

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan YOUR RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1977
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) YOUR RETIREMENT SAVINGS PLAN COMPANY 800 HWY 98 COLUMBIA, MS 39429
2b	Employer Identification Number (EIN) 46-5355556
2c	Plan Sponsor's telephone number 601-936-5642
2d	Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2026	REBECCA WEBSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 10815
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 10141 6a(2) 12663 6b 31 6c 725 6d 13419 6e 14 6f 13433 6g(1) 3427 6g(2) 3734 6h 194
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2F 2G 2J 2K 2S 2T 3H 2E 3D 2R

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan YOUR RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 YOUR RETIREMENT SAVINGS PLAN COMPANY	D Employer Identification Number (EIN) 46-5355556	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786
(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

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)

REGIONS BANK

63-0371391

(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?
27	ADVISOR	200233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	173602	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TMH

20-5857627

(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?
10	ACCOUNTANT/A UDITOR	102650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLKRRK HI YLD INST - BNY MELLON INV 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INCOME I - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON PARTNERS FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE LOW DURATION BOND CL I 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT SHORT DURATION HI YIEL 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan YOUR RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 YOUR RETIREMENT SAVINGS PLAN COMPANY		D Employer Identification Number (EIN) 46-5355556

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	FH CAP PRESRVN R6P
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b Name of sponsor of entity listed in (a):	FEDERATED INVESTORS TRUST COMPANY
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c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1738706
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan YOUR RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YOUR RETIREMENT SAVINGS PLAN COMPANY		D Employer Identification Number (EIN) 46-5355556

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1768	204
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11374137	10590115
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	4427608	5421502
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	5537839	6278736
(9) Value of interest in common/collective trusts	1c(9)	2094008	1738706
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	181231092	217034911
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	3344	1551

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	204669796	241065725

Liabilities

1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	204669796	241065725
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6555453	
(B) Participants	2a(1)(B)	20482132	
(C) Others (including rollovers)	2a(1)(C)	3573479	
(2) Noncash contributions	2a(2)	0	30611064
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	449114	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	477409	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		926523
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	11937888
(B) Common stock	2b(2)(B)	6244	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11931644	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11937888
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1886959	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2034906	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-147947
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	873171
(B) Other	2b(5)(B)	873171	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		54588
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18413711
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		62668998

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23857077	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		23857077
f Corrective distributions (see instructions)	2f		1882323
g Certain deemed distributions of participant loans (see instructions)	2g		57212
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	1200	
(3) Recordkeeping fees	2i(3)	172375	
(4) IQPA audit fees	2i(4)	102650	
(5) Investment advisory and investment management fees	2i(5)	198792	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	1440	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		476457
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26273069

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36395929
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **TMH**

(2) EIN: **20-5857627**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?	☒		72
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan YOUR RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YOUR RETIREMENT SAVINGS PLAN COMPANY		D Employer Identification Number (EIN) 46-5355556
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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 Q702438A.

YOUR RETIREMENT SAVINGS PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

December 31, 2025 and 2024 and Year Ended December 31, 2025

YOUR RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

To the 401(k) Administrative Committee
Your Retirement Savings Plan
Columbia, Mississippi

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

We have performed audits of the financial statements of Your Retirement Savings 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from Fidelity Management Trust Company as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.



HATTIESBURG
2 Southern Pointe Pkwy, Ste 200
Hattiesburg, MS 39401
P 601.264.3519

HATTIESBURG WEST
10 Plaza Drive
Hattiesburg, MS 39402
P 601.268.3135

GULFPORT
2019 23rd Avenue
Gulfport, MS 39501
P 228.864.1779

BELLEVUE
8 Town Center Square
Hattiesburg, MS 39402
P 601.261.2050

COLUMBIA
150 Old Highway 98 E
Columbia, MS 39429
P 601.736.3449

COLUMBIA
4 Bellewood Park, Ste. B.
Columbia, MS 39429
P 601.736.2050

To the 401(k) Administrative Committee
Your Retirement Savings Plan
Columbia, Mississippi

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Your Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Your Retirement Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

To the 401(k) Administrative Committee
Your Retirement Savings Plan
Columbia, Mississippi

