

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan</div> <div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div> <div><input checked="" type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                          |

|         |                                                                                                                                                                                                                                                                                                                                 |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                          |
| 1a      | Name of plan<br>D & H EMPLOYEE STOCK OWNERSHIP PLAN                                                                                                                                                                                                                                                                             |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                              |
| 1c      | Effective date of plan<br>05/04/1997                                                                                                                                                                                                                                                                                            |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>D & H CORPORATE GROUP INC.<br><br>100 TECH DRIVE<br>HARRISBURG, PA 17112 |
| 2b      | Employer Identification Number (EIN)<br>88-2009462                                                                                                                                                                                                                                                                              |
| 2c      | Plan Sponsor's telephone number<br>717-236-8001                                                                                                                                                                                                                                                                                 |
| 2d      | Business code (see instructions)<br>423600                                                                                                                                                                                                                                                                                      |

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. | 02/05/2024 | MICHAEL SCHWAB                                               |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|--------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|--------------------------|-----------------------------------------------|------|--------------------------|--------------------------------------------|-----------|-------------------------------------|-----------------------------------------|-----|--------------------------|-----------------------------------------------|-----|--------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>4</b> 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:<br><b>a</b> Sponsor's name <b>D &amp; H DISTRIBUTING CO.</b><br><b>c</b> Plan Name <b>D &amp; H DISTRIBUTING CO. EMPLOYEE STOCK OWNERSHIP PLAN</b>                                                                                                                                                                                                |                                     | <b>4b</b> EIN <b>23-0506415</b><br><b>4d</b> PN <b>002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">1506</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>5</b>                            | 1506                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1506                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                                                                                                        |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">1377</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">1461</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: right;">11</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">133</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">1605</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: right;">2</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: right;">1607</td> </tr> <tr> <td style="text-align: center;"><b>6g</b></td> <td style="text-align: right;">1607</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: right;">258</td> </tr> </table> |                                     |                                        | <b>6a(1)</b>             | 1377                                       | <b>6a(2)</b>                                                                                                                      | 1461                                | <b>6b</b>                | 11                                                                                                  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 133                           | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1605                             | <b>6e</b> | 2                        | <b>6f</b>                                     | 1607 | <b>6g</b>                | 1607                                       | <b>6h</b> | 258                                 |                                         |     |                          |                                               |     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1377                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1461                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 133                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1605                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1607                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1607                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 258                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">1377</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>6a(1)</b>                        | 1377                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1377                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">1461</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>6a(2)</b>                        | 1461                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1461                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6b</b></td> <td style="text-align: right;">11</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>6b</b>                           | 11                                     |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6c</b></td> <td style="text-align: right;">133</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>6c</b>                           | 133                                    |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 133                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6d</b></td> <td style="text-align: right;">1605</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>6d</b>                           | 1605                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1605                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6e</b></td> <td style="text-align: right;">2</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>6e</b>                           | 2                                      |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6f</b></td> <td style="text-align: right;">1607</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>6f</b>                           | 1607                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1607                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6g</b></td> <td style="text-align: right;">1607</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>6g</b>                           | 1607                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1607                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6h</b></td> <td style="text-align: right;">258</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>6h</b>                           | 258                                    |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 258                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>7</b>                            |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>20 2I 2Q 3H</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>                                                                                                                  | (1)                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Insurance                           | (2)                                    | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3)                                                                                                                               | <input checked="" type="checkbox"/> | Trust                    | (4)                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | General assets of the sponsor | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table> |                                  | (1)       | <input type="checkbox"/> | Insurance                                     | (2)  | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3)       | <input checked="" type="checkbox"/> | Trust                                   | (4) | <input type="checkbox"/> | General assets of the sponsor                 |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <b>b General Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>R</b> (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> </table> |                                     | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information) | (2)                      | <input type="checkbox"/>                   | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (3)                                 | <input type="checkbox"/> | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>H</b> (Financial Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>I</b> (Financial Information – Small Plan)</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>0 A</b> (Insurance Information)</td> </tr> <tr> <td>(4)</td> <td><input checked="" type="checkbox"/></td> <td><b>C</b> (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td><input type="checkbox"/></td> <td><b>D</b> (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td><input type="checkbox"/></td> <td><b>G</b> (Financial Transaction Schedules)</td> </tr> </table> | (1)                           | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>H</b> (Financial Information) | (2)       | <input type="checkbox"/> | <b>I</b> (Financial Information – Small Plan) | (3)  | <input type="checkbox"/> | <b>0 A</b> (Insurance Information)         | (4)       | <input checked="" type="checkbox"/> | <b>C</b> (Service Provider Information) | (5) | <input type="checkbox"/> | <b>D</b> (DFE/Participating Plan Information) | (6) | <input type="checkbox"/> | <b>G</b> (Financial Transaction Schedules) |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>H</b> (Financial Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>I</b> (Financial Information – Small Plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>0 A</b> (Insurance Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>C</b> (Service Provider Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>D</b> (DFE/Participating Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |
| (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>G</b> (Financial Transaction Schedules)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |      |                          |                                            |           |                                     |                                         |     |                          |                                               |     |                          |                                            |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

|                                                                                                             |                                                                         |     |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023                  |                                                                         |     |
| <div>A Name of plan</div> <div>D &amp; H EMPLOYEE STOCK OWNERSHIP PLAN</div>                                | <div>B Three-digit plan number (PN)</div> <div>▶</div>                  | 002 |
|                                                                                                             |                                                                         |     |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>D &amp; H CORPORATE GROUP INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>88-2009462</div> |     |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☒ Yes ☐ No
- b

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VANGUARD GROUP, INC.                                                                                       |
| 23-1945930                                                                                                 |

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)

MORGANSTANLEY SMITHBARNEY

26-4310632

| (b)<br>Service Code(s)              | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 33 49<br>52 55 59 64<br>71 99 | NONE                                                                                              | 137093                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

CONRAD SIEGEL INC

23-1669823

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 17 38<br>49 50 64   | NONE                                                                                              | 73735                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

UHY ADVISORS MID-ATLANTIC MD, INC.

26-0794367

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 20000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BOLES, GROVE & METZGER, P.C.

3601 N. FRONT STREET  
HARRISBURG, PA 17110-1533

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 34 50                  | NONE                                                                                              | 13900                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INVESCO CAPITAL MANAGEMENT LLC

3500 LACEY ROAD SUITE 700  
DOWNERS GROVE, IL 60515

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BLACKROCK FUND ADVISORS

51-0318674

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

COHEN & STEERS CAPITAL INC

14-1904657

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

GQG PARTNERS LLC

299 PARK AVE 13TH FL  
NEW YORK, NY 10171

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

LAZARD ASSET LLC

20-4571006

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

PACIFIC INVESTMENT COMPANY LLC

95-2632339

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PROSHARES TRUST

7272 WISCONSIN AVE, 21ST FL  
BETHESDA, MD 20814

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

KKR CREDIT ADVISORS LLC

555 CALIFORNIA ST, 50TH FLOOR  
SAN FRANCISCO, CA 94104

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| INVESCO CAPITAL MANAGEMENT LLC                                                | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| INVESCO PREFERRED ETF<br>3500 LACEY ROAD SUITE 700<br>DOWNERS GROVE, IL 60515 | 0.50% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| BLACKROCK FUND ADVISORS                                                       | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ISHARES SELECT DIVIDEND ETF<br>51-0318674                                     | 0.39% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| COHEN & STEERS CAPITAL MANAGEMENT I                                           | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COHEN & STEERS PREFERRED SEC & INC<br>14-1904657                              | 0.84% OF ASSETS                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| GQG PARTNERS LLC                                                                | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GQG PARTNERS EMERGING MARKETS EQUITY 299 PARK AVE 13TH FL<br>NEW YORK, NY 10171 | 0.98% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| LAZARD ASSET MANAGEMENT LLC                                                     | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LAZARD GLOBAL LISTED INFRASTRUCTURE<br><br>20-4571006                           | 0.97% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PACIFIC INVESTMENT MANAGEMENT COMPANY                                           | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PIMCO LOW DURATION INCOME I2<br><br>95-2632339                                  | 0.69% OF ASSETS                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| BLACKROCK FUND ADVISORS                                             | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ISHARES INTL SELECT DIV (IDV)<br><br>51-0318674                     | 0.49% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| BLACKROCK FUND ADVISORS                                             | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ISHARES S&P SMALL-CAP 600 V VALUE E<br><br>51-0318674               | 0.18% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| BLACKROCK FUND ADVISORS                                             | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| ISHARES S&P SMALL-CAP 600 G GROWTH<br><br>51-0318674                | 0.18% OF ASSETS                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| JP MORGAN ASSET MANAGEMENT                                                                 | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JPMORGAN EQUITY PREMIUM INCOME ETF      345 PARK AVENUE<br>NEW YORK, NY 10154              | 0.35% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| PROSHARES TRUST                                                                            | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PROSHARES S&P 500 DIVIDEND ARISTOCR      7272 WISCONSIN AVE, 21ST FL<br>BETHESDA, MD 20814 | 0.35% OF ASSETS                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| KKR CREDIT ADVISORS LLC                                                                    | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| KKR CREDIT OPPORTUNITIES U      555 CALIFORNIA ST, 50TH FLOOR<br>SAN FRANCISCO, CA 94104   | 3.51% OF ASSETS                                                                                                                                                    |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MORGANSTANLEY SMITHBARNEY                                                                    | 28 52                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CIM INFRASTRUCTURE FUND II LP<br>4700 WILSHIRE BOULEVARD<br>LOS ANGELES, CA 90010            | MANAGEMENT FEE OF 0.25% PER ANNUM BASED ON THE AGGREGATE CAPITAL COMMITMENT                                                                                        |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MORGANSTANLEY SMITHBARNEY                                                                    | 49 99                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| OAKTREE STRATEGIC INCOME, LLC<br>7337 E DOUBLETREE RANCH RD STE 100<br>SCOTTSDALE, AZ 85258  | 1.0% ON GROSS ASSETS, INCLUDING LEVERAGE (1.5% FOLLOWING COMPLETION OF A QUALIFIED IPO)                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MORGANSTANLEY SMITHBARNEY                                                                    | 49 99                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| PA SMALL CO BUYOUT V<br>901 EAST BYRD STREET, SUITE 1400<br>RICHMOND, VA 23219<br>04-6179949 | ANNUAL RATE OF 1% FROM INITIAL CLOSING DATE THROUGH 5TH ANNIVERSARY OF FINAL CLOSING DATE. SUBSEQUENT FEES DESCRIBED IN MORGAN STANLEY SCHEDULE C DISCLOSURE.      |                                           |

**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)

|                    |                                                             |                     |              |
|--------------------|-------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | UHY LLP                                                     | <b>b</b> EIN:       | 20-0694403   |
| <b>c</b> Position: | AUDITOR                                                     |                     |              |
| <b>d</b> Address:  | 8601 ROBERT FULTON DRIVE<br>SUITE 210<br>COLUMBIA, MD 21046 | <b>e</b> Telephone: | 410-609-5343 |

Explanation: CHANGE IN AUDITOR AS A RESULT OF THE NEW PLAN ADMINSTRATOR SELECTING ANOTHER AUDITOR

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <b>05/01/2022</b> and ending <b>04/30/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>D &amp; H EMPLOYEE STOCK OWNERSHIP PLAN</b>                                                                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>002</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>D &amp; H CORPORATE GROUP INC.</b>                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><b>88-2009462</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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  |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             | 51104956         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                  |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 22000005000000   |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                  |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 121510009247500  |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 5113401084900    |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                  |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       | 449200682471     |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       | 14718682582634   |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       | 1408740016103856 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                  |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          | 509242491682     |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                  |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                  |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                  |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 738396011899767  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                  |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         | 36717344198283   |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 128998805             | 132775201       |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 171439659             | 184071250       |

