

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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 SOUTHERN STATES UTILITY TRAILER SALES, INC. 401(K) RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1995
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) SOUTHERN STATES UTILITY TRAILER SALES, INC. P.O. BOX 6257 PEARL, MS 39288-6257
2b	Employer Identification Number (EIN) 64-0666992
2c	Plan Sponsor's telephone number 601-939-9000
2d	Business code (see instructions) 812990

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.	09/05/2023	KEVIN HAHN
	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

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

Form 5500 (2022)
v. 220413

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		5 163
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 142
a(2) Total number of active participants at the end of the plan year		6a(2) 129
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 14
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 143
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 143
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 116
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan SOUTHERN STATES UTILITY TRAILER SALES, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN STATES UTILITY TRAILER SALES, INC.	D Employer Identification Number (EIN) 64-0666992

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier CMFG LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0230590	62626	023-0045-2	143	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	1425735
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	298598
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c	Additions: (1) Contributions deposited during the year	7c(1)	16558
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	5675
	(4) Transferred from separate account.....	7c(4)	1138841
	(5) Other (specify below)	7c(5)	

(6) Total additions.....	7c(6)	1161074
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1459672
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	30021
(2) Administration charge made by carrier.....	7e(2)	2945
(3) Transferred to separate account.....	7e(3)	971
(4) Other (specify below)	7e(4)	

(5) Total deductions.....	7e(5)	33937
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1425735
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SOUTHERN STATES UTILITY TRAILER SALES, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN STATES UTILITY TRAILER SALES, INC.	D Employer Identification Number (EIN) 64-0666992	

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
CPI QUALIFIED PLAN CONSULTANTS, INC
48-1205033

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

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

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

MASCAGNI WEALTH MANAGEMENT

205 E MAIN ST
CLINTON, MS 39056-4261

(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 50	NONE	46442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CPI QUALIFIED PLAN CONSULTANTS, INC

48-1205033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 37 38 50 64	NONE	7016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	GRANTHAM POOLE	b EIN:	64-0903390
c Position:	AUDITOR		
d Address:	1062 HIGHLAND COLONY PKWY #201 RIDGELAND, MS 39157	e Telephone:	601-499-2400

Explanation: GRANTHAM POOLE STOPPED PERFORMING 401K AUDITS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>SOUTHERN STATES UTILITY TRAILER SALES, INC. 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN STATES UTILITY TRAILER SALES, INC.</u>	D Employer Identification Number (EIN) <u>64-0666992</u>	

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	116614937888440
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	2985981425735
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11960091	9314175

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11960091	9314175
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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)	439712	
(B) Participants	2a(1)(B)	649322	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1089034
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5616	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5675	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11291
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	342930	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		342930
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3018331
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1575076
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1015496	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1015496
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	7016	
(3) Investment advisory and management fees	2i(3)	48328	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		55344
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1070840
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2645916
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WILLIAMS, WEISS, HESTER & CO, PLLC**

(2) EIN: **64-0317418**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SOUTHERN STATES UTILITY TRAILER SALES, INC. 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN STATES UTILITY TRAILER SALES, INC.		D Employer Identification Number (EIN) 64-0666992
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 75-3182674		
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

SOUTHERN STATES UTILITY TRAILER SALES, INC.
401(K) RETIREMENT PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION

FOR THE YEARS ENDED
DECEMBER 31, 2022 AND 2021

SOUTHERN STATES UTILITY TRAILER SALES, INC.
401(K) RETIREMENT PLAN

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Williams, Weiss, Hester & Company, PLLC
Certified Public Accountants
4785 Old Canton Road • P.O. Box 16506
Jackson, Mississippi 39236-6506

(601) 981-7571

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Southern States Utility Trailer Sales, Inc.
401(k) Retirement Plan
Jackson, Mississippi

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

We have performed audits of the financial statements of Southern States Utility Trailer Sales, Inc. 401(K) Retirement 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Southern States Utility Trailer Sales, Inc. 401(K) Retirement 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 the 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 a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Member
* American Institute of
Certified Public Accountants
* Mississippi Society of
Certified Public Accountants
* Private Companies Practice Section

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 be a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C) audit opinion.