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 Your Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

To the 401(k) Administrative Committee
Your Retirement Savings Plan
Columbia, Mississippi

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

To the 401(k) Administrative Committee
Your Retirement Savings Plan
Columbia, Mississippi

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

In our opinion:

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



Hattiesburg, Mississippi
September 11, 2026

FINANCIAL STATEMENTS

EXHIBIT A

YOUR RETIREMENT SAVINGS PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024**

	December 31,	
	2025	2024
ASSETS		
Investments at fair value	\$ 233,048,283	\$ 197,037,949
Investment at contract value	1,738,706	2,094,008
Total investments	234,786,989	199,131,957
Receivables		
Employer contribution	13,283	7,686
Participant contributions	58,724	18,529
Notes receivable from participants	6,278,736	5,537,839
Total receivables	6,350,743	5,564,054
Total assets	241,137,732	204,696,011
LIABILITIES		
Excess contributions payable	1,810,527	1,882,323
NET ASSETS AVAILABLE FOR BENEFITS	\$ 239,327,205	\$ 202,813,688

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

EXHIBIT B

YOUR RETIREMENT SAVINGS PLAN

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025**

ADDITIONS

Investment income	
Net appreciation in fair value of investments	\$ 18,969,226
Interest	449,114
Dividends	11,937,889
	<u>31,356,229</u>
 Interest income on notes receivable from participants	 <u>477,409</u>
 Contributions	
Employer	6,212,302
Participants	19,284,845
Rollovers	3,573,479
	<u>29,070,626</u>
 Total additions	 <u>60,904,264</u>

DEDUCTIONS

Benefits paid to participants	23,857,077
Deemed distributions	57,212
Administrative expenses	476,458
Total deductions	<u>24,390,747</u>

NET INCREASE

36,513,517

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>202,813,688</u>
 End of year	 <u>\$ 239,327,205</u>

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

NOTES TO FINANCIAL STATEMENTS

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Your Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of KLLM Transport Services, LLC, Southern Tire Mart, LLC, T. L. Wallace Construction, Inc., FFE Transportation Services, Inc., Pine Belt Motors, LLC, Deepwell Energy Services, LLC, Deepwell Equipment Rentals, LLC, Magnolia Inn and Suites, LLC, Magnolia Grille, LLC, Industrial Chemical Solutions, LLC, Courtesy Motors, Inc., Pine Belt CDJR, Inc., Equipment Solutions, LLC, EcoShield, LLC, Pine Belt Imports of Brookhaven, LLC, Pine Belt Imports, Inc., Southern Tire Mart at Pilot, LLC, KLLM Expedited Services, LLC, Meridian Imports, LLC, Meridian H-Imports, LLC, and Pine Belt Imports of Meridian, LLC. (collectively referred to as the Company). Employees who have completed 6 months of service and who are age 21 or older are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The 401(k) Administrative Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions - Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company contributes a matching contribution to the Plan on a discretionary basis. The Company may also make a discretionary non-elective contribution in an amount to be determined by the Board of Directors for each Plan year for those employees who have completed at least 1,000 hours of service during the plan year and are employed on the last day of the year. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts - Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's non-elective contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on the elapsed time method. A participant is 100% vested after five years of credited service. Participants employed by KLLM Transport Services, LLC hired before November 1, 2013, are fully vested after three years of credited service. Additional vesting schedules exist for ESOP funds and frozen safe harbor match contributions that were transferred into the Plan as a result of a merger. See the Plan agreement for a complete description.

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE TWO

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 1 - DESCRIPTION OF THE PLAN (Cont.)

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the highest outstanding loan balance in your account during the prior twelve month period or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear a reasonable rate of interest as determined by the Plan Administrator. Principal and interest are paid ratably through weekly, semi-monthly, or monthly payroll deductions.

Payment of Benefits - On termination of service due to death, disability, retirement, or termination of employment, a participant may elect to receive a lump sum cash distribution equal to the value of the participant's vested interest in his or her account, a rollover of the vested portion into a qualified plan, or a combination of the two.

