

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>D &amp; H COMPANY 401(K) PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>D &amp; H COMPANY</u>  <u>PO BOX 1688</u> <u>TUPELO, MS 38802</u>	<b>1c</b> Effective date of plan <u>01/01/2017</u>  <b>2b</b> Employer Identification Number (EIN) <u>64-0297943</u>  <b>2c</b> Plan Sponsor's telephone number <u>662-842-7525</u>  <b>2d</b> Business code (see instructions) <u>441110</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/08/2025	NAT LEATHERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	512
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	479
	<b>6a(2)</b>	556
	<b>6b</b>	0
	<b>6c</b>	40
	<b>6d</b>	596
	<b>6e</b>	0
	<b>6f</b>	596
	<b>6g(1)</b>	419
	<b>6g(2)</b>	476
<b>h</b>	<b>6h</b>	137
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 3D

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

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

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>D &amp; H COMPANY 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>D &amp; H COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>64-0297943</b>	

**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

**MID-ATLANTIC TRUST COMPANY**

**27-3169253**

**(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

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

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

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

RENASANT BANK

209 TROY STREET  
TUPELO, MS 38802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	32585	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)

EPIC RETIREMENT PLAN SERVICES, INC.

16-1450952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38	NONE	16514	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)

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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:	<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>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>D &amp; H COMPANY 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>D &amp; H COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>64-0297943</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	306	200
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	4243	4422
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	23358	11363
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	25460	10252
<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>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<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>		
<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>	3229481	4140208
<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>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(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>	3282848	4166445
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	6048	12088
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	6048	12088
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3276800	4154357

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	132439	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	830658	
<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>		963097
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	556	
<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>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	72836	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		363660
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1400149

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	473493	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		473493
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	16514	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	32585	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		49099
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		522592

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		877557
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **MONROE SHINE & CO., INC.**

(2) EIN: **35-1515068**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17199
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>D &amp; H COMPANY 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>D &amp; H COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>64-0297943</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>27-3169253</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> 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
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> 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		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> 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
<b>8</b> 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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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 type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

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

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

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

<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>	

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

<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>	

**16** 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>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703383A.

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

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES**

**YEARS ENDED  
DECEMBER 31, 2024 AND 2023**

## CONTENTS

	<b>Page</b>
Independent Auditor's Report.....	<b>3-6</b>
<b>FINANCIAL STATEMENTS:</b>	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS .....	<b>7</b>
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS .....	<b>8</b>
NOTES TO FINANCIAL STATEMENTS .....	<b>9-14</b>
<b>SUPPLEMENTAL SCHEDULES*:</b>	
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS .....	<b>15</b>
SCHEDULE OF ASSETS (HELD AT END OF YEAR) .....	<b>16-21</b>

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



## **Independent Auditor's Report**

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

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

We have performed audits of the accompanying financial statements of the **D & H Company 401(k) Plan** (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) [“ERISA Section 103(a)(3)(C) audit”]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### **Opinion**

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

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

## **Basis for Opinion**

We conducted our audits 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Supplemental Schedules Required by ERISA**

The supplemental schedules of delinquent participant contributions and assets (held at end of year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Monroe Shine*

Monroe Shine & Co., Inc.

New Albany, Indiana

July 25, 2025

**D & H COMPANY 401(K) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Cash	\$ 200	\$ 306
Investments, at fair value:		
Money market fund	10,252	25,460
Mutual funds	1,971,774	1,270,896
Separately managed accounts	2,168,434	1,958,585
Total investments	4,150,460	3,254,941
Receivables:		
Employer contributions	4,422	4,243
Participant contributions	11,363	23,358
Total receivables	15,785	27,601
 <b>Total Assets</b>	 4,166,445	 3,282,848
 <b>LIABILITY</b>		
Excess contributions payable to participants	12,088	6,048
 <b>Net Assets Available for Benefits</b>	 \$ 4,154,357	 \$ 3,276,800

See notes to financial statements.