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 Southern States Utility Trailer Sales, Inc. 401(K) Retirement Plan and to meet our ethical responsibilities, in accordance with the relevant ethical requirements related 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 these financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern States Utility Trailers Sales, Inc. 401(K) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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.

Auditors' 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 from fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Southern States Utility Trailer Sales, Inc. 401(K) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern States Utility Trailer Sales, Inc. 401(K) Retirement 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 Schedules Required by ERISA

The supplemental schedule of Assets Held At End of Year are presented for purposes of additional analysis and are not a required part as of the financial statements but are 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 schedules, 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2021 Financial Statements

The 2021 financial statements of Southern States Utility Trailer Sales, Inc. 401(K) Retirement Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 14, 2022, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Williams, Weiss, Hester & Co., PLLC

Jackson, Mississippi
July 18, 2023

SOUTHERN STATES UTILITY TRAILER SALES, INC.
401(K) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

ASSETS

	<u>2022</u>	<u>2021</u>
Investments (at fair value)	\$ 7,888,440	\$ 11,661,493
Investments (at contract value)	<u>1,425,735</u>	<u>298,598</u>
 TOTAL ASSETS	 <u>9,314,175</u>	 <u>11,960,091</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 9,314,175</u>	 <u>\$ 11,960,091</u>

See accompanying notes to the financial statements.

SOUTHERN STATES UTILITY TRAILER SALES, INC.

401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS

Additions (deductions) to net assets attributed to:

Net unrealized depreciation	
in fair value of investments	\$ (3,018,331)
Interest income	11,291
Dividend income	342,930
	<u>(2,664,110)</u>

Contributions:

Participants	649,322
Employer	439,712
	<u>1,089,034</u>

TOTAL ADDITIONS (DEDUCTIONS) (1,575,076)

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	1,015,496
Administrative expenses	<u>55,344</u>

TOTAL DEDUCTIONS 1,070,840

NET INCREASE (DECREASE) (2,645,916)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year	<u>11,960,091</u>
End of Year	<u>\$ 9,314,175</u>

See accompanying notes to the financial statements.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE A - DESCRIPTION OF PLAN

The following description of Southern States Utility Trailer Sales, Inc. 401(K) Retirement Plan Agreement ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan adopted October 1, 1995, covering all eligible employees of the adopting employers, Southern States Utility Trailers Sales, Inc. and H&P Leasing, Inc. (collectively, the Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All employees over twenty-one years of age and with six months of service are eligible to contribute to the Plan.

SECURE ACT

On December 20, 2019, Congress enacted the Setting Every Community Up for Retirement Enhancement (SECURE) Act. During 2020, the Plan adopted the following provisions of the SECURE Act.

- Starting age for Required Minimum Distributions (RMD's) was increased from 70 ½ to 72 years of age.
- Relief for in-service withdrawals for birth or adoption expenses. Withdrawals of up to \$5,000 are permissible within one year following the birth or legal adoption of a child, and not subject to the 10% early withdrawal penalty.

TAX STATUS

The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 2
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE A - DESCRIPTION OF PLAN - (CONTINUED)

TAX STATUS - (CONTINUED)

Accounting principles generally accepted in the United States of America (GAAP) require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that at December 31, 2022 and 2021, there are no uncertain tax positions or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the Employer's matching or safe harbor contributions, any discretionary contributions, and an allocation of net investment income of each fund in which the participant is invested. Investment income is allocated to the account of each participant according to the gain or loss of each investment in which the participant has elected to invest. Participants' accounts may also be charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

PARTICIPANT CONTRIBUTIONS

Eligible employees can defer up to 100% of their eligible compensation to the Plan, up to the maximum allowed by the IRC. Participants are allowed to make additional catch-up contributions to the Plan if they are 50 years of age or older as of the end of the Plan year. Additionally, participants are permitted to make rollover contributions to the Plan from other eligible Plans or individual retirement accounts.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 3
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE A - DESCRIPTION OF PLAN - (CONTINUED)

EMPLOYER CONTRIBUTIONS

The Employer matches all participant deferrals one hundred percent (100%) not to exceed three percent (3.0%) of each participant's compensation plus fifty percent (50.0%) of each participant's deferrals between three percent (3.0%) and five percent (5.0%) of their compensation. At the discretion of the Employer, a profit-sharing contribution may also be made. Except in the case of death, disability, or retirement, a participant will share in the allocation of the profit-sharing contributions if the participant is still employed on the last day of the Plan year and has accumulated 1,000 or more hours of service during the Plan year.

