Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 12/01/2021 and ending 11/30/2022

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
TREND SERVICES, INC. PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1995

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)
TREND SERVICES, INC.

P.O. BOX 747
BROUSSARD, LA 70518

2b Employer Identification Number (EIN) 72-0903785

2c Plan Sponsor's telephone number 337-234-7990

2d Business code (see instructions) 532400

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.	09/13/2023	JAMES SWAIN, JR.
	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

TREND SERVICES, INC.

P.O. BOX 747
BROUSSARD, LA 70518

3b Administrator's EIN
72-0903785

3c Administrator's telephone number
337-234-7990

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**	230
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)**	108
a(2) Total number of active participants at the end of the plan year	**6a(2)**	104
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	61
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	165
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	165
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	147
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:

2A 2E

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)	☐	0	**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

For calendar plan year 2021 or fiscal plan year beginning 12/01/2021 and ending 11/30/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
TREND SERVICES, INC. PROFIT SHARING PLAN AND TRUST	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TREND SERVICES, INC.	72-0903785

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

UBS FINANCIAL SERVICES, INC.

1100 POYDRAS STREET, SUITE 900
NEW ORLEANS, LA 70163-0900

(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	NONE	27139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 12/01/2021 and ending 11/30/2022

A Name of plan
TREND SERVICES, INC. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TREND SERVICES, INC.

D Employer Identification Number (EIN)
72-0903785

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 reported 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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	53761	83812
(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)	3893769	3130106
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3947564	3213918
	Liabilities			
g	Benefit claims payable	1g	0	17340
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	17340
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3947564	3196578

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)		
	(B) Participants	2a(1)(B)		
	(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)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30
	(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)	202727	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		202727
	(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)		-742840
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-540083
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	183764	
(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)		183764
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)		
(3) Investment advisory and management fees	2i(3)	27139	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		27139
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		210903
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-750986
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: BROUSSARD POCHE, LLP **(2)** EIN: 72-0538016

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		394800
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 12/01/2021 and ending 11/30/2022

A Name of plan
TREND SERVICES, INC. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TREND SERVICES, INC.

D Employer Identification Number (EIN)
72-0903785

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): 72-1392025

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

TREND SERVICES, INC.

PROFIT SHARING PLAN AND TRUST

NOVEMBER 30, 2022

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BROUSSARD POCHÉ, LLP
CERTIFIED PUBLIC ACCOUNTANTS

101 Independence Boulevard | Lafayette, LA 70506
(O) 337.988.4930 | (F) 337.984.2393
www.BroussardPoche.com

INDEPENDENT AUDITORS' REPORT

To the Trustees
Trend Services, Inc. Profit Sharing
Plan and Trust
Lafayette, Louisiana

Opinion

We have audited the financial statements of Trend Services, Inc. Profit Sharing Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of November 30, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended November 30, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of November 30, 2022 and 2021, and the changes in its net assets available for benefits for the year ended November 30, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year, schedule of assets acquired and disposed of within year, and schedule of reportable transactions for the year November 30, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Broussard Roche', LLP

Lafayette, Louisiana
September 6, 2023

FINANCIAL STATEMENTS

TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
November 30, 2022 and 2021

ASSETS	2022	2021
Investments (non-participant directed)		
Investments at fair value	$3,130,106	$3,893,769
Cash and cash equivalents	83,812	53,761
Total investments	$3,213,918	$3,947,530
Receivables:		
Corrective distribution	-	34
Total assets	$3,213,918	$3,947,564
NET ASSETS AVAILABLE FOR BENEFITS	$3,213,918	$3,947,564

See Accompanying Notes to Financial Statements.

TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended November 30, 2022

Additions to net assets attributed to:	
Investment income (loss)	
Net depreciation in fair value of investments	$ (742,840)
Interest and dividends	202,757
Total investment income (loss)	$ (540,083)
Total additions	$ (540,083)
Deductions from net assets attributed to:	
Benefits paid to participants	$ 166,424
Administrative expenses	27,139
Total deductions	$ 193,563
Net decrease	$ (733,646)
Net assets available for benefits:	
Beginning of year	3,947,564
End of year	$3,213,918

See Accompanying Notes to Financial Statements.