**D & H COMPANY 401(K) PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 18,835	\$ 13,520
Net appreciation in fair value of investments	418,217	390,515
	<u>437,052</u>	<u>404,035</u>
Contributions:		
Employer	132,439	124,043
Participant	830,658	712,846
Participant rollovers	-	4,273
	<u>963,097</u>	<u>841,162</u>
 Total additions	 <u>1,400,149</u>	 <u>1,245,197</u>
Deductions from net assets attributed to:		
Benefits paid to participants	473,493	495,973
Administrative fees	49,099	49,965
Total deductions	<u>522,592</u>	<u>545,938</u>
 <b>Net Increase</b>	 877,557	 699,259
Net assets available for benefits:		
<b>Beginning of year</b>	<u>3,276,800</u>	<u>2,577,541</u>
 <b>End of Year</b>	 <u><u>\$ 4,154,357</u></u>	 <u><u>\$ 3,276,800</u></u>

See notes to financial statements.

**D & H COMPANY 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

(1) **DESCRIPTION OF PLAN**

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

**General**

The Plan is a defined contribution plan established by D & H Company (the “Company”) effective as of January 1, 2017, covering substantially all employees of the Company and its affiliates who have completed one year of service (minimum of 1,000 hours) and are age 18 or older (age 21 or older prior to October 1, 2023). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

**Contributions**

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

Company discretionary salary deferral matching contributions for 2024 and 2023 were made equal to 25% of each participant’s salary deferral contributions, limited to 4% of eligible compensation. Company contributions may also include discretionary employer contributions as determined annually by the Company. The Company made no discretionary employer contributions during 2024 and 2023 other than the matching contributions discussed above.

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

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

**Participant Accounts**

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

**D & H COMPANY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

(1 - continued)

**Vesting**

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

**Payment of Benefits**

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

**Forfeited Accounts**

Participants forfeit employer contribution accounts when terminating service prior to vesting in their employer contributions. These accounts will be used to reduce future employer contributions or pay plan expenses. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$1,950 and \$22,823, respectively. Forfeited nonvested accounts were used to reduce employer contributions by \$40,286 and \$20,400 for 2024 and 2023, respectively.

**Excess Contributions Payable to Participants**

Amounts payable to participants for contributions exceeding IRC limits and contributions made by non-eligible employees are recorded as a liability in the statements of net assets available for benefits, with a corresponding reduction to contributions. At December 31, 2024 and 2023, amounts payable to participants totaled \$12,088 and \$6,048, respectively.

(2) **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of Estimates**

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

**D & H COMPANY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

(2 - continued)

**Investment Valuation and Income Recognition**

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

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

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

**Administrative Expenses**

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

**Payment of Benefits**

Benefits are recorded when paid. At December 31, 2024 and 2023, there were no allocated amounts to participants who had elected to withdraw from the Plan, but had not yet been paid.

**Subsequent Events**

Management has evaluated whether any subsequent events that require recognition or disclosure in the accompanying financial statements and related notes thereto have taken place through July 25, 2025, the date these financial statements were available to be issued.

**D & H COMPANY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**(3) FAIR VALUE MEASUREMENTS**

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

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

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

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

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs are not available. Level 3 inputs are used only if Level 1 or Level 2 inputs are not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

The following table presents the balances of the Plan's investments within the fair value hierarchy measured at fair value as of December 31, 2024:

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>December 31, 2024:</b>				
Money market fund	\$ 10,252	\$ -	\$ -	\$ 10,252
Mutual funds	1,971,774	-	-	1,971,774
Separately managed accounts:				
Cash and money market fund	194,535	-	-	194,535
Mutual funds	1,973,899	-	-	1,973,899
<b>Total investments</b>	<b>\$4,150,460</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$4,150,460</b>

**D & H COMPANY 401(K) PLAN  
NOTES TO FINANCIAL STATEMENTS - CONTINUED  
DECEMBER 31, 2024 AND 2023**

(3 - continued)

The following table presents the balances of the Plan's investments within the fair value hierarchy measured at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
<b>December 31, 2023:</b>				
Money market fund	\$ 25,460	\$ -	\$ -	\$ 25,460
Mutual funds	1,270,896	-	-	1,270,896
Separately managed accounts:				
Cash and money market fund	141,326	-	-	141,326
Mutual funds	1,817,259	-	-	1,817,259
	<hr/>			
Total investments	\$3,254,941	\$ -	\$ -	\$3,254,941
	<hr/>			

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation techniques and related inputs used for assets measured at fair value at December 31, 2024 and 2023.

