap Index Fund	Mutual fund	68,021
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	12,998
	Hartford Dividend and Growth Fund	Mutual fund	19,221
	MFS Mid Cap Value Fund	Mutual fund	31,455
	MFS Mid Cap Growth Fund	Mutual fund	40,799
	Invesco International Small-Mid Company Fund	Mutual fund	30,882
	Vanguard Developed Markets Index Fund	Mutual fund	25,842
	JPMorgan Hedged Equity Fund Class R6	Mutual fund	40
	Western Asset Core Bond Fund	Mutual fund	5,647
			$ 810,124
	Separately managed accounts (fund of funds):		
*	**Renasant Bank Income Fund:**		
	Mid Atlantic Master Cash Account	Cash	$ 610
	Federated Hermes Government Obligations Fund	Money market fund	2,691
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	300
	Hartford Dividend and Growth Fund	Mutual fund	598
	JPMorgan Equity Income Fund	Mutual fund	599
	JPMorgan Growth Advantage Fund	Mutual fund	445
	MFS Mid Cap Value Fund	Mutual fund	1,202
	MFS Mid Cap Growth Fund	Mutual fund	300
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	443
	Undiscovered Managers Behavioral Value Fund	Mutual fund	901
	Vanguard REIT Index Fund	Mutual fund	607
	Vanguard Large Cap Index Fund	Mutual fund	1,191
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	902
	Janus Henderson Global Equity Income Fund	Mutual fund	628

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	John Hancock International Growth Fund	Mutual fund	$ 630
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	299
	Vanguard Developed Markets Index Fund	Mutual fund	827
	Baird Core Plus Bond Fund	Mutual fund	2,868
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	1,344
	Federated Hermes Total Return Bond Fund	Mutual fund	2,830
	JPMorgan Global Bond Opportunities Fund	Mutual fund	2,394
	PIMCO Income Fund	Mutual fund	3,681
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	450
	Western Asset Core Bond Fund	Mutual fund	2,860
	First Eagle Global Fund	Mutual fund	299
	JPMorgan Hedged Equity Fund	Mutual fund	598
			30,497
*	**Renasant Bank Conservative Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 14,859
	Federated Hermes Government Obligations Fund	Money market fund	79,655
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	22,455
	Hartford Dividend and Growth Fund	Mutual fund	16,977
	JPMorgan Equity Income Fund	Mutual fund	16,637
	JPMorgan Growth Advantage Fund	Mutual fund	11,015
	MFS Mid Cap Value Fund	Mutual fund	47,220
	MFS Mid Cap Growth Fund	Mutual fund	11,213
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	10,965
	Undiscovered Managers Behavioral Value Fund	Mutual fund	46,902
	Vanguard REIT Index Fund	Mutual fund	36,616
	Vanguard Large Cap Index Fund	Mutual fund	92,419
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	33,685
	Janus Henderson Global Equity Income Fund	Mutual fund	33,725
	John Hancock International Growth Fund	Mutual fund	34,255
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	22,735
	Vanguard Developed Markets Index Fund	Mutual fund	45,982
	Baird Core Plus Bond Fund	Mutual fund	89,612
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	39,330
	Federated Hermes Total Return Bond Fund	Mutual fund	89,390
	JPMorgan Global Bond Opportunities Fund	Mutual fund	91,196
	PIMCO Income Fund	Mutual fund	116,167
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	16,170
	Western Asset Core Bond Fund	Mutual fund	88,906
	First Eagle Global Fund	Mutual fund	11,260
	JPMorgan Hedged Equity Fund	Mutual fund	33,561
			$ 1,152,907

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	**Renasant Bank Moderate Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 4,206
	Federated Hermes Government Obligations Fund	Money market fund	10,307
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	4,137
	Hartford Dividend and Growth Fund	Mutual fund	3,503
	JPMorgan Equity Income Fund	Mutual fund	3,508
	JPMorgan Growth Advantage Fund	Mutual fund	2,455
	MFS Mid Cap Value Fund	Mutual fund	10,357
	MFS Mid Cap Growth Fund	Mutual fund	4,142
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	2,444
	Undiscovered Managers Behavioral Value Fund	Mutual fund	8,274
	Vanguard REIT Index Fund	Mutual fund	6,267
	Vanguard Large Cap Index Fund	Mutual fund	22,991
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	8,287
	Janus Henderson Global Equity Income Fund	Mutual fund	7,421
	John Hancock International Growth Fund	Mutual fund	7,444
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	6,192
	Vanguard Developed Markets Index Fund	Mutual fund	9,904
	Baird Core Plus Bond Fund	Mutual fund	12,534
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	8,237
	Federated Hermes Total Return Bond Fund	Mutual fund	12,379
	JPMorgan Global Bond Opportunities Fund	Mutual fund	12,379
	PIMCO Income Fund	Mutual fund	16,092
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	4,139
	Western Asset Core Bond Fund	Mutual fund	12,512
	First Eagle Global Fund	Mutual fund	4,125
	JPMorgan Hedged Equity Fund	Mutual fund	6,184
			$ 210,420

