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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1979

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)
DUNLOP MANUFACTURING INC

170 INDUSTRIAL WAY
BENICIA, CA 94510-0000

2b Employer Identification Number (EIN) 94-2440675

2c Plan Sponsor's telephone number 707-745-2722

2d Business code (see instructions) 339900

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.	10/08/2021	JASMIN POWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2021	JASMIN POWELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	294
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)**	243
a(2) Total number of active participants at the end of the plan year	**6a(2)**	259
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	49
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	308
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	308
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	266
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
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 2F 2H 2J 2K 2T 3D

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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DUNLOP MANUFACTURING INC

D Employer Identification Number (EIN)
94-2440675

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.

1 Coverage Information:

(a) Name of insurance carrier
MASSMUTUAL LIFE ISURANCE CO

(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
04-1590850	65935	GA-840757	63	01/01/2020	12/31/2020

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
0	916

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

FUTUREPLAN BY ASCENSUS
1102CHESTNUT HILLS PKWY STE 1
FORT WAYNE, IN 46814-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	916		5

(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	102443
5	Current value of plan's interest under this contract in separate accounts at year end	5	2167629

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	
c	Additions: (1) Contributions deposited during the year	7c(1)	282		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	102161		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	102443
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	102443
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	102443

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)	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DUNLOP MANUFACTURING INC

D Employer Identification Number (EIN)
94-2440675

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

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

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

MASS MUTUAL

04-1590850

(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 23 37 38 50 54 55 59 60 62 63 64 65 66 99	NONE	642	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

MERCER GLOBAL ADVISORS INC

1200 17TH ST
STE 500
DENVER, CO 80202

(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?
26 27 28 99	NONE	28083	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

FIRST REPUBLIC INVESTMENT

111 PINE STREET
SAN FRANCISCO, CA 94111

(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?
26 27 28	NONE	18768	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

PATRICK BUZARELLOS KENDRICK LLP

1900 POINT WEST WAY
STE 102
SACRAMENTO, CA 95815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	9500	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

POLYCOMP

300 LAVA RIDGE CT 130
ROSEVILLE, CA 95661

(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?
64	NONE	8929	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

IRON FINANCIAL LLC

630 DUNDEE RD
SUITE 200
NORTHBROOK, IL 60062

(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?
26 27 28	NONE	7966	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

FUTURE PLAN

1102 CHESTNUT HILLS PKWY STE 1
FORT WAYNE, IN 46814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16591	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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

(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: PATRICK BUZARELLOS KENDRICK LLP
b EIN: 68-0197298
c Position: IQPA
d Address: 1900 POINT WEST WAY
STE 102
SACRAMENTO, CA 95815
e Telephone: 916-920-1604

Explanation: IQPA RETIRED AND NO LONGER IN BUSINESS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DUNLOP MANUFACTURING INC

D Employer Identification Number (EIN)
94-2440675

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT SCI

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	2167629

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DUNLOP MANUFACTURING INC

D Employer Identification Number (EIN)
94-2440675

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	114168	186458
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)	1138518	1390673
(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)	1911700	1866603
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	379846	424029
(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)	1256873	1235632
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1887997	2167628
(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)	12466989	13231722
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		102443
(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	19156091	20605188
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	534	1623
k	Total liabilities (add all amounts in lines 1g through1j)	1k	534	1623
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19155557	20603565

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)	1200000	
	(B) Participants	2a(1)(B)	269017	
	(C) Others (including rollovers)	2a(1)(C)	63	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1469080
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29838	
	(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)	82775	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		112613
	(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)	317810	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		317810
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-22085	
	(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)		-22085
	(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)		

		(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)		219853
(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)		864786
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2962057
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1385625	
(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)		1385625
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		22344
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	36870	
(2) Contract administrator fees	2i(2)	14392	
(3) Investment advisory and management fees	2i(3)	54818	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		106080
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1514049
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1448008
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)** [X] 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: MANN URRUTIA NELSON CPAS & ASSOCIAT **(2)** EIN: 20-0276349

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DUNLOP MANUFACTURING INC

D Employer Identification Number (EIN)
94-2440675

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-1590850 33-6134835

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_____

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITOR'S REPORT
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020 AND 2019

MANN, URRUTIA, NELSON, CPAS & ASSOCIATES, LLP
1760 CREEKSIDE OAKS DRIVE, SUITE 160
SACRAMENTO, CALIFORNIA 95833

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2020 AND 2019

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan as of December 31, 2020, and the changes in net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter - Department of Labor Required Supplemental Schedule

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Other Matter - Prior Period Financial Statements

The financial statements of the Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan as of December 31, 2019, were audited by predecessor auditors. Their report dated August 17, 2020, expressed an unmodified opinion on those financial statements.