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TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of Trend Services, Inc. Profit Sharing Plan and Trust (the "Plan") provides only general information. The Plan was restated and amended effective December 1, 2020. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General. The Plan is a defined contribution nonparticipant-directed plan covering substantially all employees of Trend Service, Inc. (the "Company") who are 21 years of age and have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the plan.

B. Contributions. Each year, the Company may make a discretionary profit sharing contribution to the Plan with eligibility requirements. The profit sharing contribution amount is determined by the third party administrator. Employee must be actively employed on the last day of the Plan year and must have completed at least 1,000 hours of service during the Plan year. The Company may contribute up to 25% of eligible compensation. Contributions are subject to certain statutory limitations.

C. Participant Accounts. Each participant's account is credited with allocations of (a) the Company's profit sharing contribution, (b) Plan earnings (losses), and (c) forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting. Participants are vested in the Company's profit sharing contribution portion of their accounts plus actual earnings based on years of continuous service. A participant is 100% vested at six years of credited service.

E. Payment of Benefits. On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive an amount equal to the value of the vested interest in his or her account in a lump-sum or partial lump sum.

F. Forfeited Accounts. At November 30, 2022 and 2021, forfeited non-vested accounts totaled $10,965 and $21,089, respectively. These accounts will be reallocated to participants in the same manner as employer contributions and/or Plan expenses. A total of $20,848 was allocated to participants in a manner of employer contributions during 2022.

Note 2. Summary of Accounting Policies

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 ("GAAP") requires the management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 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 depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefit payments to participants are recorded when paid.

Expenses:

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net depreciation in fair value of investments. Administrative expenses of the plan are allocated to participant accounts.

Date of management's review of subsequent events:

Subsequent events were evaluated through September 6, 2023, which is the date the financial statement was available to be issued.

Note 3. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There were no Plan assets requiring the use of Level 2 and Level 3 inputs for the periods presented.

Level 1 Fair Value Measurement

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds registered with the U. S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair value of equities are based on closing price reported on the active market where the individual securities are traded.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of November 30, 2022 and 2021:

	Fair Value	Fair Value Measurements at Reporting Date Using: Quoted Prices in Active Markets for Identical Assets (Level 1)
November 30, 2022:		
Equities	$ 639,749	$ 639,749
Mutual funds	1,950,141	1,950,141
Commodities	163,444	163,444
Fixed Income	130,623	130,623
Non-traditional	246,149	246,149
Total investments at fair value	$ 3,130,106	$ 3,130,106
November 30, 2021:		
Equities	$ 601,930	$ 601,930
Mutual funds	3,291,839	3,291,839
Total investments at fair value	$ 3,893,769	$ 3,893,769

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended November 30, 2022, is reported in net depreciation in fair value of investments.

The Plan's policy is to recognize transfers of investments into or out of Level 3. For the years ended November 30, 2022 and 2021, there were no transfers of investments into or out of Level 3.

Note 4. Non-Participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

	November 30, 2022	2021
Net Assets:		
Equities	$ 639,749	$ 601,930
Mutual funds	1,950,141	3,291,839
Commodities	163,444	-
Fixed income	130,623	-
Non-traditional	246,149	-
Cash and cash equivalents	83,812	53,761
	$ 3,213,918	$ 3,947,530

	Year Ended November 30, 2022
Changes in Net Assets:	
Interest and dividends	$ 202,757
Net depreciation	(742,840)
Benefits paid to participants	(166,424)
Administrative expenses	(27,139)
	$ (733,646)

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will have a 100% vested interest in their accounts and all accounts will be available for distribution as soon as practical.