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	**Renasant Bank Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 829
	Federated Hermes Government Obligations Fund	Money market fund	1,625
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	1,223
	Hartford Dividend and Growth Fund	Mutual fund	1,015
	JPMorgan Equity Income Fund	Mutual fund	1,017
	JPMorgan Growth Advantage Fund	Mutual fund	1,008
	MFS Mid Cap Value Fund	Mutual fund	2,450
	MFS Mid Cap Growth Fund	Mutual fund	816
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	1,003
	Undiscovered Managers Behavioral Value Fund	Mutual fund	2,039
	Vanguard REIT Index Fund	Mutual fund	1,236
	Vanguard Large Cap Index Fund	Mutual fund	4,840
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	2,042
	Janus Henderson Global Equity Income Fund	Mutual fund	1,463
	John Hancock International Growth Fund	Mutual fund	1,467
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	1,626
	Vanguard Developed Markets Index Fund	Mutual fund	1,951
	Baird Core Plus Bond Fund	Mutual fund	1,614
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	1,826
	Federated Hermes Total Return Bond Fund	Mutual fund	1,595
	JPMorgan Global Bond Opportunities Fund	Mutual fund	2,033
	PIMCO Income Fund	Mutual fund	2,073
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	1,020
	Western Asset Core Bond Fund	Mutual fund	1,612
	First Eagle Global Fund	Mutual fund	813
	JPMorgan Hedged Equity Fund	Mutual fund	1,219
			$ 41,455

D & H COMPANY 401(K) PLAN
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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	**Renasant Bank Aggressive Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 4,150
	Federated Hermes Government Obligations Fund	Money market fund	8,136
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	6,123
	Hartford Dividend and Growth Fund	Mutual fund	5,389
	JPMorgan Equity Income Fund	Mutual fund	5,395
	JPMorgan Growth Advantage Fund	Mutual fund	4,339
	MFS Mid Cap Value Fund	Mutual fund	12,262
	MFS Mid Cap Growth Fund	Mutual fund	6,129
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	4,320
	Undiscovered Managers Behavioral Value Fund	Mutual fund	10,205
	Vanguard REIT Index Fund	Mutual fund	8,244
	Vanguard Large Cap Index Fund	Mutual fund	27,141
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	12,265
	Janus Henderson Global Equity Income Fund	Mutual fund	9,153
	John Hancock International Growth Fund	Mutual fund	9,182
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	12,226
	Vanguard Developed Markets Index Fund	Mutual fund	12,239
	Baird Core Plus Bond Fund	Mutual fund	4,716
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	6,133
	Federated Hermes Total Return Bond Fund	Mutual fund	4,635
	JPMorgan Global Bond Opportunities Fund	Mutual fund	8,142
	PIMCO Income Fund	Mutual fund	6,107
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	4,093
	Western Asset Core Bond Fund	Mutual fund	4,763
	First Eagle Global Fund	Mutual fund	4,070
	JPMorgan Hedged Equity Fund	Mutual fund	8,179
			$ 207,736
	Total separately managed accounts		$ 1,643,015
			$ 2,463,353

* Asset allocation plan administered by Renasant Trust, a division of Renasant Bank, which serves as the trustee for the Plan. These investments are not registered equity mutual funds under the Investment Company Act of 1940.