**Mutual Funds and Money Market Fund**

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

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation in fair value of investments.

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

Renasant Bank is the trustee of the Plan, Mid-Atlantic Trust Company is the custodian of the Plan’s assets and EPIC Advisors, Inc. is the third-party administrator for the Plan. Transactions between the Plan and these entities constitute exempt party-in-interest transactions. Administrative fees paid by the Plan to these related parties were \$49,099 and \$49,965 for the years ended December 31, 2024 and 2023, respectively.

**(5) PLAN TERMINATION**

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

**D & H COMPANY 401(K) PLAN**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**DECEMBER 31, 2024 AND 2023**

**(6) TAX STATUS**

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

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

**(7) RISKS AND UNCERTAINTIES**

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

**(8) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Management has obtained certifications from Renasant Bank, the trustee of the Plan, as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information is complete and accurate. The following is a summary of the information included in the Plan’s financial statements and supplemental schedules that was obtained from data prepared and certified to as complete and accurate by the trustee.

	<u>2024</u>	<u>2023</u>
Investments, at fair value		
Money market fund	\$ 10,252	\$ 25,460
Mutual funds	1,971,774	1,270,896
Separately managed accounts	2,168,434	1,958,585
Investment income:		
Interest and dividends	18,835	13,520
Net appreciation in fair value of investments	418,217	390,515

Note 3: All investment balances included in the note.

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

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**DECEMBER 31, 2024**

<b>Payroll Date</b>	<b>Date of Deposit</b>	<b>Participant Contributions Transferred Late to Plan</b>	<b>Total that Constitute Nonexempt Prohibited Transactions</b>	<b>Contributions Not Yet Corrected</b>	<b>Total Fully Corrected Outside VFCP</b>
4/14/2023	6/13/2023	\$ 17,199	\$ 17,199	\$ -	\$ 17,199
		<u>\$ 17,199</u>	<u>\$ 17,199</u>	<u>\$ -</u>	<u>\$ 17,199</u>

None of the contributions above include late participant loan repayments.

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
Federated Hermes Government Obligations Fund	Money market fund	\$ 10,252
Baird Core Plus Bond Fund	Mutual fund	\$ 4,378
Vanguard Large Cap Index Fund	Mutual fund	262,238
Vanguard Total Stock Market Index Fund	Mutual fund	34,410
JPMorgan Growth Advantage Fund	Mutual fund	457,875
Vanguard Mid Cap Index Fund	Mutual fund	101,096
Undiscovered Managers Behavioral Value Fund	Mutual fund	22,260
Vanguard Small Cap Index Fund	Mutual fund	102,143
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	21,768
Federated Hermes Total Return Bond Fund	Mutual fund	9,436
Federated Hermes International Small-Mid Company Fund	Mutual fund	53,648
Hartford Dividend and Growth Fund	Mutual fund	10,259
MFS Mid Cap Value Fund	Mutual fund	31,283
Vanguard Developed Markets Index Fund	Mutual fund	33,770
Vanguard Real Estate Index Fund	Mutual fund	113
JPMorgan Hedged Equity Fund	Mutual fund	1,436
American Beacon Large Cap Growth Fund	Mutual fund	358,207
American Century Small Cap Growth Fund	Mutual fund	18,458
Cohen & Steers Real Estate Securities Fund	Mutual fund	4,736
Value Line Mid Cap Focused Fund	Mutual fund	66,229
T. Rowe Price Retirement 2015 Fund	Mutual fund	296
T. Rowe Price Retirement 2020 Fund	Mutual fund	13,181
T. Rowe Price Retirement 2025 Fund	Mutual fund	11,154
T. Rowe Price Retirement 2030 Fund	Mutual fund	26,047
T. Rowe Price Retirement 2035 Fund	Mutual fund	30,038
T. Rowe Price Retirement 2040 Fund	Mutual fund	23,394
T. Rowe Price Retirement 2045 Fund	Mutual fund	68,685
T. Rowe Price Retirement 2050 Fund	Mutual fund	59,343
T. Rowe Price Retirement 2055 Fund	Mutual fund	41,180
T. Rowe Price Retirement 2060 Fund	Mutual fund	43,684
T. Rowe Price Retirement 2065 Fund	Mutual fund	51,422
Smead Value Fund Class Y	Mutual fund	9,607
		<u>\$ 1,971,774</u>

