

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>03/01/2021</u> and ending <u>02/28/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/28/1972</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/28/1972</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/28/1972</u>					
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) <u>CALIFORNIA INDUSTRIAL RUBBER CO., INC.</u> <u>2732 SOUTH CHERRY AVENUE</u> <u>FRESNO, CA 93706</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-1426954</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>559-485-1487</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>326200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-1426954</u>	2c Plan Sponsor's telephone number <u>559-485-1487</u>	2d Business code (see instructions) <u>326200</u>	
2b Employer Identification Number (EIN) <u>94-1426954</u>					
2c Plan Sponsor's telephone number <u>559-485-1487</u>					
2d Business code (see instructions) <u>326200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2022	VIVIAN TUR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	145
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)	119
a(2) Total number of active participants at the end of the plan year		6a(2)	119
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	25
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	147
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	147
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 03/01/2021 and ending 02/28/2022		
A Name of plan CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA INDUSTRIAL RUBBER CO., INC.	D Employer Identification Number (EIN) 94-1426954	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MORGAN STANLEY ADVISORS FUND	5250 N PALM AVE SUITE 321 FRESNO, CA 93704
36-3145972	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MORGAN STANLEY BANK	5250 N PALM AVE SUITE 321 FRESNO, CA 93704
36-3707380	

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

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

MORGAN STANLEY SMITH BARNEY

5250 N PALM AVE
SUITE 321
FRESNO, CA 93704

20-8764829

(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?
19 27 33 49 50 71 72 99	N/A	116409	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HILLS, RENAUT, HOMEN & HUGHES

7040 NORTH MARKS
SUITE 111
FRESNO, CA 93711

94-2463125

(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 50	N/A	9392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWPORT GROUP

1350 TREAT BLVD.
SUITE 300
WALNUT CREEK, CA 94597

27-2037969

(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?
13 15 50	N/A	7550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PENCHECKS

8580 LA MESA BLVD., STE. 100
LA MESA, CA 91942

99-6134835

(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?
12 50	N/A	720	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 ☐

(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
MORGAN STANLEY	49 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY ADVISORS FUNDS MS US 36-3145972 5250 N PALM AVE SUITE 321 FRESNO, CA 93704	ANNUAL RATE OF UP TO 0.18% OF THE AVERAGE QUARTER-END ASSETS INVESTED BY ELIGIBLE MORGAN STANLEY CLIENTS IN EQUITY AND FIXED INCOME FUNDS IN 2019 (APPLICABLE TO NON-ADVISORY ACCOUNTS ONLY).	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 03/01/2021 and ending 02/28/2022

A Name of plan <u>CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CALIFORNIA INDUSTRIAL RUBBER CO., INC.</u>	D Employer Identification Number (EIN) <u>94-1426954</u>

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	7945	19222
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	280400	300411
(2) Participant contributions.....	1b(2)	31502	40666
(3) Other	1b(3)	4431	5453
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1366815	1687731
(2) U.S. Government securities	1c(2)	1141373	1318250
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	696714	675816
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	21036	13856
(B) Common	1c(4)(B)	9803846	10348959
(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)	220046	280797
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	402752	220787
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

		(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	13976860 14911948
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13976860 14911948

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	300411
	(B) Participants	2a(1)(B)	503910
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	804321
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	266
	(B) U.S. Government securities	2b(1)(B)	24281
	(C) Corporate debt instruments	2b(1)(C)	19306
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	11921
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	55774
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	3696
	(B) Common stock	2b(2)(B)	156032
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8792
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	168520
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4856348
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4461122
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	395226
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	874279
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	874279

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2298120
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1228071	
(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)		1228071
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	9392	
(2) Contract administrator fees.....	2i(2)	9160	
(3) Investment advisory and management fees.....	2i(3)	116409	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		134961
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1363032
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		935088
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HILLS, RENAUT, HOMEN & HUGHES**

(2) EIN: **94-2463125**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 03/01/2021 and ending 02/28/2022

A Name of plan CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA INDUSTRIAL RUBBER CO., INC.	D Employer Identification Number (EIN) 94-1426954

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1426954		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

**CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN**

FINANCIAL REPORT

FEBRUARY 28, 2022

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Hills, Renaut, Homen & Hughes

ACCOUNTANCY CORPORATION

7040 NORTH MARKS, SUITE 111 / FRESNO, CA 93711 / FAX (559) 447-4515 / (559) 447-4500

INDEPENDENT AUDITORS' REPORT

To the Plan Trustees
California Industrial Rubber Co, Inc. 401(k) Profit Sharing Plan
Fresno, California

Opinion

We have audited the accompanying financial statements of California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of February 28, 2022, and 2021, and the related statement of changes in net assets available for benefits for the year ended February 28, 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of California Industrial Rubber Co, Inc. 401(k) Profit Sharing Plan as of February 28, 2022, and 2021, and the changes in net assets available for benefits for the year ended February 28, 2022, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about California Industrial Rubber Co, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of California Industrial Rubber Co, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about California Industrial Rubber Co, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the year ended February 28, 2022, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



Hills, Renaut, Homen & Hughes
Fresno, California
June 20, 2022

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 28

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE:		
Non interest-bearing cash	\$ 19,222	\$ 7,945
Money market accounts interest-bearing	1,687,732	1,366,815
Common stocks	10,348,959	9,803,846
Preferred stocks	13,856	21,036
Government bonds	1,318,250	1,141,373
Corporate bonds	675,816	696,714
Mutual funds	<u>220,787</u>	<u>402,753</u>
	<u>14,284,622</u>	<u>13,440,482</u>
RECEIVABLES:		
Employer's contribution	300,411	280,400
Participant contributions	46,119	35,933
Notes receivable from participants	<u>280,797</u>	<u>220,046</u>
	<u>627,327</u>	<u>536,379</u>
TOTAL ASSETS	<u>14,911,949</u>	<u>13,976,861</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,911,949</u>	<u>\$ 13,976,861</u>

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

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED FEBRUARY 28, 2022

ADDITIONS:

Investment income:	
Interest income	\$ 55,774
Dividend income	168,520
Realized gain on sale of investments	395,226
Unrealized gain in fair value of investments	<u>874,279</u>
	1,493,799
Less: Investment expenses	<u>(116,409)</u>
	<u>1,377,390</u>
Contributions:	
Employer	300,411
Employee	<u>503,910</u>
	804,321
Total additions	<u>2,181,711</u>

DEDUCTIONS:

Benefits paid to participants	1,228,071
Other expenses	<u>18,552</u>
Total deductions	<u>1,246,623</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 935,088

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>13,976,861</u>
End of year	<u>\$ 14,911,949</u>

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

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2022 AND 2021

1. DESCRIPTION OF PLAN:

The following brief description of the Plan provides only general information. Participants should refer to the Plan document for complete information.