Mann, Ussutio, Nelson CPAs

Sacramento, California
October 8, 2021

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
Cash	$ 186,458	$ 114,169
Investments at Fair Value (Note 3):		
Interest-bearing cash	1,390,673	1,138,518
Common and preferred stocks	424,029	1,517,884
Corporate bonds	1,866,603	1,911,700
Mutual funds	13,231,722	11,328,950
Pooled separate accounts	2,167,628	1,887,997
Total investments at fair value	19,080,655	17,785,049
Investments at Contract Value		
Guaranteed investment contract (Note 4)	102,443	-
Total investments at contract value	102,443	-
Total investments	19,183,098	17,785,049
Receivables:		
Notes receivable from participants	1,235,632	1,256,873
Total receivables	1,235,632	1,256,873
Total Assets	20,605,188	19,156,091
LIABILITIES		
Other payables	1,623	534
NET ASSETS AVAILABLE FOR BENEFITS	$ 20,603,565	$ 19,155,557

See accompanying notes to the financial statements.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

	2020
ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	$ 1,062,554
Interest and dividends	347,648
Total investment income	1,410,202
Interest income on notes receivable from participants	82,775
Contributions:	
Employer profit sharing contributions	841,810
Employer safe harbor matching contributions	358,190
Participant contributions	269,017
Rollover contributions	63
Total contributions	1,469,080
Total additions	2,962,057
DEDUCTIONS	
Benefits paid to participants	1,407,969
Administrative expenses	106,080
Total deductions	1,514,049
NET INCREASE	1,448,008
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	19,155,557
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 20,603,565

See accompanying notes to the financial statements.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

NOTE 1: DESCRIPTION OF PLAN

The following description of the Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time eligible employees of Dunlop Manufacturing, Inc. (the "Company") as defined in the Plan document and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Under the terms of the Plan, a group of officers of the Company act as trustees. The Company has contracted with a third-party administrator, Massachusetts Mutual Life Insurance Company, who processes and maintains the records of participant data and acts as custodian of the participants' self-directed salary deferral and rollover accounts.

Eligibility

Employees are eligible to participate in the salary deferral provisions immediately upon hire. Employees are eligible to participate in the employer profit sharing contributions on the first day of the plan year in which they complete one year (at least 1,000 hours) of service. Employees are eligible to participate in the employer matching contribution on the date they complete one year (at least 1,000 hours) of service.

Participant Contributions

Each year, participants may contribute an amount of annual compensation, as defined by the Plan, subject to the annual maximum currently allowed under the provisions of the Internal Revenue Code. Participants can contribute pre-tax or after-tax salary deferrals and contributions are withheld from each participant's compensation and invested in accordance with the participant's instructions. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Employer Contributions

The Plan provides for discretionary profit sharing and matching contributions. The Company made profit sharing contributions of $841,810 and $871,860 during the years ended December 31, 2020 and 2019, respectively. The Company made no discretionary matching contributions during the years ended December 31, 2020 and 2019.

Annually, the Plan can be amended to make a safe harbor non-elective employer contribution of not less than 3% of eligible participants' compensation. The Company contributed safe harbor-contributions of 3% of participants' compensation during the years ended December 31, 2020 and 2019 and made safe harbor non-elective employer contributions of $358,190 and $328,140, respectively

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) 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.

NOTE 1: DESCRIPTION OF PLAN (Continued)

Vesting

Participants are immediately vested in their voluntary contributions, contributions representing rollovers from other qualified plans, plus earnings thereon. Participants are also always 100% vested in any Company Safe-Harbor matching contributions. Participants vest in the discretionary Company matching and profit sharing contributions as follows:

Years of service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

For vesting purposes, one year of service is a year in which a participant has worked at least 1,000 hours during a plan year. A participant is also fully vested upon reaching normal retirement age, upon death, or upon becoming disabled.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested interest. A participant may have up to four outstanding loans at any given time. Note terms for newly disbursed loans range from one to five years or for a greater period of time at the Plan Administrator's discretion if used to purchase the primary residence of the participant. The notes are secured by the balance in the participant's account and bear interest at a rate respective to the Plan rate of return commensurate with local prevailing rates as determined on the date of advance by the Plan administrator. Interest rates range from 5.50% to 7.50% at December 31, 2020.