**Liabilities**

|                                                                           |           |       |   |
|---------------------------------------------------------------------------|-----------|-------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 58953 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 58953 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 171380706 | 184071250 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5000000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 5000000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 117030     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 117030    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 102280     |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 17972332   |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 369815     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 18444427  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 6927538    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 7243420    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -315882   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 4000690    |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 4000690   |

|                                                                                                 |        | (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) |            | 99049     |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 27345314  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 14407738   |           |
| (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)  |            | 14407738  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 109540     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 137492     |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 247032    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 14654770  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 12690544  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: MCKONLY & ASBURY, LLP

(2) EIN: 23-1909723

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> 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.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> 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.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> 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?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> 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?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>j</b> 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.)                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |          |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>D & H EMPLOYEE STOCK OWNERSHIP PLAN                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>D & H CORPORATE GROUP INC.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>88-2009462                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 25-1809826 82-3967259                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                             |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                             |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                   |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:<br/> <input type="checkbox"/> Yes.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> 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.<br/> <input type="checkbox"/> No. Other. Provide explanation _____</p> |

**D & H EMPLOYEE STOCK OWNERSHIP PLAN**

FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL INFORMATION

YEARS ENDED APRIL 30, 2023 and 2022  
AND INDEPENDENT AUDITOR'S REPORT



McKONLY  
& ASBURY

TAX  
ASSURANCE  
CONSULTING  
ACCOUNTING

## **D & H EMPLOYEE STOCK OWNERSHIP PLAN**

### **TABLE OF CONTENTS**

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| Independent Auditor's Report                                   | 1           |
| Financial Statements                                           |             |
| Statements of Net Assets Available for Benefits                | 4           |
| Statements of Changes in Net Assets Available for Benefits     | 5           |
| Notes to Financial Statements                                  | 6           |
| Supplemental Information                                       |             |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 19          |

## INDEPENDENT AUDITOR'S REPORT

To the Trustees  
D & H Employee Stock Ownership Plan

### ***Opinion***

We have audited the financial statements of D & H Employee Stock Ownership Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of April 30, 2023, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of D & H Employee Stock Ownership Plan as of April 30, 2023, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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 Financial Statements section of our report. We are required to be independent of D & H Employee Stock Ownership 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 audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

---

Camp Hill

---

Lancaster

---

Bloomsburg

---

Philadelphia

---

[macpas.com](http://macpas.com)

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 D & H Employee Stock Ownership Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 could reasonably be expected to influence the economic decisions of users made on the basis of these 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 D & H Employee Stock Ownership 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 D & H Employee Stock Ownership Plan's ability to continue as a going concern for a reasonable period of time.

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

## ***Other Matters***

### ***Supplemental Information Required by ERISA***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information noted in the table of contents, as of April 30, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplemental 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.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

### ***Auditor's Report on the April 30, 2022 Financial Statements***

The April 30, 2022 financial statements of D & H Employee Stock Ownership Plan were audited by predecessor auditors whose report dated February 6, 2023, expressed an unmodified opinion on those financial statements and included an other-matter paragraph that provided an opinion that the information in the April 30, 2022 supplemental schedule was fairly stated in all material respects in relation to the financial statements as a whole.

*McKonly & Asbury, LLP*

Camp Hill, Pennsylvania  
February 1, 2024

# D & H EMPLOYEE STOCK OWNERSHIP PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

APRIL 30, 2023 AND 2022

|                                            | 2023           | 2022           |
|--------------------------------------------|----------------|----------------|
|                                            |                |                |
| Assets                                     |                |                |
| Investments at fair value (Notes 3 and 4): |                |                |
| Investment in Company stock                | \$ 132,775,201 | \$ 128,998,805 |
| Common and preferred stock                 | 18,686,490     | 15,559,268     |
| Mutual funds                               | 5,195,193      | 3,745,687      |
| Exchange-traded and closed-end funds       | 6,704,574      | 3,638,273      |
| Interest-bearing bank deposit accounts     | 1,084,900      | 511,340        |
| Corporate bonds                            | 682,471        | 449,200        |
| Hedge funds                                | 2,120,937      | 1,703,948      |
| Private equity funds                       | 1,597,307      | 1,467,398      |
| Real estate funds                          | 491,682        | 509,242        |
| Other alternative investments              | 480,039        | 500,388        |
|                                            |                |                |
| Total investments                          | 169,818,794    | 157,083,549    |
|                                            |                |                |
| Receivables                                |                |                |
| Employer contributions                     | 5,000,000      | 2,200,000      |
| Dividends and interest                     | 9,247,500      | 12,151,000     |
|                                            |                |                |
| Total receivables                          | 14,247,500     | 14,351,000     |
|                                            |                |                |
| Cash                                       | 17,739         | 5,110          |
|                                            |                |                |
| Total assets                               | 184,084,033    | 171,439,659    |
|                                            |                |                |
| Liabilities                                |                |                |
| Accrued expenses                           | -              | 10,767         |
| Unsettled transactions                     | 12,783         | 48,186         |
|                                            |                |                |
| Total Liabilities                          | 12,783         | 58,953         |
|                                            |                |                |
| Net assets available for benefits          | \$ 184,071,250 | \$ 171,380,706 |
|                                            |                |                |

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

## D & H EMPLOYEE STOCK OWNERSHIP PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED APRIL 30, 2023 AND 2022

|                                   | 2023           | 2022           |
|-----------------------------------|----------------|----------------|
| Additions                         |                |                |
| Investment income:                |                |                |
| Interest and dividend income      | \$ 18,785,752  | \$ 17,199,572  |
| Net appreciation in investments   | 3,559,562      | 12,249,653     |
| Total investment income           | 22,345,314     | 29,449,225     |
| Contributions:                    |                |                |
| Employer contributions            | 5,000,000      | 6,200,000      |
| Total additions                   | 27,345,314     | 35,649,225     |
| Deductions                        |                |                |
| Payment of benefits               | 14,407,738     | 17,142,337     |
| Administrative expenses           | 247,032        | 221,499        |
| Total deductions                  | 14,654,770     | 17,363,836     |
| Net increase                      | 12,690,544     | 18,285,389     |
| Net assets available for benefits |                |                |
| Beginning of year                 | 171,380,706    | 153,095,317    |
| End of year                       | \$ 184,071,250 | \$ 171,380,706 |

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

## **D & H EMPLOYEE STOCK OWNERSHIP PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **1. DESCRIPTION OF THE PLAN**

The following brief description of the D & H Employee Stock Ownership Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### ***General***

D & H Corporate Group, Inc. (the Company), through D & H Distributing Company (the Participating Employer), established the D & H Employee Stock Ownership Plan effective May 4, 1997. The Plan is designed to comply with Section 4975(e)(7) and the regulations there under the Internal Revenue Code (IRC) of 1986, as amended, and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended, (ERISA). The Plan holds its assets in a trust established under the Plan. The Plan is administered by the trustees of the Plan as appointed by the Company's Board of Directors.

Effective May 1, 2022, the Plan Document was amended and restated to comply with ERISA and the IRC. Effective with this amended Plan Document, the Plan's name was changed from D & H Distributing Co. Employee Stock Ownership Plan to D & H Employee Stock Ownership Plan.

##### ***Eligibility***

All non-union employees who have completed 90 days of service are eligible to participate in the Plan. Rehires are immediately eligible to participate in the Plan if they were prior participants and the break-in service is less than five years. Participants must be employed by the Company on the last day of the Plan year to be eligible to receive a share of the employer contribution and forfeiture allocations.

##### ***Employer Contributions***

Company contributions are made at the discretion of the Board of Directors. The contributions are allocated among the eligible participants based on each eligible participant's compensation in proportion to the compensation received by all eligible participants during the Plan year. A portion of the company contribution may be allocated to only the eligible participants who have less than 8 years of service. The remaining portion of the contribution is allocated to all eligible employees. A participants' contribution may be limited based on their dividend allocation. If a participants' dividend allocation for the year exceeds 10% of their compensation, they will receive no contribution or forfeiture allocation. Otherwise, their contribution and forfeiture allocation may be reduced such that the sum of the contribution, forfeiture, and dividend allocations do not exceed 10% of the participants' compensation (10% threshold). Effective with plan year ending April 30, 2021, the Plan was amended so that if all participants with less than eight years of service exceed the 10% threshold, then the 10% limits listed above in this paragraph shall be increased to twenty percent (20%) for that Plan Year.

## D & H EMPLOYEE STOCK OWNERSHIP PLAN

### NOTES TO FINANCIAL STATEMENTS

#### ***Payment of Benefits***

Upon termination of employment, retirement, disability, or death, participant accounts will be paid as soon as administratively possible. In the case of normal or late retirement, distribution will be made no later than 60 days after the end of the Plan year during which the retirement occurred unless otherwise elected by the participant. In any event, benefit payments will start no later than 60 days after the end of the Plan year during which the latest of the following occurs: the participant attains normal retirement age; the tenth anniversary of the year in which the participant commenced participation in the Plan; or the participant terminated service with the Company.

If the participant's vested account balance exceeds \$500,000, the account will be paid in three annual installments. If the participant's vested balance does not exceed \$500,000, but is greater than \$5,000, the participant may elect to receive a lump-sum payment. If the vested account balance is greater than \$1,000 but does not exceed \$5,000 and the participant makes no election, the Plan will automatically roll over the vested account balance to an individual retirement account (IRA).

For participants' accounts whose vested account balance does not exceed \$1,000, the Plan will automatically distribute the amount in cash, if the participant does not elect a rollover to an IRA or another qualified plan. For the purpose of making distribution of any portion of a participant's vested amount, the Plan uses the value of the account as of the Valuation Date immediately preceding the event giving rise to the distribution. The Valuation Date is the last business day of each Plan Year.

Under the provisions of the Plan, the Trust or, if refused by the Trust, the Company is obligated to repurchase participant shares which have been distributed under the terms of the Plan as long as the shares are not publicly traded or if the shares are subject to trading limitations, at fair value determined as of the most recent Valuation Date. For the years ended April 30, 2023 and 2022, the Plan and Trust had a beginning of the year repurchase from participants accounts of 266,799 shares at \$15.71 per share and 430,395 shares at \$13.93 per share, respectively. In addition, the plan has an end of year repurchase as explained in the participant accounts disclosure below. For the years ended April 30, 2023 and 2022, the Plan and Trust had an end of the year repurchase from participants accounts of 833,344 shares at \$16.17 per share and 758,162 shares at \$15.71 per share, respectively. The prices per share were determined by an independent appraisal.

The table below reflects the estimated future repurchase obligations of the Company as of April 30, 2023 for the next five years, based on the following assumptions:

- Actual and planned departures and announced retirements
- Turnover and retirement projections as per the 2003 Society of Actuaries Pension Plan Turnover Basic Age Table
- Diversification percentage election based on historical experience

## D & H EMPLOYEE STOCK OWNERSHIP PLAN

### NOTES TO FINANCIAL STATEMENTS

| Years ending April 30: | <u># of Shares</u> |
|------------------------|--------------------|
| 2024                   | 757,482            |
| 2025                   | 820,319            |
| 2026                   | 860,269            |
| 2027                   | 814,619            |
| 2028                   | 801,440            |
|                        | <hr/>              |
|                        | 4,054,129          |
|                        | <hr/>              |

The value of the expected stock redemptions in 2024, based on price per share of \$16.17, is approximately \$12,248,483. For years 2025 to 2028, the value of the expected stock redemptions will be based on a price per share as determined annually by an independent appraisal.