Forfeited Accounts - At December 31, 2025 and 2024, forfeited non-vested accounts totaled \$222,755 and \$71,623, respectively. These accounts will first be used to reduce administrative expenses with any remaining amounts being used to reduce future employer contributions. During the year ended December 31, 2025, forfeited nonvested accounts of \$106,906 and \$6,856 were used to pay administrative expenses and reduced employer contributions, respectively.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who is responsible for their integrity and objectivity. These policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

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

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE THREE

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Cont.)

Investment Valuation and Income Recognition - Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract 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. The 401(k) Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 4 for discussion of fair value measurements.

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

Contributions - Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Excess Contributions Payable - Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions and the related earnings. The Plan distributed the 2025 excess contributions to the applicable participants prior to March 15, 2026.

Payment of Benefits - Benefits are recorded when paid.

Expenses - Certain expenses of maintaining the Plan are included in administrative expenses as reported on the statement of changes in net assets available for benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events - The Plan has evaluated subsequent events through September 11, 2026, the date the financial statements were available to be issued.

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE FOUR

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 3 - INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the plan's investment information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included in the Plan's financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by Fidelity Management Trust Company, the trustee of the Plan, and furnished to the Plan management. The Plan management has obtained certifications from the trustee that such information is complete and accurate.

	December 31,	
	2025	2024
Investments		
Mutual funds	\$ 224,239,139	\$ 190,396,368
Self-directed brokerage account	8,809,144	6,641,581
Collective investment fund	1,738,706	2,094,008
Notes receivable from participants	6,278,736	5,537,839
Investment income	31,356,229	
Interest income on notes receivable from participants	477,409	

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE FIVE

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 4 - FAIR VALUE MEASUREMENTS (Cont.)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage account - Primarily consists of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 224,239,139	\$ -	\$ -	\$ 224,239,139
Self-directed brokerage account	8,809,144	-	-	8,809,144
Total	\$ 233,048,283	\$ -	\$ -	\$ 233,048,283

(Table Continued on Next Page)

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE SIX

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 4 - FAIR VALUE MEASUREMENTS (Cont.)

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 190,396,368	\$ -	\$ -	\$ 190,396,368
Self-directed brokerage account	6,641,581	-	-	6,641,581
Total	\$ 197,037,949	\$ -	\$ -	\$ 197,037,949

NOTE 5 - FEDERATED INVESTORS TRUST COMPANY STABLE VALUE FUND

At December 31, 2025 and 2024, the Plan had an investment in the amount of \$1,738,706 and \$2,094,008, respectively, in Federated Hermes Capital Preservation Fund (the Fund), which is a collective investment fund managed by Federated Investors Trust Company. Federated Investors Trust Company invests in various investments, including fully benefit-responsive investment contracts issued by insurance companies and other financial institutions.

The Fund meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Fidelity Management Trust Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Fund invests primarily in stable value products, such as Guaranteed Investment Contracts (GICs), also known as traditional GICs and synthetic GICs. A traditional GIC is a contract with an insurance company pursuant to which the Fund agrees to deposit money with the insurance company, and the insurance company is contractually obligated to pay interest at a guaranteed rate for the life of the contract and return principal at maturity. In a synthetic GIC, the Fund purchases one or more fixed-income securities, including mutual funds comprised of fixed income securities, which are held and owned by the Fund on behalf of the participants. The Fund then contracts with a high-quality financial institution such as an insurance company or bank to provide a minimum guaranteed rate of return on the fixed-income securities and payments for participant withdrawals at contract value.

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE SEVEN

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 5 - FEDERATED INVESTORS TRUST COMPANY STABLE VALUE FUND (Cont.)

Because the Plan does not invest directly in fully benefit-responsive contracts, it is not required to include in its financial statements the disclosure requirements for fully benefit-responsive contracts. For a detail of such disclosures, refer to the financial statements of the collective investment fund.

NOTE 6 - RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are in shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company serves as trustee as defined by the Plan and asset custodian, and, therefore, these transactions qualify as party in interest transactions. Additionally, Fidelity Investment Institutional Operations Company, Inc. (FIIOC) is an affiliated company of Fidelity Management Trust Company and is the Plan's transfer agent and recordkeeper. The Plan made direct payments for fees to FIIOC for recordkeeping services totaling \$173,602 during the year ended December 31, 2025, which are included in administrative expenses as reported on the statement of changes in net assets available for benefits.