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
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*Separately managed accounts (fund of funds):*

\* **Renasant Bank Income Fund:**

Mid Atlantic Master Cash Account	Cash	\$	988
Federated Hermes Government Obligations Fund	Money market fund		3,107
AB Large Cap Growth Fund Class Z	Mutual fund		690
American Century Small Cap Growth Fund	Mutual fund		694
Cohen & Steers Real Estate Securities Fund	Mutual fund		644
Hartford Dividend and Growth Fund	Mutual fund		830
JPMorgan Growth Advantage Fund	Mutual fund		669
MFS Mid Cap Value Fund	Mutual fund		1,320
Smead Value Fund Class Y	Mutual fund		818
Undiscovered Managers Behavioral Value Fund	Mutual fund		994
Value Line Mid Cap Focused Fund	Mutual fund		332
Vanguard Large Cap Index Fund	Mutual fund		750
Buffalo International Fund	Mutual fund		595
Federated Hermes International Small-Mid Company Fund	Mutual fund		677
Hartford International Value Fund	Mutual fund		758
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund		678
Vanguard Developed Markets Index Fund	Mutual fund		330
Baird Core Plus Bond Fund	Mutual fund		3,936
Federated Hermes Institutional High Yield Bond Fund	Mutual fund		685
Federated Hermes Total Return Bond Fund	Mutual fund		3,934
JPMorgan Global Bond Opportunities Fund	Mutual fund		2,749
JPMorgan Core Bond Fund	Mutual fund		3,945
PIMCO Income Fund	Mutual fund		2,967
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund		1,019
First Eagle Global Fund	Mutual fund		327
JPMorgan Hedged Equity Fund	Mutual fund		696
		\$	35,132

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Conservative Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 42,760
Federated Hermes Government Obligations Fund	Money market fund	106,733
AB Large Cap Growth Fund Class Z	Mutual fund	35,537
American Century Small Cap Growth Fund	Mutual fund	44,972
Cohen & Steers Real Estate Securities Fund	Mutual fund	41,761
Hartford Dividend and Growth Fund	Mutual fund	41,536
JPMorgan Growth Advantage Fund	Mutual fund	34,792
MFS Mid Cap Value Fund	Mutual fund	58,148
Smead Value Fund Class Y	Mutual fund	40,934
Undiscovered Managers Behavioral Value Fund	Mutual fund	57,182
Value Line Mid Cap Focused Fund	Mutual fund	14,326
Vanguard Large Cap Index Fund	Mutual fund	39,525
Buffalo International Fund	Mutual fund	42,275
Federated Hermes International Small-Mid Company Fund	Mutual fund	29,140
Hartford International Value Fund	Mutual fund	51,481
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	43,883
Vanguard Developed Markets Index Fund	Mutual fund	22,723
Baird Core Plus Bond Fund	Mutual fund	144,000
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	14,833
Federated Hermes Total Return Bond Fund	Mutual fund	143,465
JPMorgan Global Bond Opportunities Fund	Mutual fund	120,745
JPMorgan Core Bond Fund	Mutual fund	144,036
PIMCO Income Fund	Mutual fund	107,894
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	43,824
First Eagle Global Fund	Mutual fund	14,210
JPMorgan Hedged Equity Fund	Mutual fund	44,700
		\$ 1,525,415