Payment of Benefits

On termination of service due to death, disability, retirement or any other reason, a participant is entitled to receive a distribution equal to the value of the participant's vested interest in his or her account as a lump-sum distribution or a partial withdrawal of the account balance. If a terminated participant has an account balance of less than $5,000 and does not request the account balance be rolled into another qualifying plan will automatically have their account balance rolled into an Individual Retirement Account established for the benefit of the participant. Terminated participants with account balances greater then $5,000 may elect to leave their account in the Plan or roll their account balance into another qualified plan. As of December 31, 2020 and 2019 there were no benefits payable to participants that have elected to withdraw from the Plan but have not yet been paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTE 1: DESCRIPTION OF PLAN (Continued)

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. The Company may use forfeitures to pay Plan expenses, reduce Company matching contributions, or add to the profit sharing contributions. For the year ended December 31, 2020, there were no forfeitures used to pay Plan expenses or reduce employer contributions. At December 31, 2020 and 2019, forfeited nonvested accounts totaled $47,584 and $0, respectively.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual method of accounting and in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments, other than fully benefit-responsive guaranteed investment contracts, 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. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contract. See Note 3 for discussion of fair value measurements and a description of the methods and significant assumptions used to determine the fair value of investments.

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

Cash and Cash Equivalents

All highly liquid investments with a maturity of three months or less are considered to be cash equivalents.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the plan document.

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Reclassification

Certain prior year amounts have been reclassified for comparative purposes.

Subsequent Events

Management has evaluated subsequent events through October 8, 2021, the date on which the financial statements were available to be issued.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (Continued)

Recently Adopted Accounting Standards

In 2018, The Financial Accounting Standards Board (FASB) issued ASU 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement. This ASU focuses on improving the effectiveness of disclosures in the notes to financial statements by facilitating clear communication of the information required by U.S. GAAP that is most important to users of each entity's financial statements. Specifically this ASU removes disclosure requirements related to (1) the amount of, and reasons for, transfers between Level 1 and Level 2 of the fair value hierarchy; (2) the policy for timing of transfers between levels; (3) the valuation processes for Level 3 fair value measurements; and (4) for non-public entities, the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. In addition, this ASU also modifies disclosure requirements such that (1) in place of a rollforward for Level 3 fair value measurements, a non-public entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities; (2) for investments in certain entities that calculate net asset value, an entity is required to disclose the timing of liquidation of an investee's assets and the date that restrictions from redemption might lapse, only if the investee has communicated the timing to the entity or announced the timing publicly; and (3) it is clear that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurement as of the reporting date.

Adoption of this standard as of December 31, 2020 had no material effect on the Plan's current year financial statements.

NOTE 3: FAIR VALUE MEASUREMENTS

*FASB Accounting Standards Codification 820, Fair Value Measurement*s *and Disclosures*, established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy are described below:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

NOTE 3: FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Pooled separate accounts: Valued at unit value per share that is based on the net asset value ("NAV") of shares held at year end after deduction of applicable investment management, fund administration, and financial accounting charges. The unit value is not a publicly-quoted price in an active market.

Common and preferred stocks: The fair value of common and preferred stocks is based on the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, resulting in a Level 1 valuation.

Interest-bearing cash: Fair value approximates book value, resulting in a Level 2 valuation.

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

NOTE 3: FAIR VALUE MEASUREMENTS (Continued)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts*	$ -	$ -	$ -	$ 2,167,628
Mutual Funds	13,231,722	-	-	13,231,722
Common and preferred stocks	424,029	-	-	424,029
Corporate bonds	-	1,866,603	-	1,866,603
Interest-bearing cash	-	1,390,673	-	1,390,673
	$ 13,655,751	$ 3,585,416	$ -	$ 19,080,655

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Pooled separate accounts*	$ -	$ -	$ -	$ 1,887,997
Mutual funds	11,328,950	-	-	11,328,950
Common and preferred stocks	1,517,884	-	-	1,517,884
Corporate bonds	-	1,911,700	-	1,911,700
Interest-bearing cash	-	1,138,518	-	1,138,518
	$ 12,846,834	$ 3,050,222	$ -	$ 17,785,049

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

NOTE 4: INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment in a Fixed Account under the Group Annuity contract with Massachusetts Mutual Life Insurance Company (Mass Mutual: Issuer). Under the terms of the contract, the contributions are maintained in the general account of Mass Mutual. The account is credited with earnings based on the guaranteed interest rate and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value with no market value adjustments. The Fixed Account does not have a defined maturity date. The Fixed Account guarantees a minimum interest rate over the life of the contract and sets a minimum interest rate on a quarterly basis. There are no reserves against contract value for credit risk of the contract issuer or otherwise . The value of the investment as of December 31, 2020 and 2019 is presented below:

	2020	2019
Fixed Account	$ 102,443	$ -

Certain events limit the ability of the Plan to transact at contract value with the issuer. The plan administrator does not believe that the occurrence of any other such contract value events, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 5: INFORMATION CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule were obtained from data that has been prepared and certified to as complete and accurate by Massachusetts Mutual Life Insurance Company (MassMutual):

	2020	2019
Investments, at fair value:		
Pooled separate accounts	$ 2,167,628	$ 1,887,997
Investments, at contract value		
Guaranteed investment contract	$ 102,443	$ -
Notes receivable from participants	$ 44,859	$ 23,544
Investment income	$ 299,491	$ 295,631
Interest from notes receivable from participants	$ 2,099	$ 2,114

NOTE 6: NONPARTICIPANT-DIRECTED INVESTMENTS

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

	December 31, 2020
Net assets available for benefits:	
Cash	$ 186,458
Interest-bearing cash	1,390,673
Common and preferred stocks	424,029
Corporate bonds	1,866,603
Mutual funds	13,231,722
Total	$ 17,099,485
Changes in net assets available for benefits:	
Employer profit sharing contributions	$ 841,810
Employer safe harbor matching contributions	358,190
Interest and dividends	268,269
Net appreciation in fair value of investments	842,441
Benefits paid to participants	1,243,130
Interest income on notes receivable from participants	80,676
Total	$ 3,634,516

NOTE 7: PLAN TERMINATION

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

NOTE 8: TAX STATUS

On June 30, 2020, the Internal Revenue Service issued a favorable determination letter on the documents adopted by the Plan, noting that the plan qualifies under Section 401(a) of the Internal Revenue Code (IRC). The Plan's administrator believes that the Plan's design and operations continue to comply with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 9: TRANSACTIONS WITH PARTIES-IN-INTEREST

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, a person who owns fifty percent or more of such an employer. Substantially all administrative expenses of the Plan are paid by the Plan Sponsor. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Plan holds pooled separate accounts and a guaranteed investment contract issued by affiliates of the custodian. Transactions with these investments reflect parties-in-interest transactions. Notes receivable from participants are also party-in-interest transactions.

NOTE 10: 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.

NOTE 11: COMMITMENTS AND CONTINGENCIES

The World Health Organization declared the worldwide coronavirus (COVID-19) outbreak a public health emergency on January 30, 2020 and officially declared it as a pandemic as of March 11, 2020. Management has performed an evaluation of certain financial statement line items such as investments and related income, to determine whether valuation of impairment adjustments should be made. Management has determined that the amounts reported on the financial statements are properly valued as of December 31, 2020. However, since the duration and full effects of the COVID-19 outbreak are yet unknown there could be future negative impacts to the financial condition of the Plan.

SUPPLEMENTARY INFORMATION

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER: 94-2440675
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Interest-bearing cash		
	West America	West America 6	**	$ 617,048
	TD Ameritrade	Money market funds	**	773,625
		Total interest-bearing cash		1,390,673
		Mutual funds		
	TD Ameritrade	AQR Funds Intl Momentum Style	**	57,995
	TD Ameritrade	AQR Funds Lg Cap Momentum Style	**	573,045
	TD Ameritrade	Dimensional Fund Advisors Emrg	**	116,166
	TD Ameritrade	Dimensional Fund Advisors Intl	**	254,874
	TD Ameritrade	Dimensional Fund Advisors Intl	**	302,578
	TD Ameritrade	Dimensional Fund Advisors Tgte	**	800,455
	TD Ameritrade	Dimensional Fund Advisors US F	**	523,076
	TD Ameritrade	Dimensional Fund Advisors US H	**	566,693
	TD Ameritrade	Dimensional Fund Advisors US L	**	568,896
	TD Ameritrade	Dimensional Fund Advisors US S	**	60,773
	TD Ameritrade	Dimensional Fund Advisors US S	**	83,447
	TD Ameritrade	Doubleline Funds Total Ret Bond I	**	815,933
	TD Ameritrade	Lord Abbett Funds Short Duration Income I	**	446,556
	TD Ameritrade	Fidelity Covington Trust	**	8,727
	TD Ameritrade	Hartford Funds Exchange Traded	**	8,740
	TD Ameritrade	IShares Inc. MSCI Global Min Vol	**	173,226
	TD Ameritrade	IShares Inc. JP morgan Em Crp BD	**	1,935
	TD Ameritrade	IShares Inc. Emerging Markets	**	56,008
	TD Ameritrade	IShares Inc. Trust MBS	**	11,514
	TD Ameritrade	IShares Inc. Trust MSCI Global Min Vol	**	135,578
	TD Ameritrade	IShares Trust MSCI Small Cap	**	28,872
	TD Ameritrade	IShares Trust MSCI USA Min Vol	**	107,011
	TD Ameritrade	Legg Mason Invest Trust	**	97,804
	TD Ameritrade	Schwab Strategic TR US Tips	**	1,880
	TD Ameritrade	Spdr Index Shares Funds Portf	**	75,625
	TD Ameritrade	Spdr Index Shares Funds Portf	**	42,799
	TD Ameritrade	Spdr Series Trust Portfolio S&	**	183,018
	TD Ameritrade	Spdr Series Trust Portfolio SH	**	26,988
	TD Ameritrade	Sprott Physical Gold and Silver	**	290,250
	TD Ameritrade	Vaneck Vectors Trust Morningstar	**	96,435
	TD Ameritrade	Vanguard Inter Term Treasury	**	11,374
	TD Ameritrade	Pimco Investments Income Inst	**	1,163,746
	TD Ameritrade	Vanguard Balanced Index Adm	**	4,170,956
	TD Ameritrade	Vanguard Short Term Investment	**	1,368,749
		Total mutual funds		13,231,722
		Common and Preferred Stocks		
	TD Ameritrade	Apple Inc	**	132,690
	TD Ameritrade	Crown Castle Intl Corp	**	63,676
	TD Ameritrade	Digital Realty Trust Inc	**	41,853