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - TAX STATUS

The Plan is designed to meet IRS guidelines in accordance with applicable sections of the Internal Revenue Code (IRC). No letter of determination has been requested. However, the provider of the prototype plan document has obtained an opinion letter as to its acceptable form under the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE EIGHT

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 9 - RISKS AND UNCERTAINTIES

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

NOTE 10 - COMPLIANCE TESTING

Compliance testing for the Plan will be performed utilizing the Qualified Separate Lines of Business basis for all commonly owned entities. This allows the independent commonly owned entities to elect varying operational attributes.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	2025	2024
Net assets available for benefits per the financial statements	\$ 239,327,205	\$ 202,813,688
Add: Excess contributions payable accrued for the year then ended	1,810,527	1,882,323
Less: Employer contributions receivable	(13,283)	(7,686)
Less: Participant contributions receivable	<u>(58,724)</u>	<u>(18,529)</u>
Net assets available for benefits per Form 5500	<u>\$ 241,065,725</u>	<u>\$ 204,669,796</u>

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YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE NINE

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Cont.)

The following is a reconciliation of net appreciation in fair value of investments per the financial statements for the year ended December 31, 2025, to Form 5500:

Net appreciation in fair value of investments per the financial statements	\$ 18,969,226
Add: Earnings related to excess contributions distributed during the year ended December 31, 2026	<u>224,297</u>
<i>Net appreciation in fair value of investments per Form 5500</i>	<u>\$ 19,193,523</u>

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2025, to Form 5500:

Employer contributions per the financial statements	\$ 6,212,302
Add: Excess employer contributions distributed during the year ended December 31, 2026	348,748
Less: Employer contributions receivable December 31, 2025	(13,283)
Add: Employer contributions receivable at December 31, 2024	<u>7,686</u>
<i>Employer contributions per Form 5500</i>	<u>\$ 6,555,453</u>

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2025, to Form 5500:

Participant contributions per the financial statements	\$ 19,284,845
Add: Excess participant contributions distributed during the year ended December 31, 2026	1,237,482
Less: Participant contributions receivable at December 31, 2025	(58,724)
Add: Participant contributions receivable at December 31, 2024	<u>18,529</u>
<i>Participant contributions per Form 5500</i>	<u>\$ 20,482,132</u>

YOUR RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

PAGE TEN

DECEMBER 31, 2025 AND 2024 AND YEAR ENDED DECEMBER 31, 2025

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Cont.)

As discussed in Note 2, excess contributions payable are recorded in the year that the contributions are made. Corrective distributions for these excess contributions are included in the Form 5500 in the year of payment, which is the following year after compliance testing is completed.

The following is a reconciliation of corrective distributions per the financial statements for the year ended December 31, 2025, to Form 5500:

Corrective distributions per the financial statements	\$ -
Add: Excess contributions payable	
accrued at December 31, 2024	<u>(1,882,323)</u>
Corrective distributions per Form 5500	<u>\$ (1,882,323)</u>