General

The California Industrial Rubber Co, Inc. 401(k) Profit Sharing Plan (the "Plan") is a defined contribution plan and was adopted effective February 28, 1972, for all non-excluded employees (participants) of California Industrial Rubber Co, Inc. (the Company). The Plan is subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA).

Management has evaluated subsequent events through June 20, 2022, the date at which the financial statements were available to be issued. No significant subsequent events were discovered by management.

Eligibility and Vesting

An employee who is not a member of an excluded class becomes eligible for participation in the Plan upon attainment of his twenty-first birthday, and after completing one year of service. Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's discretionary and matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service for the discretionary contributions and is 100 percent vested in the matching contribution after six years of credit service.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance. Loan terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with the local prevailing rates as determined by the Plan Trustee.

Administrative Expenses

The Plan pays trust management fees, expenses, and other administrative fees and expenses.

Contributions

Participants may elect to contribute, on a tax-deferred basis, a portion of their compensation up to the maximum deferral limit. The Company contributes amounts at the option of the Company's Board of Directors. Contributions are subject to certain limitations.

**CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2022 AND 2021**

1. DESCRIPTION OF PLAN (CONTINUED):

Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution, (b) plan earnings, and (c) forfeitures are used to supplement employer contributions. Allocations are based on participant earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeited Accounts

At February 28, 2022 and 2021, there were \$0 and \$0 forfeited accounts, respectively. Forfeited accounts are used to reduce employer contributions.

Payment of Benefits

Benefits are recorded when paid. Distribution of vested value will occur in the case of termination of service, death or disability. The Plan will pay out accounts that have a balance of less than \$1,000. Accounts with a balance between \$1,000 - \$5,000 will be rolled over to an IRA in the participants name to MG Trust, LLC. Accounts with a balance over \$5,000 will be distributed upon receipt of instructions from participant. Participants may elect to either receive a lump-sum amount equal to the value of the participant's vested value of their account or leave the value of the account on deposit until normal retirement (age 65). All accounts will be distributed as soon as administratively feasible. At February 28, 2022, and 2021, amounts allocated to withdrawing participants for benefit claims that have been processed and approved for payment, but not yet paid is \$0 and \$0, respectively.

Termination

Although termination of the Plan is not presently contemplated, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their respective accounts.

Reclassifications

Certain reclassifications have been made to the prior year financial statements in order for them to be in conformity with the current year presentation.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Accounting Method

The financial statements of the Plan are prepared under the accrual method of accounting.

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2022 AND 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Use of Estimates

Management uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Actual results could vary from the estimates that were used.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investments

As of February 28, 2022 and 2021, investments of the Plan are reported at fair value, and are classified as available-for-sale. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are accounted for as of the trade date. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2022 AND 2021

3. INVESTMENTS:

The Plan's investments held by Morgan Stanley, a party-in-interest, (including investments bought, sold, and held during the year) are stated at fair value. Fair values and appreciation (depreciation) in value are summarized as follows:

	Net Increase (Decrease) In Value	Fair Value
<u>February 28, 2022</u>		
Investments consisted of:		
Common stocks	\$ 1,385,016	\$ 10,348,959
Preferred stock	(10,634)	13,856
Government bonds	(54,841)	1,318,250
Corporate bonds	(28,899)	675,816
Mutual funds	(21,137)	220,787
	<u>1,269,505</u>	<u>12,577,668</u>
Cash & money funds, includes Union Bank, a party-in-interest	<u>0</u>	<u>1,706,954</u>
	<u>\$ 1,269,505</u>	<u>\$ 14,284,622</u>
<u>February 28, 2021</u>		
Investments consisted of:		
Common stocks	2,390,150	\$ 9,803,846
Preferred stock	1,127	21,036
Government bonds	4,233	1,141,373
Corporate bonds	6,711	696,714
Mutual funds	(6,514)	402,753
	<u>2,395,707</u>	<u>12,065,722</u>
Cash & money funds, includes Union Bank, a party-in-interest	<u>0</u>	<u>1,374,760</u>
	<u>\$ 2,395,707</u>	<u>\$ 13,440,482</u>

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2022 AND 2021

3. INVESTMENTS (CONTINUED):

The fair value of investments that represent 5% or more of the Plan's net assets available for benefits is as follows:

	<u>2022</u>	<u>2021</u>
Money market – Morgan Stanley	\$ <u>1,288,604</u>	\$ <u>0</u>
	\$ <u>1,288,604</u>	\$ <u>0</u>

4. FAIR VALUE MEASUREMENTS:

Generally accepted accounting principles establish a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1 Fair Value Measurements: 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 Fair Value Measurements: Inputs to the valuation methodology include:

1. quoted prices for similar assets or liabilities in active markets;
2. quoted prices for identical or similar assets or liabilities in inactive markets;
3. inputs other than quoted prices that are observable for the asset or liability;
4. inputs that are derived principally from or corroborated by observable market data by 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 Fair Value Measurements: Fair values are based on inputs other than quoted prices included within Level 1 that are unobservable and significant to the fair value measurements.

The asset 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.

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
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FEBRUARY 28, 2022 AND 2021

4. 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 February 28, 2022 and 2021.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end.

Money market funds: Valued at the net asset value of shares held by the Plan at year end.

Common stocks, preferred stock, and government bonds: Valued at the closing price reported on the active market where individual securities are traded.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

	<u>Fair Value</u>	<u>Fair Value Measurements Using:</u>	
		<u>Quoted Prices in Active Markets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
<u>February 28, 2022</u>			
Common stocks	\$ 10,348,959	\$ 10,348,959	\$ 0
Preferred stocks	13,856	13,856	0
Government bonds	1,318,250	0	1,318,250
Corporate bonds	675,816	0	675,816
Mutual funds	<u>220,787</u>	<u>220,787</u>	<u>0</u>
Total	\$ <u>12,577,668</u>	\$ <u>10,583,602</u>	\$ <u>1,994,066</u>

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
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FEBRUARY 28, 2022 AND 2021

4. FAIR VALUE MEASUREMENTS (CONTINUED):

		Fair Value	
		Measurements Using:	
	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>February 28, 2021</u>			
Common stocks	\$ 9,803,846	\$ 9,803,846	\$ 0
Preferred stocks	21,036	21,036	0
Government bonds	1,141,373	0	1,141,373
Corporate bonds	696,714	0	696,714
Mutual funds	<u>402,753</u>	<u>402,753</u>	<u>0</u>
Total	\$ <u>12,065,722</u>	\$ <u>10,227,635</u>	\$ <u>1,838,087</u>

5. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H, FORM 5500:

At February 28, 2022 and 2021, there were no differences between assets available for benefits per the financial statements and the assets available per Schedule H, Form 5500. Also, there were no differences in benefits paid to participants per the financial statements and Schedule H, Form 5500.