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Moderate Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 4,492
Federated Hermes Government Obligations Fund	Money market fund	10,750
AB Large Cap Growth Fund Class Z	Mutual fund	6,737
American Century Small Cap Growth Fund	Mutual fund	8,422
Cohen & Steers Real Estate Securities Fund	Mutual fund	6,349
Hartford Dividend and Growth Fund	Mutual fund	7,731
JPMorgan Growth Advantage Fund	Mutual fund	6,590
MFS Mid Cap Value Fund	Mutual fund	10,619
Smead Value Fund Class Y	Mutual fund	7,794
Undiscovered Managers Behavioral Value Fund	Mutual fund	8,544
Value Line Mid Cap Focused Fund	Mutual fund	2,024
Vanguard Large Cap Index Fund	Mutual fund	7,067
Buffalo International Fund	Mutual fund	7,652
Federated Hermes International Small-Mid Company Fund	Mutual fund	6,174
Hartford International Value Fund	Mutual fund	9,008
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	8,268
Vanguard Developed Markets Index Fund	Mutual fund	4,031
Baird Core Plus Bond Fund	Mutual fund	15,812
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	2,082
Federated Hermes Total Return Bond Fund	Mutual fund	15,740
JPMorgan Global Bond Opportunities Fund	Mutual fund	12,769
JPMorgan Core Bond Fund	Mutual fund	15,802
PIMCO Income Fund	Mutual fund	11,843
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	8,462
First Eagle Global Fund	Mutual fund	4,066
JPMorgan Hedged Equity Fund	Mutual fund	6,307
		\$ 215,135

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 2,181
Federated Hermes Government Obligations Fund	Money market fund	3,584
AB Large Cap Growth Fund Class Z	Mutual fund	3,865
American Century Small Cap Growth Fund	Mutual fund	4,295
Cohen & Steers Real Estate Securities Fund	Mutual fund	2,594
Hartford Dividend and Growth Fund	Mutual fund	3,875
JPMorgan Growth Advantage Fund	Mutual fund	3,874
MFS Mid Cap Value Fund	Mutual fund	5,232
Smead Value Fund Class Y	Mutual fund	3,864
Undiscovered Managers Behavioral Value Fund	Mutual fund	4,346
Value Line Mid Cap Focused Fund	Mutual fund	860
Vanguard Large Cap Index Fund	Mutual fund	3,819
Buffalo International Fund	Mutual fund	3,462
Federated Hermes International Small-Mid Company Fund	Mutual fund	3,489
Hartford International Value Fund	Mutual fund	3,537
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	4,337
Vanguard Developed Markets Index Fund	Mutual fund	1,727
Baird Core Plus Bond Fund	Mutual fund	4,523
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	875
Federated Hermes Total Return Bond Fund	Mutual fund	4,510
JPMorgan Global Bond Opportunities Fund	Mutual fund	4,434
JPMorgan Core Bond Fund	Mutual fund	4,515
PIMCO Income Fund	Mutual fund	3,379
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	4,458
First Eagle Global Fund	Mutual fund	1,719
JPMorgan Hedged Equity Fund	Mutual fund	2,635
		\$ 89,989

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Aggressive Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 7,835
Federated Hermes Government Obligations Fund	Money market fund	12,105
AB Large Cap Growth Fund Class Z	Mutual fund	14,356
American Century Small Cap Growth Fund	Mutual fund	14,617
Cohen & Steers Real Estate Securities Fund	Mutual fund	11,576
Hartford Dividend and Growth Fund	Mutual fund	14,151
JPMorgan Growth Advantage Fund	Mutual fund	14,787
MFS Mid Cap Value Fund	Mutual fund	17,467
Smead Value Fund Class Y	Mutual fund	14,032
Undiscovered Managers Behavioral Value Fund	Mutual fund	14,831
Value Line Mid Cap Focused Fund	Mutual fund	2,835
Vanguard Large Cap Index Fund	Mutual fund	14,150
Buffalo International Fund	Mutual fund	15,049
Federated Hermes International Small-Mid Company Fund	Mutual fund	14,701
Hartford International Value Fund	Mutual fund	15,316
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	20,512
Vanguard Developed Markets Index Fund	Mutual fund	7,568
Baird Core Plus Bond Fund	Mutual fund	9,562
Federated Hermes Total Return Bond Fund	Mutual fund	9,417
JPMorgan Global Bond Opportunities Fund	Mutual fund	11,983
JPMorgan Core Bond Fund	Mutual fund	9,425
PIMCO Income Fund	Mutual fund	7,066
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	11,958
First Eagle Global Fund	Mutual fund	5,710
JPMorgan Hedged Equity Fund	Mutual fund	11,754
		<u>\$ 302,763</u>
Total separately managed accounts		<u>2,168,434</u>
		<u><u>\$ 4,150,460</u></u>