#### ***Voting Rights***

The trustees vote all stock held by the ESOP on ordinary matters. For certain extraordinary matters, however, participants and beneficiaries may direct the trustees on how to vote the stock in their accounts.

#### ***Participant Accounts***

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited as of the last day of each Plan year with the Company contributions and net earnings. Plan earnings are allocated in proportion to each participant's account balance. The allocation is made on the last day of the Plan year.

The Company may also make at its discretion a dividend distribution payable to eligible participants with active account balances at year end. The dividend allocation is based on a participant's number of shares of employer stock, adjusted for any forfeited or sold shares, as a percentage of total shares of employer stock owned by the Plan as of the most recent valuation date.

At the Company's discretion, the Plan administrator may reallocate the balances of the active participants' accounts so as to ensure that the percentage of employer stock in each active participant's account is at or as near as possible to the percentage of employer stock owned by the Plan compared to all other investments owned by the Plan. There was no reallocation elected during the years ended April 30, 2023 and 2022.

A participant's stock account may be converted to other investments (in a uniform and nondiscriminatory manner) at the end of the Plan year in which a participant ceases employment with the Company for any reason and to be allocated investment gains and losses according to pro-rata gains and losses attributable to other investment assets of the Plan. The Company stock previously held in such participant's stock account will be reallocated to the stock accounts of the active

## **D & H EMPLOYEE STOCK OWNERSHIP PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

participants in the Plan following the repurchase method outlined above. The conversion may be limited to the extent the Plan has sufficient other assets to make the conversion. In the event the cash is limited, a pro-rata conversion shall be made.

Effective May 1, 2021, the Plan was amended so that the Company may allocate Company stock to employees that were still employed on the last day of the year and whose stock accounts have a share value less than 50,000 shares as of the time of the allocation, on a nondiscriminatory basis. If there is insufficient cash in the investment accounts of those participants with less than 50,000 shares to purchase all of the available Company stock, the remaining unpurchased shares shall be allocated among the stock accounts of participants who have not terminated employment as of the last day of the year and whose stock accounts have a share total of equal or more than 50,000 but less than 75,000 shares on a nondiscriminatory basis. If there is insufficient cash in the investment accounts of those participants with less than 75,000 to purchase all of the available Company stock, the remaining unpurchased shares shall be allocated among the stock accounts of participants who have not terminated employment as of the last day of the year and whose stock accounts have a share value of equal or more than 75,000, on a nondiscriminatory basis.

Effective May 1, 2022, the Plan was amended so that if at the end of the Plan year there is sufficient cash in the investment accounts of the participants (who are still employed at the last day of the Plan year) with share value less than \$667,000, then each participant whose stock account has a value in excess of \$1,000,000, will have the portion of the shares whose value causes his stock account to exceed \$1,000,000, allocated to the account of the participants whose accounts have share value less than \$667,000 on a nondiscriminatory basis.

#### ***Vesting***

If a participant's employment with the Company ends for any reason other than retirement, permanent disability, or death, he will vest in the balances in his account based on total years of service with the Company. After two years of service, a participant becomes 20% vested and the vesting percentage increases by 20% each year until the participant becomes fully vested in his account after six years of service.

#### ***Put Option***

Under Federal income tax regulations, the Company stock that is held by the Plan and its participants is not readily tradable on an established market, or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

## **D & H EMPLOYEE STOCK OWNERSHIP PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### ***Diversification***

The Plan agreement provides for certain diversification elections whereby participants close to retirement age may have the opportunity to move part of the value of their investment in Company stock into more diversified investments. Participants who are at least age 55 with at least 10 years of participation in the Plan are eligible to diversify up to 25% of their Company stock during the first five years after meeting the age and participation requirements. In the sixth through the fifteenth plan year of the diversification election period, this percentage changes to 50%. The participants are able to diversify by taking a taxable distribution, rollover to an IRA or to the D & H 401(k) plan, where participants can self-direct the investment of the transferred funds. The election to diversify is made subsequent to year-end based upon the shares of employer stock in the participant's account at year-end.

#### ***Forfeitures***

When a participant terminates before becoming 100% vested, the portion of the account to which the participant is not entitled is forfeited. The forfeiture is reallocated to the remaining participants who are eligible for a contribution and have less than eight years of service. Plan forfeitures are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. During the years ended April 30, 2023 and 2022, forfeitures totaling \$990,959 and \$708,250, respectively, were allocated to the eligible participants' accounts.

## **2. SIGNIFICANT ACCOUNTING POLICIES**

#### ***Basis of Accounting***

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

#### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### ***Investment Valuation and Income Recognition***

The Plan's investments, including common shares of the Company, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of the fair value measurements. Plan management determines the Plan's valuation policies using information provided by the investment advisor and custodian.

## D & H EMPLOYEE STOCK OWNERSHIP PLAN

### NOTES TO FINANCIAL STATEMENTS

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year and indirect investment expenses.

#### ***Payment of Benefits***

Benefits are recorded when paid.

#### ***Administrative Expenses***

As provided in the Plan agreement, administrative expenses may be paid either by the Plan or by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. The Plan is not required to reimburse the Company for Plan expenses the Company pays on the Plan's behalf.

### **3. INVESTMENT IN COMPANY STOCK**

The Plan's investment in Company common stock, at April 30, 2023 and 2022, is presented as follows:

|                               | <b>2023</b>    | <b>2022</b>    |
|-------------------------------|----------------|----------------|
| Sponsor Company Common Stock: |                |                |
| Number of Shares              | 8,211,272      | 8,211,272      |
| Cost                          | \$ 9,170,221   | \$ 9,170,221   |
| Value per share               | \$ 16.1698705  | \$ 15.7096613  |
| Fair value                    | \$ 132,775,201 | \$ 128,998,805 |

On September 13, 2023, an independent appraiser completed a valuation of the share price of the Company common stock as of April 30, 2023. As a result of this appraisal, the fair value of each share of the Company common stock increased to \$16.17 per share as of April 30, 2023, from \$15.71 per share as of April 30, 2022.

### **4. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Financial Accounting

## D & H EMPLOYEE STOCK OWNERSHIP PLAN

### NOTES TO FINANCIAL STATEMENTS

Standards Board Accounting Standards Codification 820 *Fair Value Measurements and Disclosures* are described as follows:

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

Level 2            Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the valuation methodologies used at April 30, 2023 and 2022.

#### *Sponsor Company Common Stock*

The fair value of the D & H Corporate Group, Inc. common stock held by the Plan is the estimated fair value determined by an independent appraiser. The appraisal is based upon a combination of market and income valuation techniques consistent with prior years. The appraiser considers historical and projected cash flows and net income, return on assets, return on equity, market comparables and estimated fair value of Company assets and liabilities.

The valuation process involves Plan management's selection of an independent appraiser under contract for a term of one year with the right to cancel at any time. Plan management accumulates the data for the appraiser from the audited consolidated financial statements of the Company. The appraiser prepares the report which the Trustees review in detail, discuss, and approve. The results of this process are discussed at meetings of the Board of Directors.

## **D & H EMPLOYEE STOCK OWNERSHIP PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### *Common and Preferred Stock*

Equity securities are valued at the closing price reported in the active market on which the individual securities are traded.

#### *Mutual Funds, Exchange-traded and Closed-end Funds*

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Exchange-traded (ETF) and Closed-end Funds (CEF) are valued at the NAV of units held by the Plan at year-end. The mutual funds, ETFs and CEFs held by the Plan are deemed to be actively traded.

#### *Interest-bearing Bank Deposit Accounts*

These funds are held in Bank Deposit Accounts with Morgan Stanley Bank N.A. The fair value of the interest-bearing accounts is the balance in the accounts at the balance sheet date.

#### *Corporate Bonds*

Corporate bonds are valued based on either the most recent observable trade and/or external quotes, depending on availability. The most recent observable trade price is given highest priority as the valuation benchmark based on an evaluation of transaction date, size, frequency, and bid-offer. In determining the value of corporate bonds, pricing services may use certain information with respect to transactions in such investments, quotations from dealers, pricing matrixes, market transactions in comparable investments, various relationships observed in the market between investments and calculated yield measures.

#### *Alternative investments*

Alternative investments include hedge funds, private equity funds, real estate funds, and private credit funds. They are valued at NAV of those funds. Those investments are illiquid and may not be valued daily. The estimated value provided will be as of the most recent data available. The Plan's investment in these funds is stated at NAV by evaluating the fair value of total underlying assets of the funds.

The hedge funds are invested in liquid investments in public and private real estate debt, including, but not limited to, commercial mortgage-backed securities, mortgages, loans, mezzanine, and other forms of debt and equity interests in collateralized debt obligation vehicles, collateralized loan obligation vehicles, real estate investment trusts, listed vehicles and other entities that invest in real estate debt as one of their core businesses. Investing in those hedge funds involves a high degree of risk. The hedge funds are valued on a continuous basis at the NAV plus any applicable sales loads.

## D & H EMPLOYEE STOCK OWNERSHIP PLAN

### NOTES TO FINANCIAL STATEMENTS

The NAV of the private equity funds, real estate funds and private credit funds is based on each underlying investment within the funds, incorporating valuations that consider the evaluation of financing and sale transactions with third parties, expected cash flows and market-based information, including comparable transactions, and performance multiples, among other factors. The reported value is not necessarily the value at which the investments can be liquidated.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2023 and 2022:

Assets at fair value as of April 30, 2023:

|                                        | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u>        | <u>Total</u>          |
|----------------------------------------|----------------------|-------------------|-----------------------|-----------------------|
| Investment in Company stock            | \$ -                 | \$ -              | \$ 132,775,201        | \$ 132,775,201        |
| Common and preferred stock             | 18,686,490           | -                 | -                     | 18,686,490            |
| Mutual funds                           | 5,195,193            | -                 | -                     | 5,195,193             |
| Exchange-traded and closed-end funds   | 6,704,574            | -                 | -                     | 6,704,574             |
| Interest-bearing bank deposit accounts | 1,084,900            | -                 | -                     | 1,084,900             |
| Corporate bonds                        | -                    | 682,471           | -                     | 682,471               |
| Hedge funds                            | -                    | -                 | 2,120,937             | 2,120,937             |
| Private equity funds                   | -                    | -                 | 1,597,307             | 1,597,307             |
| Real estate funds                      | -                    | -                 | 491,682               | 491,682               |
| Other alternative investments          | -                    | -                 | 480,039               | 480,039               |
| Total assets at fair value             | <u>\$ 31,671,157</u> | <u>\$ 682,471</u> | <u>\$ 137,465,166</u> | <u>\$ 169,818,794</u> |

## D & H EMPLOYEE STOCK OWNERSHIP PLAN

### NOTES TO FINANCIAL STATEMENTS

Assets at fair value as of April 30, 2022:

|                                        | Level 1              | Level 2           | Level 3               | Total                 |
|----------------------------------------|----------------------|-------------------|-----------------------|-----------------------|
| Investment in Company stock            | \$ -                 | \$ -              | \$ 128,998,805        | \$ 128,998,805        |
| Common and preferred stock             | 15,559,268           | -                 | -                     | 15,559,268            |
| Mutual Funds                           | 3,745,687            | -                 | -                     | 3,745,687             |
| Exchange-traded and closed-end funds   | 3,638,273            | -                 | -                     | 3,638,273             |
| Interest-bearing bank deposit accounts | 511,340              | -                 | -                     | 511,340               |
| Corporate bonds                        | -                    | 449,200           | -                     | 449,200               |
| Hedge funds                            | -                    | -                 | 1,703,948             | 1,703,948             |
| Private equity funds                   | -                    | -                 | 1,467,398             | 1,467,398             |
| Real estate funds                      | -                    | -                 | 509,242               | 509,242               |
| Other alternative investments          | -                    | -                 | 500,388               | 500,388               |
| Total assets at fair value             | <u>\$ 23,454,568</u> | <u>\$ 449,200</u> | <u>\$ 133,179,781</u> | <u>\$ 157,083,549</u> |

For the years ended April 30, 2023 and 2022, there were no significant purchases and issues or transfers into or out of level 3.