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SUPPLEMENTAL SCHEDULE

SCHEDULE 1

YOUR RETIREMENT SAVINGS PLAN

EIN 46-5355556

PLAN NO. 001

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Current Value
Brokeragelink		Self Directed Brokerage Account		\$ 8,809,144
Federated Hermes Capital Preservation Fund Class R6		Collective Investment Fund		\$ 5,499,132
American Funds American Balanced Class R6		Mutual Funds		1,738,706
Dodge & Cox Income Fund		Mutual Funds		1,214,475
American Funds 2010 Target Date Retirement Fund Class R6		Mutual Funds		3,158,379
American Funds 2015 Target Date Retirement Fund Class R6		Mutual Funds		456,413
American Funds 2020 Target Date Retirement Fund Class R6		Mutual Funds		655,874
American Funds 2025 Target Date Retirement Fund Class R6		Mutual Funds		4,297,278
American Funds 2030 Target Date Retirement Fund Class R6		Mutual Funds		12,370,536
American Funds 2035 Target Date Retirement Fund Class R6		Mutual Funds		23,632,805
American Funds 2040 Target Date Retirement Fund Class R6		Mutual Funds		18,670,814
American Funds 2045 Target Date Retirement Fund Class R6		Mutual Funds		15,511,390
American Funds 2050 Target Date Retirement Fund Class R6		Mutual Funds		15,264,260
American Funds 2055 Target Date Retirement Fund Class R6		Mutual Funds		13,320,072
American Funds 2060 Target Date Retirement Fund Class R6		Mutual Funds		12,401,264
American Funds 2065 Target Date Retirement Fund Class R6		Mutual Funds		4,183,815
American Funds 2070 Target Date Retirement Fund Class R7		Mutual Funds		1,769,284
Dodge & Cox Stock Fund Class X		Mutual Funds		200,691
				4,649,656

See independent auditor's report.

SCHEDULE 1
PAGE TWO

YOUR RETIREMENT SAVINGS PLAN

EIN 46-5355556
PLAN NO. 001

**SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
	BlackRock High Yield Bond Portfolio Institutional Shares	Mutual Funds	\$ 942,685	\$ 972,342
	American Century Small Cap Value Fund R6 Class	Mutual Funds	694,544	599,925
	American Funds EuroPacific Growth Fund Class R6	Mutual Funds	545,236	520,287
	MFS Mid Cap Value Fund Class R6	Mutual Funds	386,499	385,637
	MFS Mid Cap Growth Fund Class R6	Mutual Funds	9,231,040	8,107,501
	JPMorgan Large Cap Growth Fund Class R6	Mutual Funds	5,573,705	7,322,823
*	Fidelity Money Market Treasury Portfolio - Institutional Class	Mutual Funds	9,036,104	9,036,104
*	Fidelity Advisor Asset Manager 20% - Class I	Mutual Funds	838,561	888,964
*	Fidelity Advisor Asset Manager 50% - Class I	Mutual Funds	10,308,398	11,752,980
*	Fidelity Advisor Asset Manager 70% - Class I	Mutual Funds	1,726,586	2,263,028
*	Fidelity Advisor Asset Manager 85% - Class I	Mutual Funds	2,043,941	2,916,265
*	Fidelity Mid Cap Index Fund	Mutual Funds	5,006,292	5,022,443
*	Fidelity Small Cap Growth Index Fund	Mutual Funds	141,678	149,826

*Denotes party-in-interest.

See independent auditor's report.

SCHEDULE 1
PAGE THREE

YOUR RETIREMENT SAVINGS PLAN

EIN 46-5355556
PLAN NO. 001

**SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
*	Fidelity 500 Index Fund	Mutual Funds	\$ 20,647,342	\$ 36,418,155
*	Fidelity Small Cap Index Fund - Institutional Premium Class	Mutual Funds	1,447,592	1,861,273
*	Fidelity International Index	Mutual Funds	3,240,268	4,264,577
*	Participant loans	Rates range from 3.25% to 9.50%	-	6,278,736

*Denotes party-in-interest.

September 10, 2026

Mrs. Janet Price
Your Retirement Savings Plan Company
800 Highway 98
Columbia, Mississippi 39429

Dear Janet:

REF: Filing for Qualified Separate Lines of Business for Retirement Plans

I have enclosed Form 5310-A, *Notice of Plan Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business*, which should be signed by you as president of Your Retirement Savings Plan Company and mailed to:

Internal Revenue Service
TE/GE Stop 31A Team 105
P.O. Box 12192
Covington, KY 41012-0192

Deliveries by private delivery service (PDS) should be made to:

Internal Revenue Service
7940 Kentucky Drive
TE/GE Stop 31A Team 105
Florence, KY 41042

We recommend that you file with a method that will provide a receipt upon delivery. The form 5310-A is due on or before October 15, 2026.