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

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**DECEMBER 31, 2024**

<b>Payroll Date</b>	<b>Date of Deposit</b>	<b>Participant Contributions Transferred Late to Plan</b>	<b>Total that Constitute Nonexempt Prohibited Transactions</b>	<b>Contributions Not Yet Corrected</b>	<b>Total Fully Corrected Outside VFCP</b>
4/14/2023	6/13/2023	\$ 17,199	\$ 17,199	\$ -	\$ 17,199
		<u>\$ 17,199</u>	<u>\$ 17,199</u>	<u>\$ -</u>	<u>\$ 17,199</u>

None of the contributions above include late participant loan repayments.

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
Federated Hermes Government Obligations Fund	Money market fund	\$ 10,252
Baird Core Plus Bond Fund	Mutual fund	\$ 4,378
Vanguard Large Cap Index Fund	Mutual fund	262,238
Vanguard Total Stock Market Index Fund	Mutual fund	34,410
JPMorgan Growth Advantage Fund	Mutual fund	457,875
Vanguard Mid Cap Index Fund	Mutual fund	101,096
Undiscovered Managers Behavioral Value Fund	Mutual fund	22,260
Vanguard Small Cap Index Fund	Mutual fund	102,143
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	21,768
Federated Hermes Total Return Bond Fund	Mutual fund	9,436
Federated Hermes International Small-Mid Company Fund	Mutual fund	53,648
Hartford Dividend and Growth Fund	Mutual fund	10,259
MFS Mid Cap Value Fund	Mutual fund	31,283
Vanguard Developed Markets Index Fund	Mutual fund	33,770
Vanguard Real Estate Index Fund	Mutual fund	113
JPMorgan Hedged Equity Fund	Mutual fund	1,436
American Beacon Large Cap Growth Fund	Mutual fund	358,207
American Century Small Cap Growth Fund	Mutual fund	18,458
Cohen & Steers Real Estate Securities Fund	Mutual fund	4,736
Value Line Mid Cap Focused Fund	Mutual fund	66,229
T. Rowe Price Retirement 2015 Fund	Mutual fund	296
T. Rowe Price Retirement 2020 Fund	Mutual fund	13,181
T. Rowe Price Retirement 2025 Fund	Mutual fund	11,154
T. Rowe Price Retirement 2030 Fund	Mutual fund	26,047
T. Rowe Price Retirement 2035 Fund	Mutual fund	30,038
T. Rowe Price Retirement 2040 Fund	Mutual fund	23,394
T. Rowe Price Retirement 2045 Fund	Mutual fund	68,685
T. Rowe Price Retirement 2050 Fund	Mutual fund	59,343
T. Rowe Price Retirement 2055 Fund	Mutual fund	41,180
T. Rowe Price Retirement 2060 Fund	Mutual fund	43,684
T. Rowe Price Retirement 2065 Fund	Mutual fund	51,422
Smead Value Fund Class Y	Mutual fund	9,607
		<u>\$ 1,971,774</u>

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

<b>(a)</b>	<b>(b) Identity of issue, borrower, lessor or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value</b>	<b>(e) Current Value</b>
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*Separately managed accounts (fund of funds):*