VESTING

Participants are immediately vested in their salary deferral plus actual earnings (or losses) thereon. Participants are also immediately vested in any employer safe harbor matching contributions. Participants become twenty percent (20.0%) vested in employer discretionary contributions after completion of two years of vesting service plus an additional twenty percent (20.0%) for each of the next four years, at which time they become one hundred percent (100%) vested. The participant must work at least 1,000 hours in a Plan year to qualify.

INVESTING OPTIONS

Contributions to the Plan are invested, as directed, by the participant. Participants may change their investment options at any time. The Plan offers various investments in mutual fund accounts and a group annuity account as investment options for participants.

PAYMENTS OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution, or a rollover to another eligible retirement account. Participants may take in-service distributions from their vested account balance once they have attained age 59 ½. Benefits are recorded when paid.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 4
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE A - DESCRIPTION OF PLAN - (CONTINUED)

HARDSHIP WITHDRAWALS

Under certain conditions, participants, while still employed by the Employer, are permitted to take a hardship withdrawal from the employee contribution portion of their account balance. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition, the payment of burial or funeral costs of immediate family members, the payment of expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under the IRC, or to prevent eviction or foreclosure from the participant's principal residence.

PARTICIPANT LOANS

The Plan does not permit participant loans.

FORFEITURES

Upon termination of employment, participants forfeit their non-vested balances. Forfeited balances may be used to reduce future Employer contributions or to pay Plan expenses. At December 31, 2022 and 2021, remaining forfeiture balances were \$0 and \$0, respectively. Forfeitures used to reduce Employer contributions paid 2022 and 2021 were \$0 and \$13,632, respectively.

TERMINATED PARTICIPANTS

Plan participants included 13 terminated employees with vested balances totaling \$389,314 and 19 terminated employees with vested balances totaling \$616,179, for the years ended December 31, 2022 and 2021, respectively.

BASIS OF ACCOUNTING

The financial statement of the Plan is prepared using the accrual method of accounting.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 5
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

NEW AUDITING STANDARD FOR EMPLOYEE BENEFIT PLANS

In July 2019, the American Institute of Certified Public Accountants (AICPA) Auditing Standards Board (ASB) issued the Statement on Auditing Standards (SAS) No. 136, Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans subject to ERISA (SAS 136). The new standard prescribes certain new audit performance requirements and includes ERISA Section 103(a)(3)(C). SAS 136 is effective for audits of financial statements for periods ending on or after December 15, 2021. Early implementation is permitted.

ERISA SECTION 103(A)(3)(C) AUDITS

ERISA Section 103(a)(3)(C) allows plan management to elect to exclude from the audit certain investment information held and certified by a qualified institution. This type of audit, previously known and referred to as a "limited-scope audit", is now referred to an "ERISA Section 103(a)(3)(C) audit" in the new standard. SAS 136 does not change anything in ERISA, and, therefore, plan management is able to continue electing such an audit.

SAS 136 clarifies what is expected of the auditor, including specific procedures when performing an ERISA Section 103(a)(3)(C) audit. It also establishes a new form of report that provides greater transparency about the scope and nature of the audit and describes the procedures performed on certified investment information.

ADMINISTRATIVE EXPENSES

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 6
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (CONTINUED)

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value except for fully benefit-responsive investments, which are recorded 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. Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2022 and 2021, are reported in net appreciation (depreciation) in fair value of investments. See Note C for a discussion of fair value measurements and Note D for a discussion on fully benefit-responsive investment contracts.