Note 5. Tax Status

The Company has not applied for a determination letter from the Internal Revenue Service (IRS) regarding the compliance of the Plan's design with applicable sections of the Internal Revenue Code (IRC); however, the prototype plan which it has adopted and is currently operating under has received a favorable IRS determination letter, dated June 30, 2020. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in

compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

Note 6. Related Party Transactions and Party in Interest Transactions

Parties in interest as defined under ERISA include persons and entities such as the Plan sponsor, employers and Plan administrators, custodian and plan auditors among others. There was a plan investment managed by UBS Financial Services, Inc. (UBS) during the year ended November 30, 2022 and UBS acted as custodian of that particular investment for the Plan. This transaction qualify as party-in-interest. Total amount paid by the Plan to party-in-interest amounted to $27,139 for the year ended November 30, 2022, for custodial fees.

Note 7. 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 statements of net assets available for benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at November 30, 2022, to Form 5500:

	2022
Net assets available for benefits per the financial statements	$ 3,213,918
Amounts allocated to withdrawing participants	(17,340)
Net assets available for benefits per the Form 5500	$ 3,196,578

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended November 30, 2022, to Form 5500:

Benefits paid to participants per the financial statements	$ 166,424
Add: Amounts allocated to withdrawing participants at November 30, 2022	17,340
Benefits paid to participants per the Form 5500	$ 183,764

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to November 30, 2022, but not yet paid as of the date.

SUPPLEMENTARY INFORMATION

TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST
E.I.N. 72-0903785
P.N.: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Year Ended November 30, 2022

(a) Party-In Interest	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Cash and cash equivalents:			
*	UBS		$ 83,812	$ 83,812
	Equities:			
	Invesco	Invesco S&P 500 TOP 50 ETF 496.000 shares	80,644	147,813
	ProShares	ProsShares S&P 500 Aristrocrats ETF 2,102.000 shares	128,119	198,597
	Vanguard	Vanguard Information Technology ETF 210.0.000 shares	47,967	73,067
	Vanguard	Vanguard Energy ETF 999.000 shares	111,160	127,502
	Amplify	Amplify CWP Enhanced Dividend Inc ETF 2,510.000 shares	81,591	92,770
	Mutual Funds:			
	American Beacon	American BEA Large Cap Val Fd 2,571.436 shares	66,806	70,817
	John Hancock	John Hancock Classic Value Fd Class I 5,271.689 shares	200,603	207,810
	Neuberger Berman	Neuberger Berman Large Cap Value Fd 4,585.092 shares	203,895	207,659
	First Eagle Investment Management	First Eagle Overseas Fund Class I 3,695.537 shares	90,762	88,804
	Principal	Principal MidCap Fund Class I 6,102.817 shares	180,092	209,144
	Vanguard	Vanguard Emerging Mkts Bond Fd Class Admiral 1,657.852 shares	39,032	36,523

TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST
E.I.N. 72-0903785
P.N.: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
Year Ended November 30, 2022

(a) Party-In Interest	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Putnam Investments	Putnam Ultra Short Duration Inc Fd Class Y 5,407.312 shares	53,965	54,019
	Principal	Principal Investors High Yield Institutional Class 5,432.481 shares	37,854	34,605
	BlackRock	Blackrock Total Return Fund Institutional Class 8,778.163 shares	92,037	87,343
	Cohen & Steers	Cohen & Steers Preferred Sec & Inc Fd 1 12,438.703 shares	171,412	146,652
	Fidelity	Fidelity Advisor New Markets Income Fd Class I 4,727.946	66,698	54,655
	Guggenheim Investments	Guggenheim Total Return Bond Fd Class Instit 6,956.621 shares	189,396	162,785
	Invesco	Invesco Corporate Bond Fd Class Y 20,497.996 shares	154,296	125,858
	John Hancock	John Hancock Bond Fund Class I 16,324.776 shares	254,391	219,078
	Loomis Sayles	Loomis Sayles Sr Floating Rate & Fixed Income Fund Class Y 20,943.518 shares	187,165	170,480
	Nuveen	Nuveen Floating Rate Inc Fd Class I 1,906.394 shares	35,729	34,067
	Lord Abbett	Lord Abbett Inflation Focused Class F 3,414.090 shares	41,125	39,842

(continued)

TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST
E.I.N. 72-0903785
P.N.: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
Year Ended November 30, 2022