This form will allow your Separate Lines of Business to qualify their retirement plans utilizing distinct features and employer funding as each independently choose effective for the year 2025. Companies included as separate lines of business are: KLLM Transport Services, LLC, Southern Tire Mart, LLC, T. L. Wallace Construction, Inc., FFE Transportation Services, Inc., Pine Belt Motors, LLC, Deepwell Energy Services, LLC, Deepwell Equipment Rentals, LLC, Magnolia Inn and Suites, LLC, Magnolia Grille, LLC, Industrial Chemical Solutions, LLC, Courtesy Motors, Inc., Pine Belt CDJR Inc., Equipment Solutions, LLC, EcoShield, LLC, Southern Tire Mart at Pilot, Pine Belt Imports, Inc., Pine Belt Imports of Brookhaven, LLC KLLM Expedited Services, LLC, Meridian Imports, LLC dba Hyundai of Meridian, Meridian H-Imports, LLC dba Honda of Meridian and Pine Belt Imports of Meridian dba Toyota of Meridian. If you should have any questions, please do not hesitate to call.

Sincerely,

TMH



Dawn Jones, CPA

Enclosures



HATTIESBURG
2 Southern Pointe Pkwy, Ste 200
Hattiesburg, MS 39401
P 601.264.3519

HATTIESBURG WEST
10 Plaza Drive
Hattiesburg, MS 39402
P 601.268.3135

GULFPORT
2019 23rd Avenue
Gulfport, MS 39501
P 228.864.1779

BELLEVUE
8 Town Center Square
Hattiesburg, MS 39402
P 601.261.2050

COLUMBIA
150 Old Highway 98 E
Columbia, MS 39429
P 601.736.3449

COLUMBIA
4 Bellewood Park, Ste. B.
Columbia, MS 39429
P 601.736.2050



The form you are looking for begins on the next page of this file. Before viewing it, please see the important update information below.

New Mailing Address

The mailing address for certain forms have change since the forms were last published. The new mailing address are shown below.

Mailing Address for Forms 1023, 1024, 1024-A, 1028, 5300, 5307, 5310, 5310-A, 5316, 8717, 8718, 8940:

Internal Revenue Service
TE/GE Stop 31A Team 105
P.O. Box 12192
Covington, KY 41012-0192

Deliveries by private delivery service (PDS) should be made to:

Internal Revenue Service
7940 Kentucky Drive
TE/GE Stop 31A Team 105
Florence, KY 41042

This update supplements these forms' instructions. Filers should rely on this update for the change described, which will be incorporated into the next revision of the form's instructions.

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**Notice of Plan Merger or Consolidation, Spinoff, or
Transfer of Plan Assets or Liabilities; Notice of
Qualified Separate Lines of Business**Under sections 6058(b) and 414(r) of the Internal Revenue Code.
See Who Must File instructions before filing this form.

OMB No. 1545-1225

1 Reason for filing (see specific instructions for code to enter):**1**

For Internal Use Only

Part I All filers must complete lines 1 and 2.**2a** Name of plan sponsor (employer if single-employer plan)

Your Retirement Savings Plan Company

2b Address of plan sponsor (if a P.O. Box, see instructions)

800 Highway 98

2c City

Columbia

2d State

MS

2e Zip Code

39429

2f Country

USA

2g Employer identification number (EIN)

46-5355556

2h Telephone number

601-424-3210

2i Fax number**3a** Person to contact if more information is needed. (See instructions.)(If a Power of Attorney is attached, check box and do not complete this line.) ☐

Contact person's name

Janet Price

3b Contact person's address

800 Highway 98

3c City

Columbia

3d State

MS

3e Zip Code

39429

3f Telephone number

301-424-3210

3g Fax number

If more space is needed for any item, attach additional sheets the same size as this form. Identify each additional sheet with the plan sponsor's name and EIN and identify each item.