ESTIMATES

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, market, credit, and overall volatility risk. Due to the level of risk associated with certain investment securities, it is 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.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 7
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (CONTINUED)

PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 18, 2023, the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at either fair value or contract value in the accompanying statements of net assets available for benefits. GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels as follows:

- Level 1 - inputs used to measure fair value consist of prices quoted in active markets for identical assets or liabilities.
- Level 2 - inputs used to measure fair value consist of significant observable inputs other than the prices quoted in active markets for identical assets or liabilities, such as quoted prices in active markets for similar assets or liabilities.
- Level 3 - fair value measurements are based upon significant unobservable inputs.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. There have been no changes in the methodologies used at December 31, 2022 and 2021.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 8
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table presents assets that are measured at fair value on a recurring basis at December 31, 2022 and 2021:

Fair Value Measurements Using:

December 31, 2022:

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds	<u>\$7,888,440</u>	<u>\$7,888,440</u>	<u>\$-----</u>	<u>\$-----</u>
Total	<u>\$7,888,440</u>	<u>\$7,888,440</u>	<u>\$-----</u>	<u>\$-----</u>

December 31, 2021:

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual Funds	<u>\$11,661,493</u>	<u>\$11,661,493</u>	<u>\$-----</u>	<u>\$-----</u>
Total	<u>\$11,661,493</u>	<u>\$11,661,493</u>	<u>\$-----</u>	<u>\$-----</u>

During 2022 and 2021, the Plan's investments (including gains and losses on investments bought and sold, as well as, held during the year) appreciated (depreciated) in value by \$(3,018,331) and \$655,146, respectively.

In accordance with Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-12, fully benefit-responsive investments are reported at contract value and are not included in the fair value hierarchy. (See Note D).

The following presents investments that represent 5% or more of the Plan's net assets.

	<u>2022</u>	<u>2021</u>
American Funds 2030 TDR Fund	\$ 396,722	\$-----
American Funds 2045 TDR Fund	592,462	-----
BNY Mellon Small/Mid Cap Growth Instl	628,983	958,950
Fidelity Contra Fund	421,217	626,909
Janus Henderson Balanced Instl	402,821	904,444
T. Rowe Price Blue Chip Growth Fund	471,522	989,116
Vanguard 500 Index Admiral	504,827	-----
Vanguard US Growth Admiral	-----	633,578

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 9
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE D - INVESTMENT CONTRACTS

The investment contract is a Group Annuity Contract (Contract) offered through CMFG Life Insurance Company. The Contract provides guaranteed protection of principal with a set rate of return. The fund seeks a high level of current income consistent with preservation of capital by investing primarily in corporate bonds, mortgage-backed securities, collateralized mortgage obligations, high quality commercial mortgage loans, municipal bonds, and other high-grade fixed income securities. The Contract is guaranteed by CMFG Life Insurance Company.

The Contract is considered benefit responsive for participant-initiated transactions. Because the Contract is benefit responsive, the investment is valued at contract value. Contract value represents a participating plan's contribution to the account, plus interest at a fixed period rate set by the issuer, less withdrawals, and less expenses of the account allocated to the participating plan. The Contract credits interest daily. The interest rate increased from 0.95% to 1.60% during 2022 and from 1.20% to 0.95% during 2021. The contract value of the account was \$1,425,735 and \$298,598 at December 31, 2022 and 2021, respectively. Contributions to the account may be made daily and are considered as made immediately after the daily valuation. Withdrawals from the account for benefit payments shall be made within 30 days after written notification has been received.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. The Contract may impose certain restrictions on the Plan, and the account itself may be subject to circumstances that impact its ability to transact at contract value. Plan management believes that the occurrence of events that would cause the Contract to transact at less than contract value is not probable.

NOTE E - PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50.0% or more of such an employer, or an employee association or relatives of such persons.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 10
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE E - PARTY-IN-INTEREST TRANSACTIONS - (CONTINUED)

Certain Plan investments are invested in mutual funds and investments in guaranteed annuity contracts managed by Great West Trust Company, custodian of the Plan. Such investments involving the custodian qualify as party-in-interest transactions.