#### 5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts. Upon such termination, the interests of all participants in the trust fund will be distributed to them or their beneficiaries at the time and method prescribed by the Plan agreement.

#### 6. TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated January 30, 2017, stating that the Plan is qualified under the IRC and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

## **D & H EMPLOYEE STOCK OWNERSHIP PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. The Plan is subject to routine audits by taxing jurisdictions for the statutory period; however, there are currently no audits for any tax periods in progress.

#### **7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS**

The 2023 and 2022 Plan investments were common shares of the Company's stock and other investments managed by Morgan Stanley, the custodian of the Plan. These qualify as party in interest transactions. The Plan has a number of service providers. Such providers are parties in interest under ERISA.

Personnel and facilities of the Company have been used to perform administrative functions for the Plan at no charge to the Plan. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

#### **8. ADMINISTRATION OF PLAN ASSETS**

The Plan uses the services of third-party service providers to manage the Plan's investments, receive and invest contributions and investment income received and administer benefit payments.

The Plan's investments, other than the sponsor company common stock, are held by the custodian of the Plan, Morgan Stanley.

The stock certificates issued by the Company to the Plan are held by the Plan's trustees and were fully allocated to Plan participants as of April 30, 2023 and 2022.

Charles Schwab Institutional serves as the pay master of the Plan and receives and processes the Company contributions and makes distributions to participants.

Conrad Siegel serves as the recordkeeper and third-party administrator of the Plan.

#### **9. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market, and credit risks. The Plan investments consist primarily of common shares of the Company's common stock, which is exposed to these risks, as well as valuation assumptions based on earnings, cash flows and/or other such techniques. Due to the level of risk associated with the investments and to

## **D & H EMPLOYEE STOCK OWNERSHIP PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in the value of the investments will occur in the near term and that such changes could materially affect amounts reported in the statement of net assets available for benefits.

#### **10. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through February 1, 2024, which is the date the financial statements were available to be issued.