6. INCOME TAXES:

The Plan obtained its latest determination letter on September 2, 2005, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

The income tax returns for the three prior years for federal and the four prior years for state income tax purposes are subject to examination by appropriate tax authorities. Interest and penalties, if imposed from tax positions, are recognized in the financial statements as general and administrative expenses.

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2022 AND 2021

7. RELATED PARTY:

Certain Plan investments are shares of mutual funds managed by Morgan Stanley. Fees paid by the Plan for the investment management services amounted to \$116,409 and \$93,033 for the years ended February 28, 2022 and 2021, respectively.

8. RISKS AND UNCERTAINTIES:

The Plan invests in numerous publicly traded stock and bond mutual funds. The value, liquidity and related income of these mutual funds are sensitive to changes in economic conditions and may be affected by shifts in the market's perception and changes in interest rates. The ultimate effect of the current economic conditions cannot be determined at this time.

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however, are expected to have material adverse impacts on domestic and foreign economies and may result in the United States entering a period of recession.

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the Statements of net assets available for benefits and the statements of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
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SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED FEBRUARY 28, 2022

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
INVESTMENTS AT FAIR VALUE				
* Union Bank		Cash	\$ 19,222	\$ 19,222
* Union Bank		Money Market	166,934	166,934
<u>Morgan Stanley</u>				
*		Bank Deposit	232,194	232,194
* US Govt Money Market		Money Market	1,288,604	1,288,604
* Treasury Securities		US Govt Sec. 2.5% - 8/15/23	113,374	118,732
* Treasury Securities		US Govt Sec. 2% - 5/31/24	93,548	89,974
* Treasury Securities		US Govt Sec. 2% - 8/15/25	72,262	70,739
* Treasury Securities		US Govt Sec. 2.125% - 5/15/25	120,329	112,613
* Treasury Securities		US Govt Sec. 2.375% - 8/15/24	64,252	67,307
* Treasury Securities		US Govt Sec. 1.625% - 5/15/26	70,436	67,703
* Treasury Securities		US Govt Sec. 2.25% - 11/15/25	67,828	67,294
* Treasury Securities		US Govt Sec. 2% - 2/15/25	93,558	89,981
* Treasury Securities		US Govt Sec. .625% - 12/31/27	111,788	113,254
* Treasury Securities		US Govt Sec. .375% - 1/31/26	117,608	113,911
* Treasury Securities		US Govt Sec. 1.375% - 12/31/28	68,108	68,009
* Treasury Securities		US Govt Sec. 2.125% - 11/30/23	140,515	135,680
* Treasury Securities		US Govt Sec. 2.125% - 3/31/24	114,471	113,492
* Treasury Securities		US Govt Sec. 1.625% - 9/30/26	92,115	89,561
* AT&T Inc		Corp Bond 3.4% - 5/15/25	71,828	70,948
* Bank of America Corp		Corp Bond 1.734% - 7/22/27	69,681	65,914
* Comcast Corp		Corp Bond 2.35% - 1/15/27	70,849	67,793
* CVS Health Corp		Corp Bond 4.1% - 3/25/25	70,392	66,018
* Goldman Sachs Grp Inc		Corp Bond 3.75% - 5/22/25	68,634	67,280
* JP Morgan Chase & Co		Corp Bond 3.2% - 6/15/26	71,102	65,667
* Northrop Grumann Corp		Corp Bond 2.93% - 1/15/25	71,045	70,360
* Trust Financial Corp		Corp Bond 1.125% - 8/3/27	72,049	66,854
* Walmart Inc		Corp Bond 2.85% - 7/8/24	68,796	67,674
* Wells Fargo & Co		Corp Bond 3% - 2/19/25	67,267	67,308
* Surgutneftegas PJSC Sp Adr Prf		Preferred Stock	29,844	13,856
* Abbott Laboratories		Common Stock	30,716	47,041

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2022

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Abbvie Inc Comm	Common Stock	61,018	93,538
*	Advanced Micro Devices	Common Stock	57,755	49,459
*	Aegon Nv Adr	Common Stock	12,342	12,226
*	AES Corp	Common Stock	66,955	89,400
*	Air Liquide ADR	Common Stock	42,514	40,459
*	Alaska Air Group Incorporated	Common Stock	43,154	46,316
*	Alibaba Group Hldg Ltd	Common Stock	37,501	21,459
*	Alphabet Inc Cl C	Common Stock	99,293	342,623
*	Altice USA Inc Cl A	Common Stock	21,740	14,993
*	Amazon Com Inc	Common Stock	33,535	337,839
*	Ambev SA Sponsored Adr	Common Stock	14,491	17,847
*	Amer Intl Gp Inc New	Common Stock	63,306	104,077
*	American Homes 4 Rent	Common Stock	23,870	46,106
*	Ametek Inc New	Common Stock	40,722	39,197
*	Anheuser Busch Inbev SA Spdn	Common Stock	16,913	19,538
*	Ansys Inc	Common Stock	5,717	38,579
*	Apple Inc	Common Stock	37,181	663,452
*	Applied Ind Tech Inc	Common Stock	0	15,165
*	Applied Materials Inc	Common Stock	17,500	21,338
*	Astrazeneca Plc Adr	Common Stock	32,002	34,215
*	AutoZone Inc	Common Stock	90,411	180,749
*	Axon Enterprise Inc.	Common Stock	24,412	19,355
*	Azek Co Inc Cl A	Common Stock	32,001	21,970
*	Barclays Plc Adr	Common Stock	6,222	13,256
*	Bic Sa Unspn Adr	Common Stock	19,754	14,542
*	Bloomin Brands Inc	Common Stock	31,595	33,371
*	BNP Paribas Adr	Common Stock	10,767	20,880
*	Bp Plc Ads	Common Stock	13,178	18,870
*	Broadcom Inc	Common Stock	27,506	64,031
*	Carnival Cp New Paired Com	Common Stock	42,380	37,346
*	Carrefour Sa Sponsored Adr	Common Stock	29,213	33,392
*	Cemex Sab De Cv	Common Stock	10,557	13,658
*	Cisco Sys Inc	Common Stock	83,436	85,328
*	CNH Indl NV Shs	Common Stock	33,139	30,351
*	Coca Cola Co	Common Stock	23,176	29,182
*	Constellation Energy Corp	Common Stock	19,070	25,841
*	Corteva Inc	Common Stock	18,670	36,369