The Credit Union of North America, the Plan TPA, and Williams, Weiss, Hester & Company, PLLC, the Plan auditor, are considered parties-in-interest to the Plan. Additionally, the Plan sponsor is a party-in-interest to the Plan; however, there were no transactions with the Plan sponsor other than the funding of contributions to the Plan and payment of certain administrative expenses of the Plan.

NOTE F - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

Management, having determined it is permissible in the circumstances, has elected to have the 2022 audit of Southern States Utility Trailer Sales, Inc. 401(K) Retirement 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 2022 audit procedures 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.

As then permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, management instructed the predecessor auditors not to perform and they did not perform any auditing procedures with respect to the information certified by a qualified institution, for the 2021 audit.

Management has obtained applicable certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information is complete and accurate.

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 11
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE F - INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED) -
(CONTINUED)

Accordingly, investments and related investment income included in the accompanying financial statements as of December 31, 2022 and 2021, and for the years then ended, and supplemental schedule as of December 31, 2022, have been compiled from statements certified as complete and accurate by Matrix Trust Company, the custodian, in accordance with DOL regulations.

The following is a summary of the Plan's financial information included in the financial statements based on information certified by the Plan custodian.

- Investments as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2022.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 SCHEDULE H

The following is a reconciliation of the financial statements to the Form 5500 Schedule H:

	<u>Financial Statements</u>	<u>Form 5500 Schedule H</u>	<u>Difference</u>
Investments at Fair Value	\$7,888,440	\$11,661,493	\$-----
Investments at Contract Value	<u>1,425,735</u>	<u>298,598</u>	<u>-----</u>
Net Assets Available For Plan Benefits	<u>\$9,314,175</u>	<u>\$11,960,091</u>	<u>\$-----</u>
Net Depreciation in Fair Value Investments	\$(3,018,331)	\$(3,018,331)	\$-----
Interest and Dividends	354,221	354,221	-----
Employee Contributions	649,322	649,322	-----
Employer Contributions	439,712	439,712	-----
Benefit Payments	(1,015,496)	(1,015,496)	-----
Administrative Expenses	<u>(55,344)</u>	<u>(55,344)</u>	<u>-----</u>
Changes in Net Assets Available For Benefits	<u>\$ (2,645,916)</u>	<u>\$ (2,645,916)</u>	<u>\$-----</u>

SOUTHERN STATES UTILITY TRAILERS SALES, INC.
401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 12
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE H - OTHER UNCERTAINTIES

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. The extent of the impact of COVID-19 on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impact on the Plan investment performance, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the Plan's financial condition or results of operations are uncertain.