## **SUPPLEMENTAL INFORMATION**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

| (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 | (d) No. of shares/Face value | (e) Cost (\$) | (f) Current value (\$) |
|-----|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------|---------------|------------------------|
|     | <b>Company Stock</b>                                      |                                                                                                              |                              |               |                        |
| *   | D & H Corporate Group, Inc.                               | Shares of Common Stock                                                                                       | 8,211,272                    | \$ 9,170,221  | \$ 132,775,201         |
|     |                                                           |                                                                                                              |                              |               |                        |
|     | <b>Preferred Stock</b>                                    |                                                                                                              |                              |               |                        |
|     | AGNC Invest Corp 06.875%-D                                | Preferred Stock                                                                                              | 442                          | 10,111        | 9,432                  |
|     | AGNC Invest Corp 6.125% Ser-F                             | Preferred Stock                                                                                              | 767                          | 17,122        | 15,612                 |
|     | AGNC Invest Corp 6.50% Ser-E                              | Preferred Stock                                                                                              | 441                          | 10,093        | 9,451                  |
|     | AGNC Invest Corp S-C 9.903430%                            | Preferred Stock                                                                                              | 629                          | 15,811        | 15,583                 |
|     | Air Lease Corp Non Cum Pfd A                              | Preferred Stock                                                                                              | 1,172                        | 28,504        | 25,749                 |
|     | Allstate Corp 5.100 H                                     | Preferred Stock                                                                                              | 413                          | 10,133        | 9,900                  |
|     | Amer Eq Inv Hldg Co 5.95%-A                               | Preferred Stock                                                                                              | 1,901                        | 47,440        | 44,075                 |
|     | American Equity 6.625%-B                                  | Preferred Stock                                                                                              | 1,798                        | 46,517        | 43,071                 |
|     | American Homes 4 Rent 6.25%-H                             | Preferred Stock                                                                                              | 374                          | 9,645         | 9,417                  |
|     | Annaly Cap Mgmt Inc Pfd Ser I                             | Preferred Stock                                                                                              | 1,481                        | 35,947        | 35,159                 |
|     | Arch Cap Group Ltd 5.45%-F                                | Preferred Stock                                                                                              | 678                          | 16,398        | 15,814                 |
|     | Arch Capital Grp 4.550% Ser-G                             | Preferred Stock                                                                                              | 488                          | 10,460        | 9,343                  |
|     | Aspen Insurance Hldg Ltd 5.95%                            | Preferred Stock                                                                                              | 1,826                        | 46,100        | 44,317                 |
|     | Aspen Insurance Holdings 5.625                            | Preferred Stock                                                                                              | 1,720                        | 17,928        | 15,706                 |
|     | Aspen Insurance Holdings 5.625                            | Preferred Stock                                                                                              | 763                          | 39,223        | 35,346                 |
|     | AT&T Inc 4.750% Ser-C                                     | Preferred Stock                                                                                              | 1,932                        | 40,683        | 40,562                 |
|     | Athene Holding Ltd 6.35 Ser A                             | Preferred Stock                                                                                              | 1,253                        | 18,401        | 15,410                 |
|     | Athene Holding Ltd 5.625 Ser-B                            | Preferred Stock                                                                                              | 709                          | 29,183        | 25,054                 |
|     | Athene Holding Ltd 6.375%-C                               | Preferred Stock                                                                                              | 1,437                        | 36,452        | 32,462                 |
|     | Athene Holding Ltd 7.75%-DP RT                            | Preferred Stock                                                                                              | 1,059                        | 26,590        | 26,178                 |
|     | Atlantic UN Bankshares 6.875-A                            | Preferred Stock                                                                                              | 570                          | 14,404        | 12,181                 |
|     | Axis Cap Holdings Ltd 5.5%-E                              | Preferred Stock                                                                                              | 421                          | 9,878         | 9,616                  |
|     | Bank of America 7.2500 Sers L                             | Preferred Stock                                                                                              | 63                           | 81,253        | 73,962                 |
|     | Bank of America Corp 5.375 S-KK                           | Preferred Stock                                                                                              | 263                          | 5,941         | 6,202                  |
|     | Bank of America Cor 4.375%-NN                             | Preferred Stock                                                                                              | 1,399                        | 37,411        | 34,385                 |
|     | Bank of America Co 5.00 Ser LL                            | Preferred Stock                                                                                              | 1,777                        | 32,435        | 31,114                 |
|     | Bank of America Corp 6%-Gg                                | Preferred Stock                                                                                              | 625                          | 16,126        | 15,522                 |
|     | Bk of America Co 5.875% Ser-HH                            | Preferred Stock                                                                                              | 1,015                        | 25,609        | 25,157                 |
|     | Bk of America Corp DEP PFD SE                             | Preferred Stock                                                                                              | 439                          | 9,058         | 9,122                  |
|     | Brookfield Brp Hldngs 4.625%                              | Preferred Stock                                                                                              | 989                          | 18,743        | 15,488                 |
|     | Brookfield Fin I UK 4.50%                                 | Preferred Stock                                                                                              | 972                          | 19,202        | 14,891                 |
|     | Capital One Financial 4.80%-J                             | Preferred Stock                                                                                              | 1,477                        | 31,139        | 28,964                 |
|     | Capital One Financial 5%-I Prf                            | Preferred Stock                                                                                              | 2,516                        | 56,232        | 51,817                 |
|     | Charles Schwab Corp 5.95%-D                               | Preferred Stock                                                                                              | 1,547                        | 38,472        | 39,023                 |
|     | CHS Inc                                                   | Preferred Stock                                                                                              | 3,021                        | 78,822        | 75,570                 |
|     | CHS Inc                                                   | Preferred Stock                                                                                              | 2,735                        | 71,399        | 68,498                 |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|   |                                    |                 |       |        |        |
|---|------------------------------------|-----------------|-------|--------|--------|
|   | CHS Inc/Red Pfd Cl B S 4           | Preferred Stock | 1,301 | 35,231 | 34,327 |
|   | Citigroup Inc 6.875%-K             | Preferred Stock | 3,236 | 84,635 | 82,469 |
|   | Citigroup Inc 7.125%-J             | Preferred Stock | 369   | 9,658  | 9,419  |
|   | Citizens Fin Group 6.35%-D         | Preferred Stock | 1,117 | 28,254 | 25,803 |
|   | Citizens Finl Grp Inc 5.00% E      | Preferred Stock | 460   | 10,472 | 9,037  |
|   | Digital Realty Trust 5.850-K       | Preferred Stock | 647   | 16,544 | 15,978 |
|   | Digital Realty Trust 5.20%Serl     | Preferred Stock | 699   | 16,985 | 15,455 |
|   | Enstar Group Ltd 7%-D Libor Linked | Preferred Stock | 1,094 | 28,006 | 24,965 |
|   | Equitable Hldgs Inc 5.25% DPRP     | Preferred Stock | 719   | 16,899 | 15,469 |
|   | F N B Corp Fla Dep Shs Repstg      | Preferred Stock | 1,176 | 30,704 | 28,077 |
|   | Fifth Third Bancorp 6% Ncum PF     | Preferred Stock | 400   | 10,009 | 9,498  |
|   | Fifth Third Bancorp 6.625%-I       | Preferred Stock | 1,479 | 38,028 | 36,295 |
|   | First Hori Corp 6.50dp Rp Pfd      | Preferred Stock | 395   | 10,149 | 9,166  |
|   | Global Net Lease Inc Pfd Ser A     | Preferred Stock | 276   | 6,488  | 6,057  |
|   | Goldman Sachs Grp Inc 6.375%-K     | Preferred Stock | 1,115 | 35,829 | 33,953 |
|   | Goldman Sachs Grp Inc 5.50%-J      | Preferred Stock | 1,342 | 28,688 | 28,053 |
|   | Huntington Bancshares Inc 6.87     | Preferred Stock | 507   | 9,327  | 9,796  |
|   | Huntington Bancshar 4.5%Ser-H      | Preferred Stock | 395   | 10,585 | 9,747  |
|   | Jackson Fincl Inc 8% Depfd A       | Preferred Stock | 630   | 15,703 | 15,766 |
|   | JP Morgan Chase & Co 5.75-Dd       | Preferred Stock | 756   | 3,265  | 3,124  |
|   | JP Morgan Chase & Co 6.0% S-EE     | Preferred Stock | 3,030 | 9,640  | 9,404  |
|   | JP Morgan Chase & C 4.55 Ser-JI    | Preferred Stock | 124   | 16,042 | 16,088 |
|   | JP Morgan Chase & Co 4.625%-LL     | Preferred Stock | 368   | 64,765 | 65,160 |
|   | Keycorp 6.125% Ser-E               | Preferred Stock | 1,077 | 28,479 | 24,200 |
|   | Keycorp 6.2% DP SH PFD H           | Preferred Stock | 1,130 | 27,204 | 25,086 |
|   | Lincoln Natl Cp Ind 9% Dep PDF     | Preferred Stock | 1,845 | 49,721 | 48,653 |
|   | M & T Bk Corp Fix To Flt Pfd H     | Preferred Stock | 2,288 | 58,754 | 53,173 |
| * | Morgan Stanley 5.85%-K             | Preferred Stock | 636   | 16,738 | 15,859 |
| * | Morgan Stanley 6.375%-I            | Preferred Stock | 2,129 | 55,743 | 53,289 |
| * | Morgan Stanley 6.5% DP SH PFD      | Preferred Stock | 1,570 | 40,287 | 40,851 |
| * | Morgan Stanley 6.875%-F            | Preferred Stock | 1,746 | 45,830 | 44,113 |
|   | National Storage Affilia 6%-A      | Preferred Stock | 397   | 9,708  | 9,582  |
|   | New York Cmnty Bc Inc Ser A        | Preferred Stock | 2,190 | 56,751 | 51,465 |
|   | Nisource Inc 6.5% Depshs Pfdb      | Preferred Stock | 621   | 16,331 | 15,494 |
|   | Pinnacle Fin Partners 6.75%-B      | Preferred Stock | 1,047 | 27,259 | 24,605 |
|   | Public Storage 4.00% Ser-P         | Preferred Stock | 1,327 | 27,514 | 25,432 |
|   | Public Storage 4.125% Ser M        | Preferred Stock | 493   | 10,358 | 9,453  |
|   | Public Storage 4.625%-L            | Preferred Stock | 762   | 17,460 | 16,577 |
|   | Public Storage 4% Dep Pfd R        | Preferred Stock | 504   | 10,363 | 9,420  |
|   | Regions Financial Corp 5.70%-C     | Preferred Stock | 392   | 9,368  | 9,077  |
|   | Regions Financial Co 6.375%-B      | Preferred Stock | 934   | 23,955 | 22,402 |
|   | SCE Trust Iv 5.375%-J              | Preferred Stock | 1,233 | 26,899 | 24,592 |
|   | SCE Trust V 5.45%-K                | Preferred Stock | 1,120 | 25,709 | 24,976 |
|   | SCE Trust Vi 5%-L                  | Preferred Stock | 817   | 17,564 | 16,197 |
|   | Schwab Charles Corp 4.450% J       | Preferred Stock | 493   | 10,846 | 10,289 |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|                                   |                       |       |              |              |
|-----------------------------------|-----------------------|-------|--------------|--------------|
| Selective Ins Group 4.60 DP B     | Preferred Stock       | 555   | 11,226       | 9,521        |
| Spire Inc 5.90% Ser-A             | Preferred Stock       | 389   | 9,972        | 9,933        |
| State St Co 5.90%-D Fxd-To-Flt    | Preferred Stock       | 1,061 | 27,248       | 25,819       |
| State Street Corp 5.350%-G        | Preferred Stock       | 884   | 23,507       | 22,542       |
| TCF Finl Corp 5.7% Dp Sh Pfd I    | Preferred Stock       | 418   | 10,087       | 9,338        |
| Truist Financial Corp 5.25%-O     | Preferred Stock       | 658   | 16,612       | 15,535       |
| Truist Financial Corp 4.75% Ser-R | Preferred Stock       | 1,175 | 26,933       | 25,456       |
| Valley Natl Bancorp Ser-A         | Preferred Stock       | 664   | 15,913       | 12,158       |
| Valley Natl Bancrp 5.50% Pfd-B    | Preferred Stock       | 466   | 10,971       | 9,005        |
| Vornado Realty Tr 5.25% Ser-N     | Preferred Stock       | 706   | 12,866       | 8,610        |
| Washington Fed 4.875% Ser-A       | Preferred Stock       | 548   | 11,422       | 8,820        |
| Wells Fargo & Co 4.75% Ser-Z      | Preferred Stock       | 1,274 | 26,839       | 25,677       |
| Wells Fargo & Com 4.25% Ser-Dd    | Preferred Stock       | 1,434 | 28,757       | 25,661       |
| Wells Fargo & Company 6.625%-R    | Preferred Stock       | 622   | 16,474       | 15,472       |
| Wells Fargo Co Dep Pfd 4.7 C-A    | Preferred Stock       | 807   | 17,799       | 16,019       |
| Wells Fargo 5.85-Q Fixed-To-Flt   | Preferred Stock       | 2,873 | 71,738       | 69,728       |
| Wells Fargo 7.5 Non-Cum Cl A      | Preferred Stock       | 65    | 85,209       | 76,424       |
| Wesbanco Inc 6.75% Ser-A          | Preferred Stock       | 270   | 6,987        | 6,107        |
| Wesco Intl Inc Dp Sh Fxrt Pfd     | Preferred Stock       | 925   | 26,496       | 25,179       |
| Wintrust Financial Corp           | Preferred Stock       | 1,470 | 37,866       | 34,839       |
| Wintrust Finl Cor Dep Rep Sr E    | Preferred Stock       | 1,078 | 27,928       | 25,576       |
| Zions Bancorp Na 9.1062% SRS G    | Preferred Stock       | 1,172 | 29,963       | 28,163       |
|                                   |                       |       |              |              |
|                                   | Total Preferred Stock |       | \$ 2,760,425 | \$ 2,582,626 |
|                                   |                       |       |              |              |
| <b>Common Stock</b>               |                       |       |              |              |
| 3M Company                        | Common Stock          | 209   | \$ 32,299    | \$ 22,200    |
| A O Smith Corp                    | Common Stock          | 186   | 7,971        | 12,702       |
| Abbott Laboratories               | Common Stock          | 1,883 | 167,325      | 208,015      |
| Abbvie Inc Com                    | Common Stock          | 363   | 44,838       | 54,857       |
| Accenture Plc Ireland Cl A        | Common Stock          | 579   | 114,725      | 162,288      |