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
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SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2022

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Costco Wholesale Corp New	Common Stock	44,709	154,737
*	Coty Inc Com Cl A	Common Stock	23,968	22,191
*	Credit Suisse Group	Common Stock	54,004	32,284
*	Curtiss Wright Corp	Common Stock	27,356	39,683
*	CVS Health Corp Com	Common Stock	55,399	82,816
*	Dai Nippon Prgt Ltd Japan	Common Stock	8,377	10,932
*	Danaher Corporation	Common Stock	11,837	106,745
*	Danone Sponsored Adr	Common Stock	33,279	30,904
*	DTE Energy Company	Common Stock	25,310	31,005
*	DXC Technology Company	Common Stock	71,647	91,575
*	Eaton Corp Plc	Common Stock	29,419	34,715
*	Ecolab Inc	Common Stock	25,162	61,162
*	Edward Life Sciences Corp	Common Stock	22,656	34,385
*	Eli Lilly & Co	Common Stock	36,348	111,978
*	Embraer S A Adr	Common Stock	26,987	26,416
*	Enel Chile SA SPD Adr	Common Stock	32,703	16,510
*	Engie Spons Adr	Common Stock	34,683	28,836
*	Eni Spa Amer Dep Rcpt	Common Stock	13,795	20,626
*	Epam Systems	Common Stock	7,127	46,744
*	EQT Corporation Com New	Common Stock	49,017	79,764
*	Equitable Hldgs Inc	Common Stock	34,911	47,945
*	Euronet Worldwide Inc	Common Stock	43,038	40,264
*	Exelon Corp	Common Stock	45,313	71,814
*	Fairfax Fin Hldg Sub VTG	Common Stock	44,903	60,723
*	Fidelity Natl Information SE	Common Stock	24,622	25,141
*	Fiserv Inc Com	Common Stock	57,829	55,867
*	First Pac Ltd Sp Adr	Common Stock	23,754	14,612
*	Five Below	Common Stock	30,228	24,869
*	Five9 Inc Com	Common Stock	10,895	22,440
*	Fortinet Inc	Common Stock	9,758	96,121
*	Freeport-Memoran Cl B	Common Stock	25,884	42,020
*	Gatx Corp	Common Stock	30,061	50,116
*	General Electric Co	Common Stock	68,145	63,132
*	General Mtrs Co	Common Stock	44,936	33,264
*	Gilead Science	Common Stock	40,926	38,656
*	Goodyear Tire & Rubber	Common Stock	40,455	35,162
*	GlaxoSmithKline Plc Adr	Common Stock	42,944	44,706

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2022

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Gray Television Cl B Com	Common Stock	27,783	39,058
*	Grifols SA Adr	Common Stock	46,979	34,868
*	Heidelberg Cement Adr	Common Stock	28,045	27,709
*	Henkel Ag & Co Kgaa	Common Stock	35,440	33,089
*	Honda Motor Co Ltd Adr	Common Stock	21,891	21,239
*	Horizon Therapeutics Pub Ltd	Common Stock	21,368	23,340
*	Imperial Brands PLC SPD Adr	Common Stock	30,808	22,600
*	Inspire Medical Systems Inc	Common Stock	11,129	37,341
*	Intercontinental Exchange Grp	Common Stock	16,194	83,278
*	Intesa Sanpaolo Spa Adr	Common Stock	20,059	21,350
*	Intuit Inc	Common Stock	31,106	52,655
*	J Sainsbury Plc Spon Adr New	Common Stock	19,579	21,416
*	Johnson & Johnson	Common Stock	68,145	132,314
*	Johnson Ctls Intl Plc	Common Stock	23,872	45,407
*	Kinder Morgan Inc	Common Stock	56,477	58,534
*	Kingfisher Plc Spons Adr New	Common Stock	13,259	17,125
*	KLA Corporation	Common Stock	18,186	56,806
*	Lululemon Athletica Inc	Common Stock	52,561	38,393
*	Lithia Motors Inc A	Common Stock	30,108	38,172
*	M&T Bank Corp	Common Stock	44,054	53,029
*	Marks & Spencer Grp Plc Adr	Common Stock	20,775	12,763
*	Marsh & McLennan Cos Inc	Common Stock	25,291	35,278
*	Mastercard Inc Cl A	Common Stock	64,834	87,318
*	Medtronic Plc	Common Stock	72,989	66,459
*	Meta Platforms Inc Cl A	Common Stock	132,187	184,862
*	Mgie Invt Corp	Common Stock	29,209	48,197
*	Microsoft Corp	Common Stock	102,723	563,817
*	Mitsubishi UFJ Fincl Grp Ads	Common Stock	38,370	27,455
*	Mobile Telesystems Pub Jr Adr	Common Stock	10,321	7,832
*	MS&AD Ins Group Hldgs Adr	Common Stock	20,729	27,877
*	Murphy USA Inc Com	Common Stock	30,503	62,355
*	NCR Corporation	Common Stock	32,442	31,768
*	Netapp Inc Com	Common Stock	37,808	41,306
*	Netflix Inc	Common Stock	54,040	44,581
*	Nike Inc B	Common Stock	37,318	29,768
*	Nissan Motor Co Ltd Spnd Adr	Common Stock	19,183	12,170
*	Norton Lifelock Inc	Common Stock	41,233	53,468

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SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2022