SUPPLEMENTAL SCHEDULES

SOUTHERN STATES UTILITY TRAILER SALES, INC.
401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

Plan Name: Southern States Utility Trailer Sales, Inc. 401(K) Retirement Plan
Plan Sponsor: Southern States Utility Trailer Sales, Inc.
Sponsor EIN: 64-0666992
Plan Number: 001
Plan Year: January 1, 2022 thru December 31, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
		<u>Mutual Funds</u>		
*	Alger	Small Cap Focus	-	\$ 76,119
*	American Century	Equity Income Fund - Instl	-	194,113
*	American Funds	2015 Target Date Retirement Fund	-	21,925
*	American Funds	2020 Target Date Retirement Fund	-	20,262
*	American Funds	2025 Target Date Retirement Fund	-	184,525
*	American Funds	2030 Target Date Retirement Fund	-	396,722
*	American Funds	2035 Target Date Retirement Fund	-	360,124
*	American Funds	2040 Target Date Retirement Fund	-	371,485
*	American Funds	2045 Target Date Retirement Fund	-	592,462
*	American Funds	2050 Target Date Retirement Fund	-	119,027
*	American Funds	2055 Target Date Retirement Fund	-	223,467
*	American Funds	2060 Target Date Retirement Fund	-	150,666
*	American Funds	American Balanced Fund - Class R6	-	67,779
*	American Funds	American New World - Class R6	-	85,966
*	AQR Funds	International Defensive Style	-	329
*	AQR Funds	US Defensive Style N	-	117,189
*	Artisan	Global Opportunities Instl	-	291,155
*	Artisan	Small Cal Institutional	-	52,187
*	Baird	Aggregate Bond Fund	-	65,769
*	Blackrock	High Yield Bond Institutional	-	75,352
*	BNY Mellon	Small/Mid Cap Growth Institutional	-	628,983
*	Brown	Capital Mgmt Instl Small Co Instl	-	312,657
*	Fidelity	Contra Fund	-	421,217
*	Fidelity	Low-Priced Stock	-	288,782
*	Franklin	Franklin Convertible Securities	-	7,146
*	Janus	Janus Henderson Balanced Instl	-	402,821
*	Loomis Sayles	Global Allocation Yield	-	30,345
*	Morgan Stanley	Global Fdx Inc Opps Instl	-	38,397
*	Pimco	Income Institutional	-	686
*	T. Rowe	Blue Chip Growth Fund	-	471,522
*	T. Rowe	Global Allocation	-	127,291
*	Vanguard	500 Index Adm	-	504,827
*	Vanguard	International Growth Adm	-	327,345
*	Vanguard	Mid Cap Index Adm	-	335,556
*	Vanguard	REIT Index Adm	-	101,414
*	Vanguard	Short-Term Bond Index Adm	-	23,258
*	Vanguard	US Growth Admiral	-	381,159
*	Vanguard	Wellesley Income Adm	-	18,410
		Total Mutual Funds		7,888,440
		<u>Investment Contract</u>		
*	CMFG	Group Annuity Contract	-	1,425,735
				<u>\$ 9,314,175</u>

SOUTHERN STATES UTILITY TRAILER SALES, INC.
401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

Plan Name: Southern States Utility Trailer Sales, Inc. 401(K) Retirement Plan
Plan Sponsor: Southern States Utility Trailer Sales, Inc.
Sponsor EIN: 64-0666992
Plan Number: 001
Plan Year: January 1, 2022 thru December 31, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
		<u>Mutual Funds</u>		
*	Alger	Small Cap Focus	-	\$ 76,119
*	American Century	Equity Income Fund - Instl	-	194,113
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*	American Funds	2035 Target Date Retirement Fund	-	360,124
*	American Funds	2040 Target Date Retirement Fund	-	371,485
*	American Funds	2045 Target Date Retirement Fund	-	592,462
*	American Funds	2050 Target Date Retirement Fund	-	119,027
*	American Funds	2055 Target Date Retirement Fund	-	223,467
*	American Funds	2060 Target Date Retirement Fund	-	150,666
*	American Funds	American Balanced Fund - Class R6	-	67,779
*	American Funds	American New World - Class R6	-	85,966
*	AQR Funds	International Defensive Style	-	329
*	AQR Funds	US Defensive Style N	-	117,189
*	Artisan	Global Opportunities Instl	-	291,155
*	Artisan	Small Cal Institutional	-	52,187
*	Baird	Aggregate Bond Fund	-	65,769
*	Blackrock	High Yield Bond Institutional	-	75,352
*	BNY Mellon	Small/Mid Cap Growth Institutional	-	628,983
*	Brown	Capital Mgmt Instl Small Co Instl	-	312,657
*	Fidelity	Contra Fund	-	421,217
*	Fidelity	Low-Priced Stock	-	288,782
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*	Loomis Sayles	Global Allocation Yield	-	30,345
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*	Pimco	Income Institutional	-	686
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*	T. Rowe	Global Allocation	-	127,291
*	Vanguard	500 Index Adm	-	504,827
*	Vanguard	International Growth Adm	-	327,345
*	Vanguard	Mid Cap Index Adm	-	335,556
*	Vanguard	REIT Index Adm	-	101,414
*	Vanguard	Short-Term Bond Index Adm	-	23,258
*	Vanguard	US Growth Admiral	-	381,159
*	Vanguard	Wellesley Income Adm	-	18,410
		Total Mutual Funds		7,888,440
		<u>Investment Contract</u>		
*	CMFG	Group Annuity Contract	-	1,425,735
				<u>\$ 9,314,175</u>