| ACI Worldwide Inc                 | Common Stock          | 241   | 5,298        | 6,105        |
| Adobe Inc                         | Common Stock          | 527   | 170,053      | 198,974      |
| Advance Auto Parts                | Common Stock          | 148   | 29,301       | 18,578       |
| Adyen N V Unsponsored Adr         | Common Stock          | 2,364 | 32,987       | 37,895       |
| Agilent Technologies              | Common Stock          | 336   | 40,200       | 45,504       |
| AIA Group Ltd Spon Adr            | Common Stock          | 1,237 | 43,650       | 53,546       |
| Air Liquide Adr                   | Common Stock          | 447   | 10,558       | 16,105       |
| Air Prod & Chem Inc               | Common Stock          | 240   | 52,340       | 70,646       |
| Alcon Inc                         | Common Stock          | 264   | 17,786       | 19,135       |
| Alexandria Real Estate Eq Inc     | Common Stock          | 78    | 10,972       | 9,686        |
| Alfa Laval Ab-Unspons Adr         | Common Stock          | 606   | 16,260       | 22,184       |
| Align Technology                  | Common Stock          | 286   | 117,344      | 93,036       |
| Allegion Pub Ltd Co               | Common Stock          | 486   | 52,234       | 53,693       |
| Allianz Se Adr                    | Common Stock          | 2,390 | 51,392       | 60,013       |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|                               |              |       |         |         |
|-------------------------------|--------------|-------|---------|---------|
| Alphabet Inc Cl A             | Common Stock | 802   | 65,757  | 86,087  |
| Alphabet Inc Cl C             | Common Stock | 2,845 | 199,504 | 307,886 |
| Altria Group Inc              | Common Stock | 1,100 | 51,305  | 52,261  |
| Amazon Com Inc                | Common Stock | 2,733 | 191,690 | 288,195 |
| Ambev S A Sponsored Adr       | Common Stock | 5,289 | 14,555  | 14,809  |
| American Express Co           | Common Stock | 269   | 28,343  | 43,400  |
| Amerisourcebergen Corp        | Common Stock | 132   | 11,787  | 22,024  |
| Amgen Inc                     | Common Stock | 61    | 13,558  | 14,624  |
| Amicus Therapeutics Inc       | Common Stock | 1,094 | 10,847  | 12,625  |
| Analog Devices Inc            | Common Stock | 868   | 114,834 | 156,136 |
| Ansys Inc                     | Common Stock | 235   | 53,414  | 73,771  |
| Aon Plc Cl A                  | Common Stock | 510   | 137,172 | 165,842 |
| Apellis Pharmaceuticals Inc   | Common Stock | 116   | 7,766   | 9,678   |
| Apple Inc                     | Common Stock | 1,273 | 188,165 | 216,003 |
| Ares Management Corp Cl A     | Common Stock | 114   | 8,464   | 9,985   |
| Argenx Se Adr                 | Common Stock | 41    | 7,013   | 15,903  |
| Arista Networks Inc           | Common Stock | 115   | 6,208   | 18,418  |
| ASML Holding Nv Ny Reg New    | Common Stock | 127   | 73,180  | 80,881  |
| Aspen Technology Inc          | Common Stock | 326   | 57,428  | 57,702  |
| Astrazeneca Plc Adr           | Common Stock | 424   | 24,999  | 31,045  |
| Atlas Copco As A Adr A New    | Common Stock | 3,504 | 36,849  | 50,594  |
| Atlassian Corp Plc Cl A       | Common Stock | 189   | 32,973  | 27,908  |
| Atricure Inc Com              | Common Stock | 147   | 6,271   | 6,467   |
| Autodesk Inc Delaware         | Common Stock | 341   | 73,933  | 66,423  |
| Automatic Data Processing Inc | Common Stock | 537   | 100,242 | 118,140 |
| Avalonbay Comm Inc            | Common Stock | 74    | 13,214  | 13,347  |
| Avient Corporation            | Common Stock | 156   | 7,167   | 6,008   |
| Banco Bilbao Viz Arg Sa Ads   | Common Stock | 3,440 | 20,754  | 25,250  |
| Bank Of America Corp          | Common Stock | 1,791 | 35,783  | 52,440  |
| BCE Inc                       | Common Stock | 1,639 | 72,116  | 78,787  |
| Becton Dickinson & Co         | Common Stock | 109   | 19,075  | 28,810  |
| Bentley Sys Inc Com Cl B      | Common Stock | 2,048 | 92,851  | 87,163  |
| Berkley W R Corp              | Common Stock | 1,024 | 36,133  | 60,334  |
| Best Buy Co                   | Common Stock | 255   | 23,877  | 19,003  |
| Bhp Group Limited Adr         | Common Stock | 553   | 37,767  | 32,649  |
| Biomarin Pharmac Se           | Common Stock | 95    | 8,605   | 9,124   |
| Blackrock Inc                 | Common Stock | 81    | 35,426  | 54,367  |
| Boston Properties Inc         | Common Stock | 123   | 12,442  | 6,563   |
| Bright Horizons Family Solut  | Common Stock | 524   | 55,042  | 39,887  |
| Bristol Myers Squibb Co       | Common Stock | 1,086 | 62,794  | 72,512  |
| Broadcom Inc                  | Common Stock | 105   | 56,117  | 65,783  |
| BWX Technologies Inc Com      | Common Stock | 147   | 9,242   | 9,493   |
| Canadian Natl Railway Co      | Common Stock | 127   | 11,311  | 15,147  |
| Capital One Financial Corp    | Common Stock | 227   | 21,029  | 22,087  |
| Championx Corporation         | Common Stock | 334   | 2,361   | 9,045   |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|                                |              |       |         |         |
|--------------------------------|--------------|-------|---------|---------|
| Charles River Labs Intl Inc    | Common Stock | 321   | 68,108  | 61,029  |
| Charles Schwab New             | Common Stock | 430   | 18,635  | 22,463  |
| Chemed Corporation             | Common Stock | 100   | 48,607  | 55,125  |
| Chevron Corp                   | Common Stock | 638   | 66,606  | 107,554 |
| Chipotle Mexican Grill Inc Com | Common Stock | 64    | 57,295  | 132,328 |
| Chubb Ltd                      | Common Stock | 191   | 27,148  | 38,498  |
| Chugai Pharmaceutic Unsp Adr   | Common Stock | 1,769 | 22,724  | 22,762  |
| Cisco Sys Inc                  | Common Stock | 1,441 | 54,344  | 68,087  |
| Citizens Financial Group Inc   | Common Stock | 2,081 | 65,884  | 64,386  |
| CME Group Inc                  | Common Stock | 243   | 30,587  | 45,142  |
| CMS Energy Cp                  | Common Stock | 357   | 16,820  | 22,227  |
| Coca Cola Co                   | Common Stock | 1,972 | 97,308  | 126,504 |
| Cognex Corp                    | Common Stock | 193   | 8,993   | 9,204   |
| Comcast Corp (New) Class A     | Common Stock | 2,718 | 114,519 | 112,444 |
| Conocophillips                 | Common Stock | 821   | 43,002  | 84,473  |
| Cooper Co Inc New              | Common Stock | 242   | 68,168  | 92,311  |
| Corning Inc                    | Common Stock | 627   | 23,928  | 20,829  |
| Costco Wholesale Corp New      | Common Stock | 171   | 77,481  | 86,051  |
| Crown Castle Inc               | Common Stock | 168   | 26,305  | 20,679  |
| CSL Ltd                        | Common Stock | 868   | 88,983  | 86,209  |
| CVS Health Corp Com            | Common Stock | 1,206 | 91,370  | 88,412  |
| Daifuku Co Ltd Adr             | Common Stock | 1,380 | 12,935  | 12,617  |
| Danaher Corporation            | Common Stock | 173   | 43,802  | 40,985  |
| Dassault Systems Sa Ads        | Common Stock | 833   | 25,869  | 33,723  |
| DBS Group Holdings Ltd Sp      | Common Stock | 480   | 36,902  | 47,232  |
| Decker Outdoor Corporation     | Common Stock | 27    | 8,802   | 12,942  |
| Deere & Co                     | Common Stock | 175   | 43,435  | 66,154  |
| Devon Energy Corp New          | Common Stock | 169   | 4,196   | 9,030   |
| Diageo Plc Spon Adr New        | Common Stock | 320   | 38,863  | 59,360  |
| Dolby Cla A Com Stk            | Common Stock | 880   | 57,776  | 73,647  |
| Dollar Tree Inc                | Common Stock | 317   | 46,733  | 48,726  |
| Dominion Energy Inc            | Common Stock | 426   | 29,991  | 24,342  |
| Dover Corp                     | Common Stock | 338   | 26,145  | 49,402  |
| Duke Energy Corporation        | Common Stock | 541   | 52,933  | 53,494  |
| Eaton Corp Plc Shs             | Common Stock | 191   | 15,997  | 31,920  |
| Eli Lilly & Co                 | Common Stock | 69    | 5,560   | 27,314  |
| Emcor Group Inc                | Common Stock | 101   | 5,842   | 17,271  |
| ENN Energy Holdings Ltd Unspn  | Common Stock | 351   | 22,327  | 19,138  |
| Entegris Inc                   | Common Stock | 222   | 4,981   | 16,632  |
| Enterprise Prod Prtnrs L.P.    | Common Stock | 2,190 | 47,149  | 57,619  |
| EOG Resources Inc              | Common Stock | 438   | 26,661  | 52,328  |
| Epiroc Aktiebolag Adr          | Common Stock | 1,057 | 16,493  | 21,125  |
| Equifax Inc                    | Common Stock | 319   | 58,143  | 66,473  |
| Estee Lauder Co Inc Cl A       | Common Stock | 135   | 27,218  | 33,307  |
| Etsy Inc Com                   | Common Stock | 123   | 5,592   | 12,427  |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|                                |              |       |         |         |
|--------------------------------|--------------|-------|---------|---------|
| Eversource Energy Com          | Common Stock | 870   | 57,650  | 67,521  |
| Exponent Inc                   | Common Stock | 634   | 55,963  | 58,360  |
| Exxon Mobil Corp               | Common Stock | 1,430 | 92,126  | 169,226 |
| Fair Isaac & Co Inc            | Common Stock | 80    | 32,935  | 58,236  |
| Fanuc Corporation Unsp Adr     | Common Stock | 540   | 9,944   | 9,100   |
| Fastenal Co                    | Common Stock | 290   | 15,769  | 15,614  |
| Fidelity Natl Information Se   | Common Stock | 793   | 49,503  | 46,565  |
| Fomento Economico Mexicano     | Common Stock | 468   | 37,119  | 45,405  |
| Gallagher Arthur J & Co        | Common Stock | 248   | 13,983  | 51,599  |
| Gartner Inc                    | Common Stock | 109   | 27,954  | 32,968  |
| General Mills Inc              | Common Stock | 690   | 34,603  | 61,155  |
| General Dynamics Corp          | Common Stock | 242   | 42,779  | 52,838  |
| Genuine Parts Co               | Common Stock | 206   | 19,658  | 34,672  |
| Gitlad Inc Class A             | Common Stock | 289   | 16,285  | 8,774   |
| Godaddy Inc.                   | Common Stock | 204   | 12,403  | 15,439  |
| Graco Inc                      | Common Stock | 89    | 3,827   | 7,057   |
| Guardant Health Inc            | Common Stock | 128   | 6,824   | 2,888   |
| Haier Smart Home Co Ltd Adr    | Common Stock | 2,800 | 38,555  | 36,310  |
| Haleon Plc Adr                 | Common Stock | 2,144 | 17,782  | 19,017  |
| Harley Davidson Inc            | Common Stock | 170   | 8,215   | 6,307   |
| Hartford Fin Sers Grp Inc      | Common Stock | 409   | 19,163  | 29,035  |
| HDFC Bank Ltd Adr              | Common Stock | 227   | 13,091  | 15,845  |
| Hilton Worldwide Hldgs Inc     | Common Stock | 454   | 57,771  | 65,385  |
| Home Depot Inc                 | Common Stock | 415   | 92,235  | 124,724 |
| Hubspot, Inc.                  | Common Stock | 38    | 13,410  | 15,996  |
| Huntington Bancshares          | Common Stock | 3,367 | 46,669  | 37,710  |
| Hyatt Hotels Corp Com Cl A     | Common Stock | 140   | 7,824   | 16,002  |
| Icici Bank Ltd                 | Common Stock | 709   | 7,886   | 16,130  |
| Icon Plc                       | Common Stock | 997   | 239,207 | 192,112 |
| Idexx Labs                     | Common Stock | 71    | 27,166  | 34,943  |
| Ill Tool Works Inc             | Common Stock | 161   | 24,109  | 38,952  |
| Immunocore Holdings Ltd        | Common Stock | 110   | 6,352   | 6,386   |
| Inari Medical Inc              | Common Stock | 98    | 6,671   | 6,509   |
| Infineon Technologies Ag       | Common Stock | 1,506 | 43,938  | 54,708  |
| Insperty Inc Com               | Common Stock | 102   | 6,169   | 12,491  |
| Interactive Brokers Group Cl A | Common Stock | 878   | 53,940  | 68,352  |
| Intl Business Machines Corp    | Common Stock | 391   | 45,732  | 49,426  |
| Intuit Inc                     | Common Stock | 219   | 69,606  | 97,225  |
| Intuitive Surgical Inc         | Common Stock | 363   | 97,592  | 109,343 |
| Invesco Ltd                    | Common Stock | 561   | 12,320  | 9,610   |
| Irhythm Technologies Inc       | Common Stock | 143   | 8,717   | 18,790  |
| Jack Henry & Assoc Inc         | Common Stock | 463   | 57,165  | 75,626  |
| Jacobs Solutions Inc           | Common Stock | 82    | 10,971  | 9,468   |
| Jfrog Ltf                      | Common Stock | 302   | 6,723   | 5,608   |
| Johnson & Johnson              | Common Stock | 886   | 119,778 | 145,038 |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|   |                                |              |       |         |         |
|---|--------------------------------|--------------|-------|---------|---------|
|   | JP Morgan Chase & Co           | Common Stock | 588   | 68,667  | 81,285  |
|   | Karuna Therapeutics Inc        | Common Stock | 52    | 8,044   | 10,319  |
|   | Kering S A Adr New             | Common Stock | 246   | 13,283  | 15,744  |
|   | Komatsu Ltd Spon Adr New       | Common Stock | 771   | 17,873  | 18,934  |
|   | Kubota Cp Adr                  | Common Stock | 214   | 18,192  | 16,093  |
|   | L Oreal Co Adr                 | Common Stock | 1,753 | 124,934 | 167,501 |
|   | Lam Research Corporation       | Common Stock | 144   | 69,037  | 75,468  |
|   | Lattice Semiconductor          | Common Stock | 206   | 12,013  | 16,418  |
|   | LCI Inds                       | Common Stock | 167   | 19,802  | 18,864  |
|   | Leggett & Platt Inc            | Common Stock | 598   | 20,777  | 19,321  |
|   | Lennox Intl Inc                | Common Stock | 200   | 44,193  | 56,382  |
|   | Linde Plc                      | Common Stock | 243   | 56,816  | 89,776  |
|   | Lithia Mtrs Inc                | Common Stock | 42    | 9,925   | 9,277   |
|   | Lockheed Martin Corp           | Common Stock | 119   | 32,564  | 55,270  |
|   | Lonza Group Ag Zuerich Adr     | Common Stock | 427   | 17,449  | 26,568  |
|   | LPL Finl Hldgs Inc Com         | Common Stock | 339   | 52,862  | 70,797  |
|   | Lululemon Athletica Inc        | Common Stock | 160   | 50,778  | 60,789  |
|   | LVMH Moet Hennessy Louis Vuitt | Common Stock | 705   | 96,814  | 135,583 |
|   | Manufile Financial Corp        | Common Stock | 1,312 | 23,537  | 25,912  |
|   | Marsh & McLennan Cos Inc       | Common Stock | 73    | 7,311   | 13,154  |
|   | Mastercard Inc Cl A            | Common Stock | 662   | 165,464 | 251,580 |
|   | McDonalds Corp                 | Common Stock | 583   | 126,731 | 172,422 |
|   | Medtronic Plc Shs              | Common Stock | 1,018 | 92,937  | 92,587  |
|   | Merck & Co Inc New Com         | Common Stock | 163   | 10,261  | 18,822  |
|   | Meta Platforms Inc Cl A        | Common Stock | 199   | 43,034  | 47,824  |
|   | MetLife Incorporated           | Common Stock | 470   | 17,509  | 28,825  |
|   | Microsoft Corp                 | Common Stock | 2,346 | 315,131 | 720,832 |
|   | Mirati Therapeutics Inc        | Common Stock | 159   | 11,355  | 7,045   |
|   | Mohawk Industries Inc          | Common Stock | 97    | 8,248   | 10,272  |
|   | Molina Healthcare Inc          | Common Stock | 54    | 7,113   | 16,086  |
|   | Mondelez Intl Inc Com          | Common Stock | 674   | 33,099  | 51,709  |
|   | Mongodb Inc Cl A               | Common Stock | 57    | 17,972  | 13,678  |
|   | Moodys Corp                    | Common Stock | 114   | 16,232  | 35,696  |
| * | Morgan Stanley                 | Common Stock | 874   | 51,644  | 78,634  |
|   | MSCI Inc Com                   | Common Stock | 81    | 11,643  | 39,078  |
|   | Nestle Spon Adr Rep Reg Shr    | Common Stock | 1,237 | 135,057 | 159,161 |
|   | Neurocrine Biosciences Inc     | Common Stock | 92    | 8,743   | 9,296   |
|   | Nexstar Media Group Inc        | Common Stock | 35    | 5,968   | 6,071   |
|   | Nextera Energy Inc             | Common Stock | 672   | 30,347  | 51,495  |
|   | Nike Inc B                     | Common Stock | 291   | 20,296  | 37,636  |
|   | Nitori Hldgs Co Ltd Adr        | Common Stock | 1,244 | 19,080  | 15,865  |
|   | Nordson Cp                     | Common Stock | 386   | 46,197  | 83,496  |
|   | Norfolk Southern Corp          | Common Stock | 180   | 25,501  | 36,545  |
|   | Northern Trust Corp            | Common Stock | 115   | 8,419   | 8,988   |
|   | Northrop Grumman Cp(Hldg Co)   | Common Stock | 59    | 18,909  | 27,215  |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|                               |              |       |         |         |
|-------------------------------|--------------|-------|---------|---------|
| Novartis Ag Adr               | Common Stock | 671   | 50,405  | 68,824  |
| Novozymes A/S Unspns Apr      | Common Stock | 185   | 10,474  | 9,629   |
| Nvidia Corporation            | Common Stock | 532   | 74,233  | 147,625 |
| NXP Semiconductors Nv         | Common Stock | 216   | 37,254  | 35,368  |
| Ny Times Cl A Common          | Common Stock | 316   | 10,178  | 12,561  |
| O'Reilly Automotive Inc New   | Common Stock | 55    | 47,384  | 50,452  |
| Omnicom Group                 | Common Stock | 539   | 34,705  | 48,817  |
| Oracle Corp                   | Common Stock | 449   | 20,838  | 42,529  |
| Outset Med Inc Com            | Common Stock | 174   | 7,941   | 3,130   |
| Palo Alto Networks Inc        | Common Stock | 313   | 55,680  | 57,110  |
| Parker Hannifin Corp          | Common Stock | 371   | 83,359  | 120,530 |
| Paycom Software Inc           | Common Stock | 42    | 13,754  | 12,196  |
| Pepsi Co Inc Nc               | Common Stock | 168   | 19,205  | 32,070  |
| Pfizer Inc                    | Common Stock | 1,827 | 83,462  | 71,052  |
| Pharmaceutical Grp Ltd        | Common Stock | 3,092 | 14,152  | 12,572  |
| Philip Morris Intl Inc        | Common Stock | 1,410 | 119,067 | 140,958 |