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	Federated Hermes Government Obligations Fund	Money market fund	$ 10,214
	Federated Hermes Kaufman Small Cap Fund	Mutual fund	$ 13,501
	Baird Core Plus Bond Fund	Mutual fund	3,219
	Vanguard Large Cap Index Fund	Mutual fund	128,072
	Vanguard Total Stock Market Index Fund	Mutual fund	7,278
	JPMorgan Equity Income Fund	Mutual fund	9,663
	JPMorgan Growth Advantage Fund	Mutual fund	203,855
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	143,225
	Vanguard Mid Cap Index Fund	Mutual fund	56,156
	Undiscovered Managers Behavioral Value Fund	Mutual fund	10,250
	Vanguard Small Cap Index Fund	Mutual fund	68,021
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	12,998
	Hartford Dividend and Growth Fund	Mutual fund	19,221
	MFS Mid Cap Value Fund	Mutual fund	31,455
	MFS Mid Cap Growth Fund	Mutual fund	40,799
	Invesco International Small-Mid Company Fund	Mutual fund	30,882
	Vanguard Developed Markets Index Fund	Mutual fund	25,842
	JPMorgan Hedged Equity Fund Class R6	Mutual fund	40
	Western Asset Core Bond Fund	Mutual fund	5,647
			$ 810,124
	Separately managed accounts (fund of funds):		
*	**Renasant Bank Income Fund:**		
	Mid Atlantic Master Cash Account	Cash	$ 610
	Federated Hermes Government Obligations Fund	Money market fund	2,691
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	300
	Hartford Dividend and Growth Fund	Mutual fund	598
	JPMorgan Equity Income Fund	Mutual fund	599
	JPMorgan Growth Advantage Fund	Mutual fund	445
	MFS Mid Cap Value Fund	Mutual fund	1,202
	MFS Mid Cap Growth Fund	Mutual fund	300
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	443
	Undiscovered Managers Behavioral Value Fund	Mutual fund	901
	Vanguard REIT Index Fund	Mutual fund	607
	Vanguard Large Cap Index Fund	Mutual fund	1,191
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	902
	Janus Henderson Global Equity Income Fund	Mutual fund	628

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	John Hancock International Growth Fund	Mutual fund	$ 630
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	299
	Vanguard Developed Markets Index Fund	Mutual fund	827
	Baird Core Plus Bond Fund	Mutual fund	2,868
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	1,344
	Federated Hermes Total Return Bond Fund	Mutual fund	2,830
	JPMorgan Global Bond Opportunities Fund	Mutual fund	2,394
	PIMCO Income Fund	Mutual fund	3,681
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	450
	Western Asset Core Bond Fund	Mutual fund	2,860
	First Eagle Global Fund	Mutual fund	299
	JPMorgan Hedged Equity Fund	Mutual fund	598
			30,497
*	**Renasant Bank Conservative Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 14,859
	Federated Hermes Government Obligations Fund	Money market fund	79,655
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	22,455
	Hartford Dividend and Growth Fund	Mutual fund	16,977
	JPMorgan Equity Income Fund	Mutual fund	16,637
	JPMorgan Growth Advantage Fund	Mutual fund	11,015
	MFS Mid Cap Value Fund	Mutual fund	47,220
	MFS Mid Cap Growth Fund	Mutual fund	11,213
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	10,965
	Undiscovered Managers Behavioral Value Fund	Mutual fund	46,902
	Vanguard REIT Index Fund	Mutual fund	36,616
	Vanguard Large Cap Index Fund	Mutual fund	92,419
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	33,685
	Janus Henderson Global Equity Income Fund	Mutual fund	33,725
	John Hancock International Growth Fund	Mutual fund	34,255
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	22,735
	Vanguard Developed Markets Index Fund	Mutual fund	45,982
	Baird Core Plus Bond Fund	Mutual fund	89,612
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	39,330
	Federated Hermes Total Return Bond Fund	Mutual fund	89,390
	JPMorgan Global Bond Opportunities Fund	Mutual fund	91,196
	PIMCO Income Fund	Mutual fund	116,167
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	16,170
	Western Asset Core Bond Fund	Mutual fund	88,906
	First Eagle Global Fund	Mutual fund	11,260
	JPMorgan Hedged Equity Fund	Mutual fund	33,561
			$ 1,152,907

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	**Renasant Bank Moderate Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 4,206
	Federated Hermes Government Obligations Fund	Money market fund	10,307
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	4,137
	Hartford Dividend and Growth Fund	Mutual fund	3,503
	JPMorgan Equity Income Fund	Mutual fund	3,508
	JPMorgan Growth Advantage Fund	Mutual fund	2,455
	MFS Mid Cap Value Fund	Mutual fund	10,357
	MFS Mid Cap Growth Fund	Mutual fund	4,142
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	2,444
	Undiscovered Managers Behavioral Value Fund	Mutual fund	8,274
	Vanguard REIT Index Fund	Mutual fund	6,267
	Vanguard Large Cap Index Fund	Mutual fund	22,991
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	8,287
	Janus Henderson Global Equity Income Fund	Mutual fund	7,421
	John Hancock International Growth Fund	Mutual fund	7,444
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	6,192
	Vanguard Developed Markets Index Fund	Mutual fund	9,904
	Baird Core Plus Bond Fund	Mutual fund	12,534
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	8,237
	Federated Hermes Total Return Bond Fund	Mutual fund	12,379
	JPMorgan Global Bond Opportunities Fund	Mutual fund	12,379
	PIMCO Income Fund	Mutual fund	16,092
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	4,139
	Western Asset Core Bond Fund	Mutual fund	12,512
	First Eagle Global Fund	Mutual fund	4,125
	JPMorgan Hedged Equity Fund	Mutual fund	6,184
			$ 210,420