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Novartis Ag Adr	Common Stock	36,123	35,771
*	Nucor Corporation	Common Stock	12,432	35,537
*	Nvidia Corporation	Common Stock	30,768	136,313
*	O'Reilly Automotive Inc New	Common Stock	72,501	72,065
*	Olin Corporation	Common Stock	21,412	23,644
*	On Semiconductors Corp	Common Stock	18,125	29,615
*	Onemain Financial	Common Stock	108,616	129,795
*	Oracle Corp	Common Stock	36,892	61,612
*	Orange New	Common Stock	29,544	28,352
*	Oshkosh Corp	Common Stock	15,206	19,876
*	Owens Corning Inc	Common Stock	26,954	38,208
*	Paramount Global Class B	Common Stock	22,560	18,336
*	Paypal Hldgs Inc Com	Common Stock	23,654	35,594
*	Petroleo Brasileiro SA Adr	Common Stock	11,839	31,337
*	Pioneer Natural Resources Co	Common Stock	63,784	115,008
*	Posco Ads	Common Stock	9,764	12,932
*	Publicis Groupe SA Ads	Common Stock	25,079	35,564
*	Quanta Services Inc	Common Stock	42,950	52,291
*	Reckitt Benckiser Plc Spns Adr	Common Stock	11,724	12,927
*	Renault s Sa Adr	Common Stock	15,320	5,728
*	Repsol SA Spon Adr	Common Stock	15,142	20,478
*	Reynolds Consumer Prods Inc	Common Stock	44,371	46,798
*	Roper Technologies Inc	Common Stock	42,545	48,856
*	Ross Stores Inc	Common Stock	14,160	69,365
*	Saia Inc	Common Stock	23,922	30,446
*	Sanofi Adr	Common Stock	29,037	36,558
*	Sensata Technologies Hldg Plc	Common Stock	15,201	21,832
*	Servicenow Inc	Common Stock	32,099	63,211
*	Shinhan Financial Group Co Ltd	Common Stock	14,577	13,000
*	Signature Bank/New York NY	Common Stock	70,280	101,743
*	Six Flags Entnt Corp New	Common Stock	38,425	50,122
*	Smart Global Holdings Inc	Common Stock	21,884	18,995
*	Softbank Corp Unspns Adr	Common Stock	17,440	17,780
*	Sony Corp Adr 1974 New	Common Stock	31,245	41,012
*	Spirit Aerosystems Hld Cl A	Common Stock	13,789	23,750
*	Sprouts Farmers Market Inc	Common Stock	45,235	61,659
*	Stanley Black & Decker Inc	Common Stock	21,286	31,238

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2022

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Steris Plc	Common Stock	43,876	43,680
*	Stryker Corp	Common Stock	28,582	53,987
*	Sumitomo Mitsui Tr Hldgs Inc	Common Stock	22,092	23,904
*	Suncor Energy Inc	Common Stock	43,893	80,905
*	Swatch Group Ag Adr the Unsp	Common Stock	30,066	31,396
*	Swiss Re Ltd Sponsored Adr	Common Stock	14,872	20,250
*	Synchrony Financial	Common Stock	52,366	98,137
*	T-Mobile US Inc	Common Stock	62,130	56,800
*	Taisho Pharma Hold UNSP Adr	Common Stock	29,844	21,320
*	Takeda Pharmaceutical Co Ltd	Common Stock	65,733	57,456
*	Telecom Italia Spa Adr	Common Stock	15,792	12,537
*	Telefonica Brasil Sa Adr	Common Stock	30,775	35,342
*	Tesco Plc Sponsored Adr	Common Stock	23,707	28,645
*	Tesla Inc	Common Stock	105,978	98,359
*	Totalenergies Se Sponsored Ads	Common Stock	39,670	49,671
*	Totalenergies Se Sponsored Ads	Common Stock	15,707	17,787
*	Transdigm Group Inc	Common Stock	5,920	73,325
*	Transunion	Common Stock	32,582	26,320
*	US Bancorp Com New	Common Stock	40,214	47,098
*	UBS Group Ag Shs	Common Stock	24,385	31,473
*	Unilever Plc New Ads	Common Stock	25,499	22,471
*	Unilever Plc New Ads	Common Stock	25,300	46,852
*	UnitedHealth Gp Inc	Common Stock	160,249	265,535
*	Unumprovident Corp	Common Stock	24,314	23,732
*	Verisk Analytics Inc Com	Common Stock	17,040	44,867
*	VISA Inc CL A	Common Stock	9,830	109,573
*	Vistra Corp	Common Stock	51,502	54,380
*	Vontier Corporation	Common Stock	34,098	24,567
*	Voya Finl Inc	Common Stock	26,839	45,125
*	Vulcan Materials Co	Common Stock	28,232	36,290
*	Wells Fargo & Co New	Common Stock	131,168	171,478
*	Western Digital Corporation	Common Stock	40,811	35,556
*	Weyerhaeuser	Common Stock	23,673	40,474
*	Wheaton Precious Metals Corp	Common Stock	24,517	32,361
*	WPP Plc Spon New A	Common Stock	29,774	28,055
*	Yeti Holdings Inc	Common Stock	15,192	32,688
*	PIA BBB Bond Fd- Comp Sh	Mutual Fund	239,018	220,787
*	Participant loans	Int rate 4.25 to 7%		280,797
				<u>\$ 14,565,419</u>

* Party-in-interest, see footnote 3

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 No. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>03/01/2021</u> and ending <u>02/28/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information											
1a Name of plan CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN 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) CALIFORNIA INDUSTRIAL RUBBER CO., INC. 2732 SOUTH CHERRY AVENUE FRESNO CA 93706	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 02/28/1972</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 94-1426954</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 559-485-1487</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 326200</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 02/28/1972		2b Employer Identification Number (EIN) 94-1426954		2c Plan Sponsor's telephone number 559-485-1487		2d Business code (see instructions) 326200	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 02/28/1972											
2b Employer Identification Number (EIN) 94-1426954											
2c Plan Sponsor's telephone number 559-485-1487											
2d Business code (see instructions) 326200											

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

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

SIGN HERE	 Signature of plan administrator	<u>7-6-22</u> Date	Vivian Tur Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	145
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)	119
a(2) Total number of active participants at the end of the plan year		6a(2)	119
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	25
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	147
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	147
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	147
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 03/01/2021 and ending 02/28/2022		
A Name of plan CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA INDUSTRIAL RUBBER CO., INC.	D Employer Identification Number (EIN) 94-1426954	

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

MORGAN STANLEY ADVISORS FUND 36-3145972
5250 N PALM AVE SUITE 321

FRESNO CA 93704

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

MORGAN STANLEY BANK 36-3707380
5250 N PALM AVE SUITE 321

FRESNO CA 93704

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

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

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

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)