| Ping An Insurance Adr         | Common Stock | 917   | 15,900  | 13,247  |
| PJSC Lukoil Sponsored ADR     | Common Stock | 249   | 15,636  | N/A     |
| PNC Finl Svcs Gp              | Common Stock | 231   | 20,091  | 30,088  |
| Pool Corp                     | Common Stock | 262   | 75,770  | 92,046  |
| Power Integrations Inc        | Common Stock | 126   | 3,505   | 9,170   |
| PPG Industries Inc            | Common Stock | 369   | 37,308  | 51,756  |
| Procter & Gamble              | Common Stock | 847   | 90,412  | 132,454 |
| Progressive Corp Ohio         | Common Stock | 160   | 6,581   | 21,824  |
| Prologis Inc Com              | Common Stock | 230   | 26,402  | 28,808  |
| Pt Telekomunikasi Indonesia   | Common Stock | 653   | 15,615  | 18,806  |
| Public Service Enterprise Gp  | Common Stock | 345   | 18,893  | 21,804  |
| Pubmatic Inc Com Cl A         | Common Stock | 221   | 6,499   | 3,019   |
| Pulte Group Inc               | Common Stock | 157   | 8,775   | 10,543  |
| Raymond James Fincle Inc      | Common Stock | 101   | 9,570   | 9,144   |
| Raytheon Technologies Corp    | Common Stock | 1,290 | 83,461  | 128,871 |
| Regal Rexnord Corporation     | Common Stock | 72    | 10,793  | 9,372   |
| Republic Services Inc         | Common Stock | 206   | 15,995  | 29,792  |
| Rio Tinto Plc Spon Adr        | Common Stock | 405   | 26,518  | 25,916  |
| Ritchie Brothers Auctioneers  | Common Stock | 54    | 3,282   | 3,088   |
| Roche Holdings Adr            | Common Stock | 2,587 | 98,616  | 101,462 |
| Rollins Inc                   | Common Stock | 1,123 | 31,575  | 47,447  |
| Royal Caribbean Group Com     | Common Stock | 153   | 12,309  | 10,011  |
| Saia Inc                      | Common Stock | 142   | 38,024  | 42,283  |
| Sap Ag                        | Common Stock | 1,670 | 211,610 | 225,901 |
| Schneider Elec Sa Unsp Adr    | Common Stock | 1,135 | 29,607  | 39,551  |
| Seagate Technology Hldngs Plc | Common Stock | 291   | 23,043  | 17,102  |
| Servicenow Inc                | Common Stock | 464   | 194,165 | 213,171 |
| Shell Plc Adr                 | Common Stock | 457   | 20,418  | 28,325  |
| Shimano Inc Adr               | Common Stock | 735   | 12,055  | 11,346  |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|                                |              |       |         |         |
|--------------------------------|--------------|-------|---------|---------|
| Shionogi & Co Ltd Unspns Adr   | Common Stock | 1,378 | 17,517  | 15,365  |
| Shiseido Ltd Spon Adr          | Common Stock | 312   | 15,211  | 15,583  |
| Shockwave Med Inc              | Common Stock | 72    | 6,923   | 20,892  |
| Siemens Healthineers Ag Adr    | Common Stock | 5,498 | 158,184 | 171,230 |
| Siteone Landscape Supply Inc   | Common Stock | 504   | 53,745  | 74,461  |
| Sonova Hldg Ag Unsp Adr        | Common Stock | 251   | 10,456  | 15,894  |
| Springworks Therapeutics Inc   | Common Stock | 131   | 8,043   | 3,063   |
| Starbucks Corp Washington      | Common Stock | 1,161 | 87,362  | 132,691 |
| Symrise Ag Unspns Adr          | Common Stock | 653   | 15,804  | 19,726  |
| Synopsys Inc                   | Common Stock | 98    | 35,798  | 36,389  |
| Sysco Corp                     | Common Stock | 621   | 42,035  | 47,656  |
| Sysmex Corp Unspn Adr          | Common Stock | 471   | 16,187  | 15,057  |
| T Rowe Price Group Inc         | Common Stock | 166   | 14,883  | 18,647  |
| Taiwan Smcndctr Mfg Co Ltd Adr | Common Stock | 572   | 39,169  | 48,220  |
| Teledyne Tech Inc              | Common Stock | 135   | 60,126  | 55,944  |
| Tencent Hldgs Ltd Unspn Adr    | Common Stock | 732   | 38,439  | 32,472  |
| Teradyne Inc                   | Common Stock | 676   | 47,622  | 61,773  |
| Tesla Inc                      | Common Stock | 58    | 9,982   | 9,530   |
| Texas Instruments              | Common Stock | 595   | 48,671  | 99,484  |
| The Cigna Group                | Common Stock | 126   | 27,303  | 31,915  |
| The Scotts Miracle-Gro Company | Common Stock | 639   | 72,751  | 42,692  |
| Thermo Fisher Scientific       | Common Stock | 208   | 113,180 | 115,419 |
| Thor Industries Inc            | Common Stock | 512   | 35,279  | 40,458  |
| TJX Cos Inc New                | Common Stock | 647   | 37,122  | 50,997  |
| Topbuild Corp Com              | Common Stock | 47    | 7,458   | 10,598  |
| Truist Finl Corp               | Common Stock | 2,718 | 106,154 | 88,552  |
| Tyler Technologies Inc         | Common Stock | 43    | 15,040  | 16,298  |
| U S Bancorp Com New            | Common Stock | 820   | 34,375  | 28,110  |
| Uber Technologies Inc          | Common Stock | 1,465 | 50,750  | 45,488  |
| Unicharm Corp Unspn Adr        | Common Stock | 2,739 | 19,597  | 22,030  |
| United Parcel Ser Inc Cl-B     | Common Stock | 398   | 73,422  | 71,564  |
| United Rentals Inc             | Common Stock | 34    | 10,437  | 12,278  |
| Unitedhealth Gp Inc            | Common Stock | 522   | 180,453 | 256,871 |
| Veeva Sys Inc Cl A             | Common Stock | 385   | 56,920  | 68,946  |
| Ventas Inc                     | Common Stock | 295   | 17,066  | 14,175  |
| Veracyte Inc Com               | Common Stock | 143   | 3,442   | 3,241   |
| Verizon Communications         | Common Stock | 2,871 | 137,873 | 111,481 |
| Vertex Pharmaceuticals         | Common Stock | 100   | 31,782  | 34,073  |
| Visa Inc Cl A                  | Common Stock | 1,271 | 194,059 | 295,800 |
| Walmart Inc                    | Common Stock | 630   | 68,616  | 95,111  |
| Watsco Inc                     | Common Stock | 269   | 71,332  | 93,176  |
| Wells Fargo & Co New           | Common Stock | 864   | 38,396  | 34,344  |
| Wingstop Inc                   | Common Stock | 51    | 8,890   | 10,206  |
| Workday Inc Cl A               | Common Stock | 629   | 120,708 | 117,082 |
| Xcel Energy Inc                | Common Stock | 487   | 25,257  | 34,046  |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|   |                                               |                                              |         |               |               |
|---|-----------------------------------------------|----------------------------------------------|---------|---------------|---------------|
|   | XP Inc                                        | Common Stock                                 | 468     | 13,596        | 6,688         |
|   | Yandex N.V.A. (ZBRA)                          | Common Stock                                 | 148     | 6,279         | N/A           |
|   | Zebra Tech Cl-A                               | Common Stock                                 | 237     | 75,584        | 68,263        |
|   | Zoetis Inc Class-A                            | Common Stock                                 | 89      | 5,226         | 15,644        |
|   |                                               |                                              |         |               |               |
|   |                                               | Total Common Stock                           |         | \$ 12,876,921 | \$ 16,103,864 |
|   |                                               |                                              |         |               |               |
|   | <b>Mutual Funds</b>                           |                                              |         |               |               |
|   | GQG Partners Emrg Mkts Eq Ins                 | Mutual Funds                                 | 115,930 | \$ 1,818,925  | \$ 1,566,214  |
|   | KKR Credit Opportunities U                    | Mutual Funds                                 | 21,832  | 572,961       | 473,748       |
|   | Lazard GLB Lstd Infr PTF Inst                 | Mutual Funds                                 | 41,902  | 697,303       | 631,880       |
|   | Cohen & Steers Pref Sec & Inc                 | Mutual Funds                                 | 141,051 | 1,691,362     | 1,586,823     |
|   | Federated Hermes Govt Obl Ava                 | Mutual Funds                                 | 313,442 | -             | 313,442       |
|   | PIMCO Low Duration Inc I2                     | Mutual Funds                                 | 80,088  | 645,977       | 623,086       |
|   |                                               |                                              |         |               |               |
|   |                                               | Total Mutual Funds                           |         | \$ 5,426,528  | \$ 5,195,193  |
|   |                                               |                                              |         |               |               |
|   | <b>Exchange-Traded &amp; Closed-End Funds</b> |                                              |         |               |               |
|   | Invesco Preferred ETF                         | ETF/CEF                                      | 2,957   | \$ 33,599     | \$ 34,449     |
|   | Ishares S&P Small Cap 600 V ETF               | ETF/CEF                                      | 10,157  | 964,805       | 927,842       |
|   | Ishares Intl Select Div ETF                   | ETF/CEF                                      | 35,514  | 1,048,802     | 997,943       |
|   | Ishares Select Dividend ETF                   | ETF/CEF                                      | 6,381   | 756,117       | 750,342       |
|   | Ishares Small Cap 600 G ETF                   | ETF/CEF                                      | 8,613   | 956,831       | 918,749       |
|   | JP Morgan Equity Premium Inco                 | ETF/CEF                                      | 28,442  | 1,648,351     | 1,575,687     |
|   | Proshares TR S&P 500 DV Arist                 | ETF/CEF                                      | 6,836   | 623,512       | 636,910       |
|   | Vanguard FTSE Developed Mkts E                | ETF/CEF                                      | 9,567   | 382,341       | 443,526       |
|   | Vanguard Growth ETF                           | ETF/CEF                                      | 1,663   | 148,225       | 419,126       |
|   |                                               |                                              |         |               |               |
|   |                                               | Total Exchange-Traded & Closed-End Funds     |         | \$ 6,562,583  | \$ 6,704,574  |
|   |                                               |                                              |         |               |               |
|   | <b>Interest-Bearing Bank Deposit Accounts</b> |                                              |         |               |               |
| * | Morgan Stanley Private Bank NA                | Interest-Bearing Bank Deposit Accounts       |         | \$ 715,438    | \$ 715,438    |
| * | USD Savings Deposits                          | Interest-Bearing Bank Deposit Accounts       |         | 369,462       | 369,462       |
|   |                                               |                                              |         |               |               |
|   |                                               | Total Interest-Bearing Bank Deposit Accounts |         | \$ 1,084,900  | \$ 1,084,900  |
|   | <b>Corporate Bonds</b>                        |                                              |         |               |               |
|   | Affiliated Managers Group 4.75%               | Corporate Bond                               | 484     | \$ 10,517     | \$ 9,651      |
|   | Affiliated Managers Group 5.875%              | Corporate Bond                               | 643     | 16,293        | 16,294        |
|   | Algonquin Power & Utilities Crp 6.875%        | Corporate Bond                               | 691     | 17,473        | 16,004        |
|   | Algonquin Pwr & Utils Corp A                  | Corporate Bond                               | 1,474   | 36,344        | 33,725        |
|   | Allstate Corp 8.4% Fixed                      | Corporate Bond                               | 1,731   | 43,655        | 44,054        |
|   | American Financial Group 5.625%               | Corporate Bond                               | 399     | 10,169        | 9,748         |
|   | American Financial Group 5.8750               | Corporate Bond                               | 126     | 3,274         | 3,253         |
|   | Assurant Inc 5.25%                            | Corporate Bond                               | 1,590   | 37,149        | 33,819        |
|   | AT&T Inc 5.35%                                | Corporate Bond                               | 670     | 15,093        | 15,892        |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|                                       |                       |           |              |              |
|---------------------------------------|-----------------------|-----------|--------------|--------------|
| BIP Bermuda Holdings I Limited 5.125% | Corporate Bond        | 533       | 11,089       | 9,168        |
| Brookfield Fin Inc Sub NT 80          | Corporate Bond        | 922       | 18,694       | 15,019       |
| Brookfield Infrastructure Part 5.00%  | Corporate Bond        | 875       | 17,858       | 15,103       |
| Carlyle Fin LLC 4.625%                | Corporate Bond        | 857       | 17,685       | 16,180       |
| CMS Energy Corp 5.875%                | Corporate Bond        | 646       | 16,396       | 16,066       |
| CMS Energy Corp 5.875%                | Corporate Bond        | 2,027     | 51,293       | 50,330       |
| DTE Energy Co Cal Deb 81              | Corporate Bond        | 440       | 9,738        | 9,513        |
| DTE Energy Co Ser E 5.25%             | Corporate Bond        | 1,447     | 35,134       | 34,540       |
| Ford Motor Co Del Call NT 62          | Corporate Bond        | 651       | 16,041       | 15,683       |
| Kemper Corp 5.875%                    | Corporate Bond        | 476       | 10,568       | 9,187        |
| KKR Group Fin Co. IX LLC 4.625%       | Corporate Bond        | 830       | 17,354       | 15,828       |
| Nextera Energy Capital Holdings 5.65% | Corporate Bond        | 620       | 16,091       | 15,922       |
| Nustar Logistics LP 11.99% Fixed      | Corporate Bond        | 635       | 15,904       | 16,218       |
| Prudential Financial Inc 5.625%       | Corporate Bond        | 374       | 9,519        | 9,253        |
| Prudential Financial Inc              | Corporate Bond        | 797       | 17,485       | 16,562       |
| Prudential Financial Inc Cal NT 62    | Corporate Bond        | 369       | 9,321        | 9,446        |
| Qwest Corp 6.5%                       | Corporate Bond        | 2,329     | 46,034       | 31,022       |
| Reinsurance Group America Inc         | Corporate Bond        | 2,091     | 56,161       | 52,965       |
| Reinsurance Grp Of America            | Corporate Bond        | 607       | 15,546       | 15,934       |
| Sempra Energy 5.750%                  | Corporate Bond        | 255       | 6,158        | 6,282        |
| Stifel Financial Corp                 | Corporate Bond        | 411       | 9,914        | 9,367        |
| The Southern Co 4.20%                 | Corporate Bond        | 1,701     | 36,155       | 34,479       |
| The Southern Co 4.95% Ser-A           | Corporate Bond        | 1,094     | 25,633       | 25,260       |
| United States Cellular Corp 5.50%     | Corporate Bond        | 623       | 11,856       | 9,427        |
| United States Cellular Corp 5.50%     | Corporate Bond        | 615       | 11,764       | 9,379        |
| United States Cellular Corp 6.25%     | Corporate Bond        | 923       | 19,996       | 15,497       |
| W R Berkley Corp 5.10%                | Corporate Bond        | 729       | 17,509       | 16,401       |
|                                       |                       |           |              |              |
|                                       | Total Corporate Bonds |           | \$ 736,863   | \$ 682,471   |
|                                       |                       |           |              |              |
| <b>Hedge Funds</b>                    |                       |           |              |              |
| AIP Alt Lending Placement             | Hedge Fund            | 426       | \$ 500,000   | \$ 424,396   |
| Breit CI S                            | Hedge Fund            | 41,922    | 500,000      | 611,119      |
| Starwood Reit CI S                    | Hedge Fund            | 22,799    | 500,000      | 586,489      |
| Oaktree Strategic CF - S              | Hedge Fund            | 21,304    | 500,000      | 498,933      |
|                                       |                       |           |              |              |
|                                       | Total Hedge Funds     |           | \$ 2,000,000 | \$ 2,120,937 |
|                                       |                       |           |              |              |
| <b>Private Equity</b>                 |                       |           |              |              |
| PA Small CO Buyout V ERISA            | Private Equity        | 1,000,000 | \$ 83,076    | \$ 542,029   |
| Oaktree Strat Inc Feeder              | Private Equity        |           |              | 376,803      |
| Cim Infrastructure Fund II            | Private Equity        | 500,000   | 77,419       | 713,794      |
| MASTERS V OFFSHORE                    | Private Equity        | 500,000   | 25,933       | 70,368       |
| PA Smallco Buyout V Erisa CPV         | Private Equity        |           |              | 3,500        |
| PA Smallco Buyout V Erisa DPV         | Private Equity        |           |              | (16,846)     |