Under penalties of perjury, I declare that I have examined this notice, including accompanying statements and schedules, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE ►

Date ►

Type or print name

Janet Price

Type or print title

President

Part II**Complete lines 4 through 6 if this is a notice of a plan merger or consolidation, spinoff, or transfer of plan assets or liabilities to another plan.****4a** Name of plan (plan name may not exceed 70 characters including spaces):**4b** Enter 3-digit plan number:**5a** Is this a defined benefit plan? If "Yes," enter "1." If "No," enter "2."If you enter 1, **attach an actuarial statement** of valuation showing compliance with the requirements of section 401(a)(12) and the regulations under section 414(l). **See instructions.****5b** If this is a defined contribution plan, enter the appropriate code. **See instructions.****6** Other plan(s) involved in the transaction. **See instructions.****a** Enter the total number of plans involved in the transaction other than the plan listed on line 4a:**Complete the following information for the other plan. If more than one other plan, see instructions for the required attachment(s).****b** If more than one other plan is involved in the transaction, enter the number of this statement (1 of 3, etc.):**c** Plan name**d** Name of employer**e** EIN**f** Plan number (3 digits):**g** Date of merger or consolidation, spinoff, or transfer of plan assets or liabilities:**h** Type of plan (**see instructions** for code to enter):**Part III****Complete lines 7 through 12 if you are filing a notice of qualified separate lines of business (QSLOB).****7a** Has the employer previously filed a notice of QSLOB? **See instructions.**

If "Yes," enter "1" and complete lines 7b and 7c. If "No," enter "2" and skip lines 7b and 7c.

b Enter the first day of the first testing year for which such notice applied: ►

2012

c Enter the filing date: ►

10/10/2013



8 First testing year for which this notice applies: ► **2025**

9 Are you filing this form to give notice that you are revoking a previously filed notice and that you are no longer testing on a QSLOB basis?

2

If **"Yes,"** enter "1" and complete line 10 and skip lines 11 and 12. If **"No,"** enter "2" and complete lines 10-12.

10 Check the box(es) for the appropriate code section(s) for which the employer is testing on a QSLOB basis (or for which the employer tested, if the answer to line 9 is "Yes").



Section 410(b)



Section 401(a)(26)



Section 129(d)(8)

11 On an attached list, identify each QSLOB operated by the employer. **See instructions.**

12 Enter the following information relating to each plan maintained by the employer. If more than 1 plan, **attach** a schedule for each plan showing the information requested on lines 12a through 12e. **See instructions.**

a Name of plan:

Your Retirement Savings Plan

b Date of determination letter, if any: ► **N/A**

c If this is a pre-approved plan, enter:

(1) Date of the letter ► **3/31/2014**

(2) Serial or advisory letter number, if any: ► **J593715a**

d Date of the pending determination letter request, if any: ► **N/A**

e List each QSLOB that has employees benefiting under the plan: **See instructions.**

See Attached

YOUR RETIREMENT SAVINGS PLAN COMPANY EIN 46-5355556			
FORM 5310-A; NOTICE OF QUALIFIED SEPARATE LINES OF BUSINESS			
ALL SEPARATE LINES OF BUSINESS HAVE COMMON OWNERSHIP			
FORM 5310-A, PART III, LINE 11 QSLOB'S OPERATED BY EMPLOYER:	TYPE OF BUSINESS/INDUSTRY	BUSINESS UNIT	OTHER INFORMATION
1 YOUR RETIREMENT SAVINGS PLAN COMPANY EIN 46-5355556	Entity formed on 7/1/2014 to serve as Sponsor of 401(k) Plan benefiting eligible employees of all below listed companies.	SEPARATE C-CORPORATION	THIS ENTITY HAS NO EMPLOYEES.
2 KLIM TRANSPORT SERVICES, LLC EIN 26-3628823	Transportation company that has refrigerated trailers for long haul trucking, regional trucking, intermodal carriers, and logistics (brokering freight). Business Code 484120.	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
3 SOUTHERN TIRE MART, LLC EIN 06-1689011	Sale, repair and manufacture of truck tire products. Business Code 441300.	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
4 T.L. WALLACE CONSTRUCTION, INC. EIN 64-0574472	General construction company. Business Code 237310	SEPARATE S CORPORATION	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
5 FFE TRANSPORTATION SERVICES, INC. EIN 75-0706272	Trucking-Less Than Full Load Deliveries. Business Code 484200	SEPARATE CORPORATION	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
6 Deepwell Energy Services, LLC EIN 75-2208605	Oil transportation services. Business Code 484200	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
7 Pine Belt Motors, LLC DBA Pine Belt Chevrolet EIN 46-5601596	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
8 Monster Rentals, LLC (AKA: DeepWell Equipment Rentals, LLC) EIN 27-4195803	Leasing of various equipment to Deepwell Energy Services, LLC. Business Code 532400	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
9 Magnolia Inn & Suites, LLC EIN 37-1797808	Hotels except casino hotels and motels. Business Code 721110	Single Member LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.