(a) Party-In Interest	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Commodities:			
	Invesco	Invesco DB Oil Fund 5,744.000 shares	97,824	90,583
	iShares	iShares GSCI Commodities Dynamic 1,925.000 shares	77,147	72,861
	Fixed Income:			
	iShares	iShares 1-3 Year Treasury Bond ETF 545.000 shares	44,039	44,374
	iShares	iShares 20+ Year Treasury Bond ETF 394.000 shares	37,989	40,476
	iShares	iShares MBS ETF 487.000 shares	43,978	45,773
	Non-traditional:			
	Alliance Bernstein	AB Select US Long/Short Port FD Class Adv 3,892.312 shares	51,223	52,429
	Abbey Capital	Abbey Capital Futures Strategy FD Class I 6,270.925 shares	75,251	85,724
	Blackstone	Blackstone Alternative Multi-Strategy FD Class I 5,148.022 shares	51,223	51,635
	BNY Mellon Investment	BNY Mellon Global Real Return FD Class I 3,531.396 shares	56,467	56,361
			$3,133,692	$3,213,918

* Denotes Party-In-Interest

NOTE: This schedule is provided in answer to item 4(i), Part IV, Schedule H of Federal Form 5500.

TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST
E.I.N. 72-0903785
P.N.: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Year Ended November 30, 2022

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
ARK Funds	ARK Innovation ETF	$ 68,736	$ 49,434
Blackrock	Blackrock Advantage Small Cap Core Fund	$ 9,042	$ 8,797
Davis Funds	Davis Financial Fund	$ 127,057	$ 106,768
Diamond Hill	Diamond Hill Large Cap Fund	$ 9,694	$ 9,194
Gotham Funds	Gotham Absolute Return	$ 56,467	$ 58,958
American Funds	Growth Fund of America	$ 12,606	$ 11,148
State Street Global Advisors	Health Care Select Sector SPDR Fd ETF	$ 87,956	$ 87,716
Invesco	Invesco DB Commodity Index Tracking Fd ETF	$ 76,295	$ 73,648
Invesco	Invesco QQQ Trust ETF	$ 82,357	$ 69,498
iShares	iShares 1-3 Year Treasury Bond ETF	$ 25,552	$ 25,244
iShares	iShares Core S&P Small Cap ETF	$ 115,638	$ 107,483
iShares	iShares Russell 1000 Value ETF	$ 125,699	$ 118,284
John Hancock	John Hancock Regional Bak Fund	$ 3,212	$ 2,768
Lord Abbett	Lord Abbett High Yield Fd	$ 2,487	$ 2,402
MassMutual	Mass Mutual Emerging Mkts Dbt Blnded Total Rtn	$ 1,683	$ 1,639
MFS	MFS International Value Fd	$ 24,608	$ 17,906
Pimco	Pimco Rae Fundamental US Small Fund	$ 120,730	$ 124,135
Pimco	Pimco Enhanced Short Mat Active ETF	$ 57,961	$ 57,853
Principal	Principal Equity Income Fund	$ 4,792	$ 4,502
State Street Global Advisors	SPDR S&P Emerging Markets Small Cap ETF	$ 48,981	$ 43,904
T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	$ 10,909	$ 10,591
T. Rowe Price	T. Rowe Price Corporate Income Fund	$ 9,331	$ 8,890
T. Rowe Price	T. Rowe Price US High Yield Fund	$ 30,497	$ 26,407
Vanguard	Vanguard Short Term Inflation Protected Sec Index	$ 54,450	$ 53,614
WCM Investment Management	WCM Focused International Growth Fund	$ 20,846	$ 14,748

NOTE: This schedule is provided in answer to item 4(i), Part IV, Schedule H of Federal Form 5500.