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	**Renasant Bank Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 829
	Federated Hermes Government Obligations Fund	Money market fund	1,625
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	1,223
	Hartford Dividend and Growth Fund	Mutual fund	1,015
	JPMorgan Equity Income Fund	Mutual fund	1,017
	JPMorgan Growth Advantage Fund	Mutual fund	1,008
	MFS Mid Cap Value Fund	Mutual fund	2,450
	MFS Mid Cap Growth Fund	Mutual fund	816
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	1,003
	Undiscovered Managers Behavioral Value Fund	Mutual fund	2,039
	Vanguard REIT Index Fund	Mutual fund	1,236
	Vanguard Large Cap Index Fund	Mutual fund	4,840
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	2,042
	Janus Henderson Global Equity Income Fund	Mutual fund	1,463
	John Hancock International Growth Fund	Mutual fund	1,467
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	1,626
	Vanguard Developed Markets Index Fund	Mutual fund	1,951
	Baird Core Plus Bond Fund	Mutual fund	1,614
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	1,826
	Federated Hermes Total Return Bond Fund	Mutual fund	1,595
	JPMorgan Global Bond Opportunities Fund	Mutual fund	2,033
	PIMCO Income Fund	Mutual fund	2,073
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	1,020
	Western Asset Core Bond Fund	Mutual fund	1,612
	First Eagle Global Fund	Mutual fund	813
	JPMorgan Hedged Equity Fund	Mutual fund	1,219
			$ 41,455

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	**Renasant Bank Aggressive Growth Plan:**		
	Mid Atlantic Master Cash Account	Cash	$ 4,150
	Federated Hermes Government Obligations Fund	Money market fund	8,136
	Calamos Timpani Small Cap Growth Fund Class R6	Mutual fund	6,123
	Hartford Dividend and Growth Fund	Mutual fund	5,389
	JPMorgan Equity Income Fund	Mutual fund	5,395
	JPMorgan Growth Advantage Fund	Mutual fund	4,339
	MFS Mid Cap Value Fund	Mutual fund	12,262
	MFS Mid Cap Growth Fund	Mutual fund	6,129
	T. Rowe Price Blue Chip Growth Fund	Mutual fund	4,320
	Undiscovered Managers Behavioral Value Fund	Mutual fund	10,205
	Vanguard REIT Index Fund	Mutual fund	8,244
	Vanguard Large Cap Index Fund	Mutual fund	27,141
	Invesco Oppenheimer Intl Small-Mid Company Fund	Mutual fund	12,265
	Janus Henderson Global Equity Income Fund	Mutual fund	9,153
	John Hancock International Growth Fund	Mutual fund	9,182
	T. Rowe Price Emerging Markets Stock Fund	Mutual fund	12,226
	Vanguard Developed Markets Index Fund	Mutual fund	12,239
	Baird Core Plus Bond Fund	Mutual fund	4,716
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	6,133
	Federated Hermes Total Return Bond Fund	Mutual fund	4,635
	JPMorgan Global Bond Opportunities Fund	Mutual fund	8,142
	PIMCO Income Fund	Mutual fund	6,107
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	4,093
	Western Asset Core Bond Fund	Mutual fund	4,763
	First Eagle Global Fund	Mutual fund	4,070
	JPMorgan Hedged Equity Fund	Mutual fund	8,179
			$ 207,736
	Total separately managed accounts		$ 1,643,015
			$ 2,463,353

* Asset allocation plan administered by Renasant Trust, a division of Renasant Bank, which serves as the trustee for the Plan. These investments are not registered equity mutual funds under the Investment Company Act of 1940.

D & H COMPANY 401(K) PLAN
EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001
SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2021

Payroll Date	Date of Deposit	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions	Contributions Not Yet Corrected	Total Fully Corrected Outside VFCP
10/20/2020	1/25/2021	$ 2,076	$ 2,076	$ -	$ 2,076
12/31/2021	2/3/2022	629	629	629	-
		$ 2,705	$ 2,705	$ 629	$ 2,076

None of the contributions above include late participant loan repayments.