The independent auditor's report should be read in connection with this supplemental schedule.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER: 94-2440675
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	TD Ameritrade	Omega Healthcare Investors	**	36,320
	TD Ameritrade	Prologis Inc	**	149,490
		Total common and preferred stocks		424,029
		Corporate Bonds		
	TD Ameritrade	Abbvie Inc 2.85%	**	31,545
	TD Ameritrade	Abbvie Inc 3.6%	**	44,573
	TD Ameritrade	American Express Co. 3.375%	**	30,260
	TD Ameritrade	American Intl Group Inc 4.875%	**	31,829
	TD Ameritrade	Anheuser-Busch Inbev Worldwide	**	34,161
	TD Ameritrade	Anthem Inc. 3.3%	**	31,732
	TD Ameritrade	AT&T Inc. 4.35%	**	17,890
	TD Ameritrade	Bank of America Corporation 3.3%	**	31,806
	TD Ameritrade	Bank of Nova Scotia 2.45%	**	30,142
	TD Ameritrade	Bat Capital Corporation 4.906%	**	36,231
	TD Ameritrade	Canadian Imperial Bank of Comm	**	21,642
	TD Ameritrade	Canadian Natural Resources LTD	**	21,782
	TD Ameritrade	Capital One Financial Corp 4.9%	**	39,949
	TD Ameritrade	Cardinal Health Inc. 3.079%	**	37,663
	TD Ameritrade	CBS Corporation 3.7%	**	39,977
	TD Ameritrade	Celgene Corp 2.75%	**	31,317
	TD Ameritrade	Citigroup Inc. 3.142%	**	35,990
	TD Ameritrade	Citigroup Inc. 3.375%	**	31,861
	TD Ameritrade	CVS Health Corporation 4.3%	**	41,660
	TD Ameritrade	Digital Realty Trust LP 4.45%	**	42,082
	TD Ameritrade	Dollar General Corp 3.25%	**	31,743
	TD Ameritrade	Ebay Inc 2.75%	**	31,420
	TD Ameritrade	Fedex Corp 4%	**	22,151
	TD Ameritrade	Fiserv Inc. 2.75%	**	32,214
	TD Ameritrade	General Motors Fin Co Inc 4%	**	40,531
	TD Ameritrade	Genuine Parts CO 1.875%	**	39,694
	TD Ameritrade	Goldman Sachs Group Inc 3.272%	**	42,732
	TD Ameritrade	Goldamn Sachs Group Inc 3%	**	30,243
	TD Ameritrade	JP Morgan Chase & CO 3.782%	**	17,243
	TD Ameritrade	JP Morgan Chase & CO 4.5%	**	31,336
	TD Ameritrade	Kellogg Company 2.65%	**	26,677
	TD Ameritrade	Laboratory Corp American Holdings	**	30,893
	TD Ameritrade	Lam Research Corp 2.8%	**	30,267
	TD Ameritrade	Morgan Stanley 3.75%	**	32,165
	TD Ameritrade	Northrop Grumman Corp 3.5%	**	30,186
	TD Ameritrade	Omnicom Group Inc. 3.625%	**	41,719
	TD Ameritrade	Omnicom Group Inc. 3.625%	**	31,289
	TD Ameritrade	Phillips 66 2.15%	**	30,455
	TD Ameritrade	Public Service Enterprise Group	**	43,061
	TD Ameritrade	Roper Technologies Inc. 2.35%	**	26,679
	TD Ameritrade	Simon Property Group LP 2.45%	**	42,017
	TD Ameritrade	Stryker Corp 2.625%	**	25,046
	TD Ameritrade	Suncor Energy Inc. 3.1%	**	38,329
	TD Ameritrade	Suntrust Bank Inc. 2.9%	**	30,062