MORGAN STANLEY SMITH BARNEY 20-8764829
 5250 N PALM AVE
 SUITE 321
 FRESNO CA 93704

(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?
19 71 27 72 33 99 49 50	N/A	116,409	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HILLS, RENAUT, HOMEN & HUGHES 94-2463125
 7040 NORTH MARKS
 SUITE 111
 FRESNO CA 93711

(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 50	N/A	9,392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWPORT GROUP 27-2037969
 1350 TREAT BLVD.
 SUITE 300
 WALNUT CREEK CA 94597

(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?
13 15 50	N/A	7,550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

Penchecks

99-6134835

8580 La Mesa Blvd., Ste. 100

La Mesa

CA

91942

(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?
12 50	N/A	720	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 ☐

(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
MORGAN STANLEY	49 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY ADVISORS FUNDS MS US 5250 N PALM AVE SUITE 321 FRESNO CA 93704	36-3145972 Annual rate of up to 0.18% of the average quarter-end assets invested by eligible Morgan Stanley clients in equity and fixed income funds in 2019 (applicable to non-advisory accounts only).	
(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 03/01/2021 and ending 02/28/2022		
A Name of plan CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA INDUSTRIAL RUBBER CO., INC.		D Employer Identification Number (EIN) 94-1426954

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	7,945	19,222
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	280,400	300,411
(2) Participant contributions.....	1b(2)	31,502	40,666
(3) Other	1b(3)	4,431	5,453
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1,366,815	1,687,731
(2) U.S. Government securities	1c(2)	1,141,373	1,318,250
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	696,714	675,816
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	21,036	13,856
(B) Common	1c(4)(B)	9,803,846	10,348,959
(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)	220,046	280,797
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	402,752	220,787
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

		(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	13,976,860	14,911,948

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	13,976,860	14,911,948
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	300,411	
(B) Participants	2a(1)(B)	503,910	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		804,321
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	266	
(B) U.S. Government securities	2b(1)(B)	24,281	
(C) Corporate debt instruments	2b(1)(C)	19,306	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	11,921	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		55,774
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	3,696	
(B) Common stock	2b(2)(B)	156,032	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8,792	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		168,520
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4,856,348	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4,461,122	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		395,226
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	874,279	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		874,279

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2,298,120

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1,228,071	
(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)		1,228,071
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	9,392	
(2) Contract administrator fees	2i(2)	9,160	
(3) Investment advisory and management fees	2i(3)	116,409	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		134,961
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1,363,032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		935,088
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HILLS, RENAUT, HOMEN & HUGHES

(2) EIN: 94-2463125

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.			
For calendar plan year 2021 or fiscal plan year beginning		03/01/2021		and ending		02/28/2022	
A Name of plan CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN				B Three-digit plan number (PN) ► 001			
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA INDUSTRIAL RUBBER CO., INC.				D Employer Identification Number (EIN) 94-1426954			
Part I		Distributions					
All references to distributions relate only to payments of benefits during the plan year.							
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1		0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1426954 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)?..... If the plan is a defined benefit plan, go to line 8.				☐ Yes		☐ No	
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.				☐ N/A			
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	
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	
Part III		Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....				☐ Increase		☐ Decrease	
				☐ Both		☐ No	
Part IV		ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?				☐ Yes		☐ No	
11 a Does the ESOP hold any preferred stock?				☐ Yes		☐ No	
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)				☐ Yes		☐ No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?				☐ Yes		☐ No	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2021 v. 201209			

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 _____

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

Name of Plan:

► California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan

Employer Identification Number: ► 94-1426954

For plan year (beginning/ending): ► 03/01/2021 - 02/28/2022

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
*	UNION BANK CHECKING	Cash	19,222	19,222
*	UNION BANK MONEY MARKET	Money Market	166,934	166,934
	Morgan Stanley:			
*	Bank Deposit	Bank Deposits	232,194	232,194
*	U.S. GOV'T MONEY MARKET	Money Market	1,288,604	1,288,604
*	Treasury Securities	Treasury Securities Coupon Rate 2.500%; Matures 08/15/2023	113,374	118,732
*	Treasury Securities	Treasury Securities Coupon Rate 2.00%; Matures 05/31/2024	93,548	89,974
*	Treasury Securities	Treasury Securities Coupon Rate 2.00%; Matures 08/15/2025	72,262	70,739
*	Treasury Securities	Treasury Securities Coupon Rate 2.125%; Matures 05/15/2025	120,329	112,613
*	Treasury Securities	Treasury Securities Coupon Rate 2.375%; Matures 08/15/2024	64,252	67,307
*	Treasury Securities	Treasury Securities Coupon Rate 1.625%; Matures 05/15/2026	70,436	67,703
*	Treasury Securities	Treasury Securities Coupon Rate 2.250%; Matures 11/15/2025	67,828	67,294
*	Treasury Securities	Treasury Securities Coupon Rate 2.000%; Matures 02/15/2025	93,558	89,981
*	Treasury Securities	Treasury Securities Coupon Rate .625%; Matures 12/31/2027	111,788	113,254
*	Treasury Securities	Treasury Securities Coupon Rate .375%; Matures 01/31/2026	117,608	113,911
*	Treasury Securities	Treasury Securities Coupon Rate 1.375%; Matures 12/31/2028	68,108	68,009
*	Treasury Securities	Treasury Securities Coupon Rate 2.125%; Matures 11/30/2023	140,515	135,680
*	Treasury Securities	Treasury Securities Coupon Rate 2.125%; Matures 03/31/2024	114,471	113,492
*	Treasury Securities	Treasury Securities Coupon Rate 1.625%; Matures 09/30/2026	92,115	89,561
*	AT&T INC	Corp Bond 3.400%; Matures 05/15/2025	71,828	70,948
*	BANK OF AMERICA CORP	Corp Bond 1.734%; Matures 07/22/2027	69,681	65,914
*	COMCAST CORP	Corp Bond 2.350%; Matures 01/15/2027	70,849	67,793
*	CVS HEALTH CORP	Corp Bond 4.1%; Matures 03/25/25	70,392	66,018
*	GOLDMAN SACHS GROUP INC/THE	Corp Bond 3.750%; Matures 05/22/2025	68,634	67,280