\* **Renasant Bank Income Fund:**

	Mid Atlantic Master Cash Account	Cash	\$ 988
	Federated Hermes Government Obligations Fund	Money market fund	3,107
	AB Large Cap Growth Fund Class Z	Mutual fund	690
	American Century Small Cap Growth Fund	Mutual fund	694
	Cohen & Steers Real Estate Securities Fund	Mutual fund	644
	Hartford Dividend and Growth Fund	Mutual fund	830
	JPMorgan Growth Advantage Fund	Mutual fund	669
	MFS Mid Cap Value Fund	Mutual fund	1,320
	Smead Value Fund Class Y	Mutual fund	818
	Undiscovered Managers Behavioral Value Fund	Mutual fund	994
	Value Line Mid Cap Focused Fund	Mutual fund	332
	Vanguard Large Cap Index Fund	Mutual fund	750
	Buffalo International Fund	Mutual fund	595
	Federated Hermes International Small-Mid Company Fund	Mutual fund	677
	Hartford International Value Fund	Mutual fund	758
	Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	678
	Vanguard Developed Markets Index Fund	Mutual fund	330
	Baird Core Plus Bond Fund	Mutual fund	3,936
	Federated Hermes Institutional High Yield Bond Fund	Mutual fund	685
	Federated Hermes Total Return Bond Fund	Mutual fund	3,934
	JPMorgan Global Bond Opportunities Fund	Mutual fund	2,749
	JPMorgan Core Bond Fund	Mutual fund	3,945
	PIMCO Income Fund	Mutual fund	2,967
	Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	1,019
	First Eagle Global Fund	Mutual fund	327
	JPMorgan Hedged Equity Fund	Mutual fund	696
			\$ 35,132

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Conservative Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 42,760
Federated Hermes Government Obligations Fund	Money market fund	106,733
AB Large Cap Growth Fund Class Z	Mutual fund	35,537
American Century Small Cap Growth Fund	Mutual fund	44,972
Cohen & Steers Real Estate Securities Fund	Mutual fund	41,761
Hartford Dividend and Growth Fund	Mutual fund	41,536
JPMorgan Growth Advantage Fund	Mutual fund	34,792
MFS Mid Cap Value Fund	Mutual fund	58,148
Smead Value Fund Class Y	Mutual fund	40,934
Undiscovered Managers Behavioral Value Fund	Mutual fund	57,182
Value Line Mid Cap Focused Fund	Mutual fund	14,326
Vanguard Large Cap Index Fund	Mutual fund	39,525
Buffalo International Fund	Mutual fund	42,275
Federated Hermes International Small-Mid Company Fund	Mutual fund	29,140
Hartford International Value Fund	Mutual fund	51,481
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	43,883
Vanguard Developed Markets Index Fund	Mutual fund	22,723
Baird Core Plus Bond Fund	Mutual fund	144,000
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	14,833
Federated Hermes Total Return Bond Fund	Mutual fund	143,465
JPMorgan Global Bond Opportunities Fund	Mutual fund	120,745
JPMorgan Core Bond Fund	Mutual fund	144,036
PIMCO Income Fund	Mutual fund	107,894
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	43,824
First Eagle Global Fund	Mutual fund	14,210
JPMorgan Hedged Equity Fund	Mutual fund	44,700
		\$ 1,525,415

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Moderate Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 4,492
Federated Hermes Government Obligations Fund	Money market fund	10,750
AB Large Cap Growth Fund Class Z	Mutual fund	6,737
American Century Small Cap Growth Fund	Mutual fund	8,422
Cohen & Steers Real Estate Securities Fund	Mutual fund	6,349
Hartford Dividend and Growth Fund	Mutual fund	7,731
JPMorgan Growth Advantage Fund	Mutual fund	6,590
MFS Mid Cap Value Fund	Mutual fund	10,619
Smead Value Fund Class Y	Mutual fund	7,794
Undiscovered Managers Behavioral Value Fund	Mutual fund	8,544
Value Line Mid Cap Focused Fund	Mutual fund	2,024
Vanguard Large Cap Index Fund	Mutual fund	7,067
Buffalo International Fund	Mutual fund	7,652
Federated Hermes International Small-Mid Company Fund	Mutual fund	6,174
Hartford International Value Fund	Mutual fund	9,008
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	8,268
Vanguard Developed Markets Index Fund	Mutual fund	4,031
Baird Core Plus Bond Fund	Mutual fund	15,812
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	2,082
Federated Hermes Total Return Bond Fund	Mutual fund	15,740
JPMorgan Global Bond Opportunities Fund	Mutual fund	12,769
JPMorgan Core Bond Fund	Mutual fund	15,802
PIMCO Income Fund	Mutual fund	11,843
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	8,462
First Eagle Global Fund	Mutual fund	4,066
JPMorgan Hedged Equity Fund	Mutual fund	6,307
		\$ 215,135