The independent auditor's report should be read in connection with this supplemental schedule.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER: 94-2440675
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	TD Ameritrade	Suntrust Banks Inc. 4%	**	39,633
	TD Ameritrade	Textron Inc. 3.65%	**	30,158
	TD Ameritrade	Toyota Motor Credit Corp 3.4%	**	35,750
	TD Ameritrade	Toyota Motor Credit Corp 3.45%	**	43,340
	TD Ameritrade	United Technologies Corp 4.125	**	41,726
	TD Ameritrade	Verizon Communications 1.21925	**	50,552
	TD Ameritrade	Wells Fargo & Company 3%	**	38,787
	TD Ameritrade	Wells Fargo & Company 3.5%	**	31,103
	TD Ameritrade	Wells Fargo & Company 4.6%	**	40,422
	TD Ameritrade	Westpac Banking Corporation	**	30,208
	TD Ameritrade	Whirlpool Corp 4.75%	**	42,680
		Total corporate bonds		1,866,603
		Guaranteed Investment Contract		
*	Massachusetts Mutual Life Insurance Company	Fixed Account	**	102,443
		Total guaranteed investment contract		102,443
		Pooled Separate Accounts		
*	Massachusetts Mutual Life Insurance Company	American Funds Amcap	**	8,984
*	Massachusetts Mutual Life Insurance Company	American Funds Europacific Growth	**	15,857
*	Massachusetts Mutual Life Insurance Company	American Funds Target Date Retirement Fund	**	2,058,098
*	Massachusetts Mutual Life Insurance Company	Franklin Small Cap Value	**	7,766
*	Massachusetts Mutual Life Insurance Company	Invesco Small Cap Growth	**	12,901
*	Massachusetts Mutual Life Insurance Company	Mass Mutual S&P Mid Cap Index	**	14,649
*	Massachusetts Mutual Life Insurance Company	MFS Value	**	4,848
*	Massachusetts Mutual Life Insurance Company	Oppenheimer International Diversified	**	14,544
*	Massachusetts Mutual Life Insurance Company	T. Rowe Price/Front Select Mid Cap Growth	**	1,273
*	Massachusetts Mutual Life Insurance Company	Vanguard 500 Index	**	24,614
*	Massachusetts Mutual Life Insurance Company	Vanguard Total Bond Market Index	**	2,777
*	Massachusetts Mutual Life Insurance Company	Western Select Strategic Bond	**	1,317
		Total pooled separate accounts		2,167,628

The independent auditor's report should be read in connection with this supplemental schedule.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER: 94-2440675
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Notes Receivable From Participants		
*	Notes receivable from participants	Interest rates range 5.50% - 7.50%	**	1,235,632
				$ 20,418,730

*Party-in-interest
**Cost information is not required

The independent auditor's report should be read in connection with this supplemental schedule.

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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] a single-employer plan;

B This return/report is:
- [ ] a DFE (specify) ____
- [ ] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 07/01/1979

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)

DUNLOP MANUFACTURING INC

170 INDUSTRIAL WAY

US BENICIA CA 94510-0000

2b Employer Identification Number (EIN) 94-2440675

2c Plan Sponsor's telephone number (707) 745-2722

2d Business code (see instructions) 339900

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	Jasmin Powell	10/8/21	Jasmin Powell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Jasmin Powell	10/8/21	Jasmin Powell
	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 (2020)
v. 200204

3a Plan administrator's name and address [x] 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 and 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**	294
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)**	243
a(2) Total number of active participants at the end of the plan year	**6a(2)**	259
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	49
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	308
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	308
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	266
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
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 2F 2H 2J 2K 2T 3D

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) [x] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [x] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [x] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [x] 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) [x] **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) [x] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [x] 1 **A** (Insurance Information)
- (4) [x] **C** (Service Provider Information)
- (5) [x] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part II **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2020 and ending 12/31/2020