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
D & H Employee Stock Ownership Plan  
D & H Corporate Group, Inc.  
Employer Identification Number: 88-2009462  
Plan Number: 002  
April 30, 2023

|  |                                      |                                     |            |               |                |
|--|--------------------------------------|-------------------------------------|------------|---------------|----------------|
|  | Oaktree Strat Inc Feeder DPV         | Private Equity                      | 1,000,000  | -             | (37,328)       |
|  | Cim Infrastructure Fund II CPV       | Private Equity                      |            |               | 36,675         |
|  | Cim Infrastructure Fund II DPV       | Private Equity                      |            |               | (91,688)       |
|  |                                      |                                     |            |               |                |
|  |                                      | Total Private Equity                |            | \$ 186,428    | \$ 1,597,307   |
|  |                                      |                                     |            |               |                |
|  | <b>Real Estate</b>                   |                                     |            |               |                |
|  | Hines GIT CL S                       | Real Estate                         | 46,210.721 | \$ 500,000    | \$ 491,682     |
|  |                                      |                                     |            |               |                |
|  |                                      | Total Real Estate                   |            | \$ 500,000    | \$ 491,682     |
|  |                                      |                                     |            |               |                |
|  | <b>Other Alternative Investments</b> |                                     |            |               |                |
|  | Blackstone BCRED                     | Other Alternative Investment        | 19,380     | \$ 500,000    | \$ 480,039     |
|  |                                      |                                     |            |               |                |
|  |                                      | Total Other Alternative Investments |            | \$ 500,000    | \$ 480,039     |
|  |                                      |                                     |            |               |                |
|  |                                      |                                     |            |               |                |
|  |                                      | Total Investments                   |            | \$ 41,304,869 | \$ 169,818,794 |
|  | * - Party-in-interest                |                                     |            |               |                |



[macpas.com](http://macpas.com)

**Member**  
American and Pennsylvania  
Institutes of Certified Public  
Accountants

Independent Member of  
 **PrimeGlobal**

**Schedule C, line 2(h) – Formula Description**

Plan Name: D & H Employee Stock Ownership Plan  
Employer I.D. #: 88-2009462  
Plan Number: 002

| (a) Name of Investment Fund (Source of Compensation) | (b) Name of Investment Adviser (Service Provider) | (c) Formula as Percentage of Assets | (d) Other Formula, if any |
|------------------------------------------------------|---------------------------------------------------|-------------------------------------|---------------------------|
|------------------------------------------------------|---------------------------------------------------|-------------------------------------|---------------------------|

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

**Schedule H, line 4i – Schedule of Assets (Held At End of Year)**

Plan Name: D & H Employee Stock Ownership Plan

Employer I.D. #: 88-2009462

Plan Number: 002

| (a) | (b) Identity of issue, borrower, lessor, or<br>similar party | (c) Description of investment<br>including maturity date, rate of<br>interest, collateral, par, or maturity<br>value | (d) Cost | (e) Current<br>Value |
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|-----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|

Schedule of Assets (Held At End of Year) is contained in the attached audit report.