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 2,181
Federated Hermes Government Obligations Fund	Money market fund	3,584
AB Large Cap Growth Fund Class Z	Mutual fund	3,865
American Century Small Cap Growth Fund	Mutual fund	4,295
Cohen & Steers Real Estate Securities Fund	Mutual fund	2,594
Hartford Dividend and Growth Fund	Mutual fund	3,875
JPMorgan Growth Advantage Fund	Mutual fund	3,874
MFS Mid Cap Value Fund	Mutual fund	5,232
Smead Value Fund Class Y	Mutual fund	3,864
Undiscovered Managers Behavioral Value Fund	Mutual fund	4,346
Value Line Mid Cap Focused Fund	Mutual fund	860
Vanguard Large Cap Index Fund	Mutual fund	3,819
Buffalo International Fund	Mutual fund	3,462
Federated Hermes International Small-Mid Company Fund	Mutual fund	3,489
Hartford International Value Fund	Mutual fund	3,537
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	4,337
Vanguard Developed Markets Index Fund	Mutual fund	1,727
Baird Core Plus Bond Fund	Mutual fund	4,523
Federated Hermes Institutional High Yield Bond Fund	Mutual fund	875
Federated Hermes Total Return Bond Fund	Mutual fund	4,510
JPMorgan Global Bond Opportunities Fund	Mutual fund	4,434
JPMorgan Core Bond Fund	Mutual fund	4,515
PIMCO Income Fund	Mutual fund	3,379
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	4,458
First Eagle Global Fund	Mutual fund	1,719
JPMorgan Hedged Equity Fund	Mutual fund	2,635
		\$ 89,989

**D & H COMPANY 401(K) PLAN**  
**EMPLOYER IDENTIFICATION NUMBER (EIN): 64-0297943, PLAN NUMBER (PN): 001**  
**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
<b>* <u>Renasant Bank Aggressive Growth Plan:</u></b>		
Mid Atlantic Master Cash Account	Cash	\$ 7,835
Federated Hermes Government Obligations Fund	Money market fund	12,105
AB Large Cap Growth Fund Class Z	Mutual fund	14,356
American Century Small Cap Growth Fund	Mutual fund	14,617
Cohen & Steers Real Estate Securities Fund	Mutual fund	11,576
Hartford Dividend and Growth Fund	Mutual fund	14,151
JPMorgan Growth Advantage Fund	Mutual fund	14,787
MFS Mid Cap Value Fund	Mutual fund	17,467
Smead Value Fund Class Y	Mutual fund	14,032
Undiscovered Managers Behavioral Value Fund	Mutual fund	14,831
Value Line Mid Cap Focused Fund	Mutual fund	2,835
Vanguard Large Cap Index Fund	Mutual fund	14,150
Buffalo International Fund	Mutual fund	15,049
Federated Hermes International Small-Mid Company Fund	Mutual fund	14,701
Hartford International Value Fund	Mutual fund	15,316
Matthews Emerging Markets Small Companies Fund Institutional	Mutual fund	20,512
Vanguard Developed Markets Index Fund	Mutual fund	7,568
Baird Core Plus Bond Fund	Mutual fund	9,562
Federated Hermes Total Return Bond Fund	Mutual fund	9,417
JPMorgan Global Bond Opportunities Fund	Mutual fund	11,983
JPMorgan Core Bond Fund	Mutual fund	9,425
PIMCO Income Fund	Mutual fund	7,066
Schwab Treasury Inflation Protected Securities Index Fund	Mutual fund	11,958
First Eagle Global Fund	Mutual fund	5,710
JPMorgan Hedged Equity Fund	Mutual fund	11,754
		<u>\$ 302,763</u>
		<u>2,168,434</u>
		<u><u>\$ 4,150,460</u></u>
Total separately managed accounts		

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