Name of plan

DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

Employer Identification Number

94-2440675

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	TD AMERITRADE	CASH		70,223
	TD AMERITRADE	MONEY MARKET FUND		773,625
	WEST AMERICA BANK	WEST AMERICA BANK 5		116,235
	WEST AMERICA BANK	WEST AMERICA BANK 6		617,048
	TD AMERITRADE	ABBVIE INC 2.85%		31,545
	TD AMERITRADE	ABBVIE INC 3.6%		44,573
	TD AMERITRADE	AMERICAN EXPRESS CO 3.375%		30,260
	TD AMERITRADE	AMERICAN INTL GROUP INC 4.875%		31,829
	TD AMERITRADE	ANHEUSER-BUSCH INBEV WORLDWIDE		34,161
	TD AMERITRADE	ANTHEM INC 3.3%		31,732
	TD AMERITRADE	AT&T INC 4.35%		17,890
	TD AMERITRADE	BANK OF AMERICA CORPORATION 3.		31,806
	TD AMERITRADE	BANK OF NOVA SCOTIA 2.45%		30,142
	TD AMERITRADE	BAT CAPITAL CORPORATION 4.906%		36,231
	TD AMERITRADE	CANADIAN IMPERIAL BANK OF COMM		21,642
	TD AMERITRADE	CANADIAN NATURAL RESOURCES LTD		21,782
	TD AMERITRADE	CAPITAL ONE FINANCIAL CORP 4.9		39,949
	TD AMERITRADE	CARDINAL HEALTH INC 3.079%		37,663
	TD AMERITRADE	CBS CORPORATION 3.7%		39,977
	TD AMERITRADE	CELGENE CORP 2.75%		31,317
	TD AMERITRADE	CITIGROUP INC 3.142%		35,990
	TD AMERITRADE	CITIGROUP INC 3.375%		31,861
	TD AMERITRADE	CVS HEALTH CORPORATION 4.3%		41,660
	TD AMERITRADE	DIGITAL REALTY TRUST LP 4.45%		42,082
	TD AMERITRADE	DOLLAR GENERAL CORP 3.25%		31,743
	TD AMERITRADE	EBAY INC 2.75%		31,420
	TD AMERITRADE	FEDEX CORP 4%		22,151
	TD AMERITRADE	FISERV INC 2.75%		32,214
	TD AMERITRADE	GENERAL MOTORS FIN CO INC 4%		40,531
	TD AMERITRADE	GENUINE PARTS CO 1.875%		39,694
	TD AMERITRADE	GOLDMAN SACHS GROUP INC 3.272%		42,732
	TD AMERITRADE	GOLDMANN SACHS GROUP INC 3%		30,243
	TD AMERITRADE	JP MORGAN CHASE & CO 3.782%		17,243
	TD AMERITRADE	JP MORGAN CHASE & CO 4.5%		31,336
	TD AMERITRADE	KELLOGG COMPANY 2.65%		26,677
	TD AMERITRADE	LABORATORY CORP AMERICAN HOLDI		30,893
	TD AMERITRADE	LAM RESEARCH CORP 2.8%		30,267
	TD AMERITRADE	MORGAN STANLEY 3.75%		32,165
	TD AMERITRADE	NORTHROP GRUMMAN CORP 3.5%		30,186