*	JPMORGAN CHASE & CO	Corp Bond 3.2%; Matures 06/15/2026	71,102	65,667
*	NORTHROP GRUMANN CORP	Corp Bond 2.93%; Matures 01/15/2025	71,045	70,360
*	TRUST FINANCIAL CORP	Corp Bond 1.125%; Matures 08/03/2027	72,049	66,854
*	WALMART INC	Corp Bond 2.85%; Matures 07/08/2024	68,796	67,674
*	WELLS FARGO & CO	Corp Bond 3.0%; Matures 02/19/2025	67,267	67,308
*	SURGUTNEFTEGAS PJSC SP ADR PRF	Preferred Stock	29,844	13,856
*	ABBOTT LABORATORIES	Common Stock	30,716	47,041
*	ABBVIE INC COMM	Common Stock	61,018	93,538
*	ADVANCED MICRO DEVICES	Common Stock	57,755	49,459
*	AEGON NV ADR	Common Stock	12,342	12,226
*	AES CORP (AES)	Common Stock	66,955	89,400
*	AIR LIQUIDE ADR	Common Stock	42,514	40,459
*	ALASKA AIR GROUP INCORPORATED	Common Stock	43,154	46,316
*	ALIBABA GROUP HLDG LTD	Common Stock	37,501	21,459
*	ALEXION PHARM INC	Common Stock		
*	ALPHABET INC CL C	Common Stock	99,293	342,623
*	ALTICE USA INC CL A	Common Stock	21,740	14,993
*	AMAZON COM INC	Common Stock	33,535	337,839
*	AMBEV S A SPONSORED ADR	Common Stock	14,491	17,847
*	AMER INTL GP INC NEW	Common Stock	63,306	104,077
*	AMERICAN HOMES 4 RENT	Common Stock	23,870	46,106
*	AMETEK INC NEW	Common Stock	40,722	39,197
*	ANHEUSER BUSCH INBEV SA SPDN	Common Stock	16,913	19,538
*	ANSYS INC	Common Stock	5,717	38,579
*	APPLE INC	Common Stock	37,181	663,452
*	APPLIED IND TECH INC	Common Stock	-	15,165
*	APPLIED MATERIALS INC	Common Stock	17,500	21,338
*	ASTRAZENECA PLC ADR	Common Stock	32,002	34,215
*	AUTOZONE INC	Common Stock	90,411	180,749
*	AXON ENTERPRISE INC	Common Stock	24,412	19,355
*	AZEK CO INC CL A (	Common Stock	32,001	21,970
*	BARCLAYS PLC ADR	Common Stock	6,222	13,256
*	BIC SA UNSPON ADR	Common Stock	19,754	14,542
*	BLOOMIN'BRANDS INC	Common Stock	31,595	33,371
*	BNP PARIBAS S[ADR RE[STG	Common Stock	10,767	20,880
*	BP PLC ADS	Common Stock	13,178	18,870
*	BROADCOM INC	Common Stock	27,506	64,031
*	CARNIVAL CP NEW PAIRED COM	Common Stock	42,380	37,346
*	CARREFOUR SA SPONSORED ADR	Common Stock	29,213	33,392
*	CEMEX SAB DE CV	Common Stock	10,557	13,658
*	CISCO SYS INC	Common Stock	83,436	85,328
*	CNH INDL N V SHS	Common Stock	33,139	30,351
*	COCA COLA CO FEMSA, S.A.V. DE CV	Common Stock	23,176	29,182
*	CONSTELLATION ENERGY CORP	Common Stock	19,070	25,841

*	CORTEVA INC	Common Stock	18,670	36,369
*	COSTCO WHOLESALE CORP NEW	Common Stock	44,709	154,737
*	COTY INC COM CL A	Common Stock	23,968	22,191
*	CREDIT SUISSE GROUP	Common Stock	54,004	32,284
*	CURTISS WRIGHT CORP	Common Stock	27,356	39,683
*	CVS HEALTH CORP COM	Common Stock	55,399	82,816
*	DAI NIPPON PRGT LTD JAPAN	Common Stock	8,377	10,932
*	DANAHER CORPORATION	Common Stock	11,837	106,745
*	DANONE SPONSORED ADR	Common Stock	33,279	30,904
*	DTE ENERGY COMPANY	Common Stock	25,310	31,005
*	DXC TECHNOLOGY COMPANY	Common Stock	71,647	91,575
*	EATON CORP PLC	Common Stock	29,419	34,715
*	ECOLAB INC	Common Stock	25,162	61,162
*	EDWARD LIFESCIENCES CORP	Common Stock	22,656	34,385
*	ELI LILLY & CO	Common Stock	36,348	111,978
*	EMBRAER S A ADR	Common Stock	26,987	26,416
*	ENEL CHILE SA SPD ADR	Common Stock	32,703	16,510
*	ENGIE SPONS ADR	Common Stock	34,683	28,836
*	ENI SPA AMER DEP RCPT	Common Stock	13,795	20,626
*	EPAM SYSTEMS	Common Stock	7,127	46,744
*	EQT CORPORATION COM NEW	Common Stock	49,017	79,764
*	EQUITABLE HLDGS INC	Common Stock	34,911	47,945
*	EURONET WORLDWIDE INC	Common Stock	43,038	40,264
*	EXELON CORP	Common Stock	45,313	71,814
*	FAIRFAX FIN HLDG SUB VTG	Common Stock	44,903	60,723
*	FIDELITY NATL INFORMATION SE	Common Stock	24,622	25,141
*	FISERV INC COM	Common Stock	57,829	55,867
*	FIRST PAC LTD SP ADR	Common Stock	23,754	14,612
*	FIVE BELOW	Common Stock	30,228	24,869
*	FIVE9 INC COM	Common Stock	10,895	22,440
*	FORTINET INC	Common Stock	9,758	96,121
*	FREEPORT-MCMORAN CL-B	Common Stock	25,884	42,020
*	GATX CORP	Common Stock	30,061	50,116
*	GENERAL ELECTRIC CO	Common Stock	68,145	63,132
*	GENERAL MTRS CO	Common Stock	44,936	33,264
*	GILEAD SCIENCE	Common Stock	40,926	38,656
*	GOODYEAR TIRE & RUBBER	Common Stock	40,455	35,162
*	GLAXOSMITHKLINE PLC ADR	Common Stock	42,944	44,706
*	GRAY TELEVISION CL B COM	Common Stock	27,783	39,058
*	GRIFOLS SA ADR	Common Stock	46,979	34,868
*	HEIDELBERG CEMENT ADR	Common Stock	28,045	27,709
*	HENKEL AG & CO KGAA	Common Stock	35,440	33,089
*	HONDA MOTOR COMPANY LTD AD	Common Stock	21,891	21,239
*	HORIZON THERAPEUTICS PUB LTD	Common Stock	21,368	23,340
*	IMPERIAL BRANDS PLC SPD ADR	Common Stock	30,808	22,600
*	INSPIRE MEDICAL SYSTEMS INC.	Common Stock	11,129	37,341