TREND SERVICES, INC.
PROFIT SHARING PLAN AND TRUST
E.I.N. 72-0903785
P.N.: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended November 30, 2022

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Neuberger Berman	Neuberger Berman Large Cap Value Fd	$203,895	$ -	$ -	$ -	$203,895	$203,895	$ -
John Hancock	John Hancock Classic Value Fund	$200,603	$ -	$ -	$ -	$200,603	$200,603	$ -
WCM Investment Management	WCM Focused International Growth Fd	$ -	$332,822	$ -	$ -	$336,293	$332,822	$ (3,471)
MFS	MFS International Value Fund	$ -	$261,606	$ -	$ -	$290,662	$261,606	$ (29,056)
T. Rowe Price	T. Rowe Price Corporate Income Fd	$ -	$244,312	$ -	$ -	$260,506	$244,312	$ (16,194)

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 12/01/2021 and ending 11/30/2022

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
TREND SERVICES, INC. PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1995

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)

TREND SERVICES, INC.

P.O. BOX 747

BROUSSARD LA 70518

2b Employer Identification Number (EIN) 72-0903785

2c Plan Sponsor's telephone number 337-234-7990

2d Business code (see instructions) 532400

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	[signature]	9/13/23	James Swain, Jr.
	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

TREND SERVICES, INC.

P.O. BOX 747

BROUSSARD LA 70518

3b Administrator's EIN 72-0903785

3c Administrator's telephone number 337-234-7990

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**	230
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)**	108
a(2) Total number of active participants at the end of the plan year	**6a(2)**	104
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	61
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	165
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	165
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	147
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:

2A 2E

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(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)** ☐ ___ **A** (Insurance Information)
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

Trend Services, Inc.
Profit Sharing Plan

Attachment to Form 5500 Schedule H
Schedule of Reportable Transactions
Plan Year Ended 11/30/2022

Description of Asset	Description		Purchase/Sale Price	Cost of Asset	Value of Asset on Transacton Date	Net Gain/ Loss
Purchases						
Neuberger Berman Large Cap Value Fd	4585	units	$203,895.08	$203,895.08	$203,895.08	$0.00
John Hancock Classic Value Fd	5272	units	$200,602.50	$200,602.50	$200,602.50	$0.00
Sales						
WCM Foscused International Growth Fd	17125	units	$332,821.86	$336,292.92	$332,821.86	($3,471.06)
MFS International Value Fd	6478	units	$261,605.97	$290,661.86	$261,605.97	($29,055.89)
T. Rowe Price Corporate Income Fd	26527	units	$244,312.32	$260,505.86	$244,312.32	($16,193.54)

Trend Services, Inc.
Profit Sharing Plan and Trust

Attachment to Form 5500, Schedule H
Schedule of Assets Held for Investment Purposes
November 30, 2022