YOUR RETIREMENT SAVINGS PLAN COMPANY EIN 46-5355556			
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10 Magnolia Grille, LLC EIN 30-0887166	Full Service Restaurants-Business Code 722511	Single Member LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
11 Industrial Chemical Solutions, LLC EIN 61-1844938	Chemical and Allied Products. Business Code 424600	Single Member LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
12 Courtesy Motors, Inc. EIN 64-0357161	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
13 Pine Belt CDJR, Inc. EIN 64-0318685	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
14 Equipment Solutions, LLC EIN 46-1897578	Transportation company that provides full-service leasing and rental of tractors and trailers as well as the sale and purchase of tractors, trailers, and other equipment. Business Code 532400.	Single Member LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
15 EcoShield, LLC EIN 32-0561147	Transportation company that has refrigerated trailers for long haul trucking, regional trucking, intermodal carriers, and logistics (brokering freight). Business Code 484120.	Single Member LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
16 Southern Tire Mart at Pilot EIN 85-4149288	Sale, repair and manufacture of truck tire products. Business Code 441300.	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
17 Pine Belt Imports, Inc. (aka: Pine Belt Honda) EIN 64-0444172	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
18 Pine Belt Imports of Brookhaven, LLC dba Toyota of Brookhaven EIN 85-4025508	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.

YOUR RETIREMENT SAVINGS PLAN COMPANY EIN 46-5355556				
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FORM 5310-A, PART III, LINE 11 QSLOB'S OPERATED BY EMPLOYER:		TYPE OF BUSINESS/INDUSTRY	BUSINESS UNIT	OTHER INFORMATION
19	KLIM Expedited Services LLC EIN 88-2624844	Transportation company that has refrigerated trailers for long haul trucking and regional trucking). Business Code 484120.	Single Member LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
20	Meridian Imports, LLC dba Hyundai of Meridian EIN 93-1802814	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
21	Meridian H-Imports, LLC dba Honda of Meridian EIN 93-3266195	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
22	Pine Belt Imports of Meridian dba Toyota of Meridian EIN 92-3761420	Automobile sales and service. Business Code 441110	SEPARATE LLC	SEPARATE FINANCIAL ACCOUNTABILITY; SEPARATE WORKFORCE; SEPARATE MANAGEMENT.
FORM 5310-A, PART III, LINE 12 12 a) PLANS MAINTAINED:		12 b & c) DATE OF DETERMINATION LETTER	12 e) QSLOB'S BENEFITTING	OTHER INFORMATION
4	YOUR RETIREMENT SAVINGS PLAN EIN 46-5355556	3/31/2014 Fidelity Management & Research Co., (volume submitter Profit Sharing Plan)	KLIM Transport Services, LLC, Southern Tire Mart, LLC, T. L. Wallace Construction, Inc., FFE Transportation Services, Inc., Pine Belt Motors, LLC, Deepwell Energy Services, LLC, Deepwell Equipment Rentals, LLC, Magnolia Inn and Suites, LLC, Magnolia Grille, LLC, Industrial Chemical Solutions, LLC, Courtesy Motors, Inc., Pine Belt CDJR, Inc., Equipment Solutions, LLC, EcoShield, LLC, Southern Tire Mart at Pilot, Pine Belt Imports, Inc., Pine Belt Imports of Brookhaven, LLC and KLIM Expedited Services LLC, Meridian Imports, LLC dba Hyundai of Meridian, Meridian H-Imports, LLC dba Honda of Meridian, Pine Belt Imports of Meridian dba Toyota of Meridian	ASSET ACCOUNTS FOR PARTICIPANTS FROM EACH OF THE COMPANIES LISTED IN PART III, LINE 11 ARE HELD BY THIS PLAN.