*	INTERCONTINENTALEXCHAN GE GROUP	Common Stock	16,194	83,278
*	INTESA SANPAOLO S.P.A. ADR	Common Stock	20,059	21,350
*	INTUIT INC	Common Stock	31,106	52,655
*	J SAINSBURY PLC SPON ADR NEW	Common Stock	19,579	21,416
*	JOHNSON & JOHNSON	Common Stock	68,145	132,314
*	JOHNSON CTLS INTL PLC	Common Stock	23,872	45,407
*	KINDER MORGAN INC	Common Stock	56,477	58,534
*	KINGFISHER PLC SPONS ADR NEW	Common Stock	13,259	17,125
*	KLA CORPORATION	Common Stock	18,186	56,806
*	LULULEMON ATHLETICA INC	Common Stock	52,561	38,393
*	LITHIA MOTORS INC A	Common Stock	30,108	38,172
*	M&T BANK CORP	Common Stock	44,054	53,029
*	MARKS & SPENCER GRP PLC ADR	Common Stock	20,775	12,763
*	MARSH & MCLENNAN COS INC	Common Stock	25,291	35,278
*	MASTERCARD INC CL A	Common Stock	64,834	87,318
*	MEDTRONIC PLC	Common Stock	72,989	66,459
*	META PLATFORMS INC CL A	Common Stock	132,187	184,862
*	MGIC INVT CORP	Common Stock	29,209	48,197
*	MICROSOFT CORP	Common Stock	102,723	563,817
*	MITSUBISHI UFJ FINCL GRP ADS	Common Stock	38,370	27,455
*	MOBILE TELESYSTEMS PUB JT ADR	Common Stock	10,321	7,832
*	MS&AD INS GROUP HLDGS ADR	Common Stock	20,729	27,877
*	MURPHY USA INC COM	Common Stock	30,503	62,355
*	NCR CORPORATION	Common Stock	32,442	31,768
*	NETAPP INC COM	Common Stock	37,808	41,306
*	NETFLIX INC	Common Stock	54,040	44,581
*	NIKE INC B	Common Stock	37,318	29,768
*	NISSAN MTR CO LTD SPND ADR	Common Stock	19,183	12,170
*	NORTON LIFELOCK INC	Common Stock	41,233	53,468
*	NOVARTIX AG ADR	Common Stock	36,123	35,771
*	NUCOR CORPORATION	Common Stock	12,432	35,537
*	NVIDIA CORPORATION	Common Stock	30,768	136,313
*	O'REILLY AUTOMOTIVE INC NEW	Common Stock	72,501	72,065
*	OLIN CORPORATION	Common Stock	21,412	23,644
*	ON SEMICONDUCTORS CORP	Common Stock	18,125	29,615
*	ONEMAIN FINANCIAL	Common Stock	108,616	129,795
*	ORACLE CORP	Common Stock	36,892	61,612
*	ORANGE NEW	Common Stock	29,544	28,352
*	OSHKOSH CORP	Common Stock	15,206	19,876
*	OWENS CORNING INC	Common Stock	26,954	38,208
*	PARAMOUNT GLOBAL CLASS B	Common Stock	22,560	18,336
*	PAYPAL HLDGS INC COM	Common Stock	23,654	35,594

*	PETROLEO BRASILEIRO SA ADR	Common Stock	11,839	31,337
*	PIONEER NATURAL RESOURCES CO	Common Stock	63,784	115,008
*	POSCO ADS	Common Stock	9,764	12,932
*	PUBLICIS GROUPE SA A	Common Stock	25,079	35,564
*	QUANTA SERVICES INC	Common Stock	42,950	52,291
*	RECKITT BENCKISER PLC SPNS ADR	Common Stock	11,724	12,927
*	RENAULT S A ADR	Common Stock	15,320	5,728
*	REPSOL SA SPON ADR	Common Stock	15,142	20,478
*	REYNOLDS CONSUMER PRODS INC	Common Stock	44,371	46,798
*	ROPER TECHNOLOGIES INC	Common Stock	42,545	48,856
*	ROSS STORES INC	Common Stock	14,160	69,365
*	SAIA INC	Common Stock	23,922	30,446
*	SANOFI ADR	Common Stock	29,037	36,558
*	SENSATA TECHNOLOGIES HLDG PLC	Common Stock	15,201	21,832
*	SERVICENOW INC	Common Stock	32,099	63,211
*	SHINHAN FINANCIAL GROUP CO LTD	Common Stock	14,577	13,000
*	SIGNATURE BANK/NEW YORK NY	Common Stock	70,280	101,743
*	SIX FLAGS ENTNT CORP NEW	Common Stock	38,425	50,122
*	SMART GLOBAL HOLDINGS INC	Common Stock	21,884	18,995
*	SOFTBANK CORP UNSPONS ADR	Common Stock	17,440	17,780
*	SONY CORP ADR 1974 NEW	Common Stock	31,245	41,012
*	SPIRIT AEROSYSTEMS HLD CLA A	Common Stock	13,789	23,750
*	SPROUTS FARMERS MARKET INC	Common Stock	45,235	61,659
*	STANLEY BLACK & DECKER INC	Common Stock	21,286	31,238
*	STERIS PLC	Common Stock	43,876	43,680
*	STRYKER CORP	Common Stock	28,582	53,987
*	SUMITOMO MITSUI TR HLDGS INC	Common Stock	22,092	23,904
*	SUNCOR ENERGY INC	Common Stock	43,893	80,905
*	SWATCH GROUP AG ADR THE UNSPON	Common Stock	30,066	31,396
*	SWISS RE LTD SPONSORED ADR	Common Stock	14,872	20,250
*	SYNCHRONY FINANCIAL	Common Stock	52,366	98,137
*	T-MOBILE US INC	Common Stock	62,130	56,800
*	TAISHO PHARMA HOLD UNSP- ADR	Common Stock	29,844	21,320
*	TAKEDA PHARMACEUTCL CO LTD ADR	Common Stock	65,733	57,456
*	TELECOM ITALIA S P A NEW ADR	Common Stock	15,792	12,537
*	TELEFONICA BRASIL SA ADR	Common Stock	30,775	35,342
*	TESCO PLC SPONSORED ADR	Common Stock	23,707	28,645

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Form 5500 annual return/Report of Employee Benefit Plan
Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.