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

For the plan year beginning 01/01/2020 and ending 12/31/2020

Name of plan

DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

Employer Identification Number

94-2440675

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	TD AMERITRADE	OMNICOM GROUP INC 3.625%		41,719
	TD AMERITRADE	OMNICOM GROUP INC 3.625%		31,289
	TD AMERITRADE	PHILLIPS 66 2.15%		30,455
	TD AMERITRADE	PUBLIC SERVICE ENTERPRISE GROU		43,061
	TD AMERITRADE	ROPER TECHNOLOGIES INC 2.35%		26,679
	TD AMERITRADE	SIMON PROPERTY GROUP LP 2.45%		42,017
	TD AMERITRADE	STRYKER CORP 2.625%		25,046
	TD AMERITRADE	SUNCOR ENERGY INC 3.1%		38,329
	TD AMERITRADE	SUNTRUST BANKS INC 2.9%		30,062
	TD AMERITRADE	SUNTRUST BANKS INC 4%		39,633
	TD AMERITRADE	TEXTRON INC 3.65%		30,158
	TD AMERITRADE	TOYOTA MOTOR CREDIT CORP 3.4%		35,750
	TD AMERITRADE	TOYOTA MOTOR CREDIT CORP 3.45%		43,340
	TD AMERITRADE	UNITED TECHNOLOGIES CORP 4.125		41,726
	TD AMERITRADE	VERIZON COMMUNICATIONS 1.21925		50,552
	TD AMERITRADE	WELLS FARGO & COMPANY 3%		38,787
	TD AMERITRADE	WELLS FARGO & COMPANY 3.5%		31,103
	TD AMERITRADE	WELLS FARGO & COMPANY 4.6%		40,422
	TD AMERITRADE	WESTPAC BANKING CORPORATION 2.		30,208
	TD AMERITRADE	WHIRLPOOL CORP 4.75%		42,680
	TD AMERITRADE	APPLE INC		132,690
	TD AMERITRADE	CROWN CASTLE INTL CORP COM		63,676
	TD AMERITRADE	DIGITAL REALTY TRUST INC COM S		41,853
	TD AMERITRADE	OMEGA HEALTHCARE INVESTORS		36,320
	TD AMERITRADE	PROLOGIS INC COM		149,490
	TD AMERITRADE	FIDELITY COVINGTON TRUST TOTAL		8,727
	TD AMERITRADE	HARTFORD FUNDS EXCHANGE TRADED		8,740
	TD AMERITRADE	ISHARES INC MSCI GBL MIN VOL		173,226
	TD AMERITRADE	ISHARES INC JP MRG EM CRP BD		1,935
	TD AMERITRADE	ISHARES INC MLT FCTR EMG MKT S		56,008
	TD AMERITRADE	ISHARES TRUST MBS		11,514
	TD AMERITRADE	ISHARES TRUST MSCI INTL MOMENT		135,578
	TD AMERITRADE	ISHARES TRUST MSCI SMALL CAP		28,872
	TD AMERITRADE	ISHARES TRUST MSCI USA MIN VOL		107,011
	TD AMERITRADE	LEGG MASON INVEST TRUST		97,804
	TD AMERITRADE	SCHWAB STRATEGIC TR US TIPS		1,880
	TD AMERITRADE	SPDR INDEX SHARES FUNDS PORTFO		75,625
	TD AMERITRADE	SPDR INDEX SHARES FUNDS PORTFO		42,799
	TD AMERITRADE	SPDR SERIES TRUST PORTFOLIO S&		183,018

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

For the plan year beginning 01/01/2020 and ending 12/31/2020

Name of plan

DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

Employer Identification Number

94-2440675

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	TD AMERITRADE	SPDR SERIES TRUST PORTFOLIO SH		26,988
	TD AMERITRADE	SPROTT PHYSICAL GOLD AND SILVE		290,250
	TD AMERITRADE	VANECK VECTORS TRUST MORNINGST		96,435
	TD AMERITRADE	VANGUARD INTER TERM TREAS		11,374
	TD AMERITRADE	AQR FUNDS INTL MOMENTUM STYLE		57,995
	TD AMERITRADE	AQR FUNDS LG CAP MOMENTUM STYL		573,045
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS EMRG		116,166
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS INTL		254,874
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS INTL		302,578
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS TGTE		800,455
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS US F		523,076
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS US H		566,693
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS US L		568,896
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS US S		60,773
	TD AMERITRADE	DIMENSIONAL FUND ADVISORS US S		83,447
	TD AMERITRADE	DOUBLELINE FUNDS TOTAL RET BON		815,933
	TD AMERITRADE	LORD ABBETT FUNDS SHORT DURATI		446,556
	TD AMERITRADE	PIMCO INVESTMENTS INCOME		1,163,746
	TD AMERITRADE	VANGUARD BALANCED INDEX		4,170,956
	TD AMERITRADE	VANGUARD SHORT TERM INVESTMENT		1,368,749
	MASSACHUSETTS MUTUAL LIFE INSU	AF AMCAP R		8,984
	MASSACHUSETTS MUTUAL LIFE INSU	AF EUROPAC		15,857
	MASSACHUSETTS MUTUAL LIFE INSU	AF TRGT DA		2,058,098
	MASSACHUSETTS MUTUAL LIFE INSU	FIXED ACCO		102,443
	MASSACHUSETTS MUTUAL LIFE INSU	FRANKLIN S		7,766
	MASSACHUSETTS MUTUAL LIFE INSU	INV SMALL		12,901
	MASSACHUSETTS MUTUAL LIFE INSU	INVESCO IN		14,544
	MASSACHUSETTS MUTUAL LIFE INSU	MASSMUT MI		1,273
	MASSACHUSETTS MUTUAL LIFE INSU	MASSMUT ST		1,317
	MASSACHUSETTS MUTUAL LIFE INSU	MFS VALUE		4,848
	MASSACHUSETTS MUTUAL LIFE INSU	MM S&P MID		14,649
	MASSACHUSETTS MUTUAL LIFE INSU	VANGUARD 5		24,614
	MASSACHUSETTS MUTUAL LIFE INSU	VANGUARD T		2,778
	PARTICIPANT LOANS	LOANS		1,235,632