Identity of Party	Description		Cost	FMV 11/30/2022
Mutual Funds:				
AB Select US Long/Short Portfolio Fd	3892.312	units	$51,222.82	$52,429.44
Abbey Capital Futures Strategy Fd	6270.925	units	$75,251.10	$85,723.54
American Bea Lg Cap Val Fd	2571.436	units	$66,805.91	$70,817.34
Amplify CWP Enhanced Dividend	2510.000	units	$81,590.81	$92,769.60
Blackrock Total Return Fd	8778.163	units	$92,037.30	$87,342.72
Blackstone Alternative Multi-Strategy Fd	5148.022	units	$51,222.82	$51,634.66
BNY Mellon Global Real Return Fd	3531.396	units	$56,467.02	$56,361.08
Cohen & Steers Preferred Sec & Inc Fd	12438.703	units	$171,411.75	$146,652.30
Fidelity Advisor New Markets Income Fd	4727.946	units	$66,698.00	$54,655.05
First Eagle Overseas Fund	3695.537	units	$90,762.40	$88,803.75
Guggenheim Total Return Bond Fd	6956.621	units	$189,396.27	$162,784.93
Invesco Corporate Bond Fd	20497.996	units	$154,299.46	$125,857.69
Invesco DB Oil Fd	5744.000	units	$97,824.34	$90,582.88
Invesco S&P 500 top 50(Powershares ETF S&I	496.000	units	$80,643.95	$147,812.96
Ishares 1-3 Year Treasury Bond ETF	545.000	units	$44,038.73	$44,373.90
Ishares 20+ Year Treasury Bond ETF	394.000	units	$37,989.20	$40,475.62
Ishares GSCI Commodities Dynamic Symbol	1925.000	units	$77,147.46	$72,861.25
Ishares MBS ETF	487.000	units	$43,978.15	$45,773.13
John Hancock Bond Fd	16324.776	units	$254,017.09	$219,078.49
John Hancock Classic Value Fd	5271.689	units	$200,602.50	$207,809.98
Loomis Sayles Sr Floating Rate Fd	20943.518	units	$184,427.26	$170,480.23
Lord Abbett Inflation Focused Fd	3414.090	units	$41,125.29	$39,842.43
Neuberger Berman Large Cap Value Fd	4585.092	units	$203,895.08	$207,628.81
Nuveen Floating Rate Income Fd	1906.394	units	$35,739.51	$34,067.26
Principal Investors High Yield Bond Fd	5432.481	units	$37,915.97	$34,604.90
Principal MIdcap Fd	6102.817	units	$180,091.50	$209,143.53
Proshares S&P 500 Divid Aristrocrats ETF	2102.000	units	$128,119.39	$198,596.96
Putnam Ultra Short Duration Income Fd	5407.312	units	$53,964.97	$54,019.04
Vanguard Emerging Markets Bond Fd	1657.852	units	$39,039.99	$36,552.47
Vanguard Energy ETF	999.000	units	$111,160.43	$127,502.37
Vanguard Information Technology ETF	210.000	units	$47,966.87	$73,067.40

Total Mutual Funds		$3,130,105.71
Money Market		$83,443.96
Cash		$367.97
Accrued Income		$0.00
Total Assets	$3,046,853.34	$3,213,917.64

Trend Services, Inc.
Profit Sharig Plan and Trust

Attachment to Form 5500 Schedule H
Schedule of Assets Acquired and Disposed of Within Year
Plan Year Ended 11/30/2022

Identity of issue, borrower, lessor or similar party	Description		Cost of Acquisition	Proceeds of Disposition
Mutual Funds				
Ark Innovation ETF	806	units	68736.08	49433.66
Blackrock Advantage Small Cap Core Fd	488	units	9041.92	8797.02
Davis Financial Fd	2254	units	127057.25	106767.77
Diamond Hill Large Cap Fund	276	units	9694.36	9193.94
Gotham Absolute Return	3412	units	56467.02	58957.72
Growth Fund of America	176	units	12606.45	11148.47
Health Care Select Sector SPDR Fd ETF	688	units	87955.85	87716.11
Invesco DB Commodity Index Tracking Fd ETF	2814	units	76294.56	73648.01
Invesco QQQ Trust ETF	244	units	82356.63	69498.37
Ishares 1-3 Year Treasury Bond ETF	306	units	25551.76	25244.42
Ishares Core S&P Small Cap ETF	1026	units	115638.41	107483.21
Ishares Russell 1000 Value ETF	739	units	125699.47	118283.74
John Hancock Regional Bak Fd	102	units	3212.17	2768.44
Lord Abbett High Yield Fd	340	units	2486.6	2401.97
Mass Mutual Emerging Markets Dbt Blnded Total Retur	172	units	1683.3	1639.42
MFS International Value Fd	443	units	24608.08	17905.61
Pimco Rae Fundamental US Small Fd	13656	units	120730.24	124134.79
Pimco Enhanced Short Mat Active ETF	584	units	57961.18	57852.64
Principal Equity Income Fd	118	units	4792.47	4501.95
SPDR S& P Emerging Markets Small Cap ETF	875	units	48980.84	43904.13
T. Rowe Price Blue Chip Growth Fd	63	units	10908.58	10591.16
T. Rowe Price Corporate Income Fd	965	units	9331.47	8890.11
T. Rowe Price US High Yield Fd	3336	units	30496.96	26407.16
Vanguard Short Term Inflation Protected Sec Index	1052	units	54450.47	53613.95
WCM Foscused International Growth Fd	759	units	20845.54	14748.1