

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                             |                                                                  |                                                                     |
| <b>1a</b> Name of plan<br><u>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ▶                         | <u>001</u>                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>DUNLOP MANUFACTURING INC</u><br><br><u>170 INDUSTRIAL WAY</u><br><u>BENICIA, CA 94510-0000</u> | <b>1c</b> Effective date of plan<br><u>07/01/1979</u>            | <b>2b</b> Employer Identification Number (EIN)<br><u>94-2440675</u> |
|                                                                                                                                                                                                                                                                                                                                                                    | <b>2c</b> Plan Sponsor's telephone number<br><u>707-745-2722</u> | <b>2d</b> Business code (see instructions)<br><u>339900</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/04/2023 | JASMIN POWELL                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/04/2023 | JASMIN POWELL                                                |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>317</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>280</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>199</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>79</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>278</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>278</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>268</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>36</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A  2E  2F  2H  2J  2K  2T  3D                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>2</b> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN                        | B Three-digit plan number (PN) ► 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUNLOP MANUFACTURING INC         | D Employer Identification Number (EIN)<br>94-2440675 |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                               |
|---------------------------------------------------------------|
| (a) Name of insurance carrier<br>MASSMUTUAL LIFE INSURANCE CO |
|---------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | GA-840757                             | 0                                                                           | 01/01/2022              | 04/30/2022 |

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

|                                           |                                    |
|-------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>0 | (b) Total amount of fees paid<br>0 |
|-------------------------------------------|------------------------------------|

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

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

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

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

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

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

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

---

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

---

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

---

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

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY**b** Balance at the end of the previous year ..... **7b** 103727**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 0  
(2) Dividends and credits..... **7c(2)** 0  
(3) Interest credited during the year..... **7c(3)** 35  
(4) Transferred from separate account..... **7c(4)** 0  
(5) Other (specify below) ..... **7c(5)** 0  
▶(6) Total additions..... **7c(6)** 35**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 103762**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 0  
(2) Administration charge made by carrier..... **7e(2)** 0  
(3) Transferred to separate account..... **7e(3)** 103762  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)** 103762**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN                        | B Three-digit plan number (PN) ► 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUNLOP MANUFACTURING INC         | D Employer Identification Number (EIN)<br>94-2440675 |

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

1 Coverage Information:

|                                                               |
|---------------------------------------------------------------|
| (a) Name of insurance carrier<br>MASSMUTUAL LIFE INSURANCE CO |
|---------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 04-1590850 | 65935         | 75795501                              | 68                                                                          | 04/23/2022              | 12/31/2022 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|                                                                                                       |          |         |
|-------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 7953    |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 2352460 |

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

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

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

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

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

|                                                        |           |   |
|--------------------------------------------------------|-----------|---|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|--------------------------------------------------------|-----------|---|

|                                                                       |              |        |  |
|-----------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 319    |  |
| (2) Dividends and credits.....                                        | <b>7c(2)</b> | 0      |  |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> | 452    |  |
| (4) Transferred from separate account.....                            | <b>7c(4)</b> | 206179 |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 0      |  |

|                          |              |        |
|--------------------------|--------------|--------|
| (6) Total additions..... | <b>7c(6)</b> | 206950 |
|--------------------------|--------------|--------|

|                                                                                       |           |        |
|---------------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 206950 |
|---------------------------------------------------------------------------------------|-----------|--------|

**e** Deductions:

|                                                                                 |              |        |  |
|---------------------------------------------------------------------------------|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 198479 |  |
| (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 0      |  |
| (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 518    |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 0      |  |

|                           |              |        |
|---------------------------|--------------|--------|
| (5) Total deductions..... | <b>7e(5)</b> | 198997 |
|---------------------------|--------------|--------|

|                                                                                                         |           |      |
|---------------------------------------------------------------------------------------------------------|-----------|------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 7953 |
|---------------------------------------------------------------------------------------------------------|-----------|------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN                        | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUNLOP MANUFACTURING INC         | D Employer Identification Number (EIN)<br>94-2440675 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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**(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

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**(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

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**(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

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**(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)

CREATIVE PLANNING LLC

5454 W 110TH STREET  
OVERLAND PARK, KS 66211

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27 28               | NONE                                                                                              | 8757                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ASSOCIATED PENSION CONSULTANTS

PO BOX 1282  
CHICO, CA 95927

94-2456320

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 27761                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MANN URRUTIA NELSON CPAS & ASSOC

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 13500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

EMPOWER

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27 28               | NONE                                                                                              | 20018                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

FIRST REPUBLIC INVESTMENT

111 PINE STREET  
SAN FRANCISCO, CA 94111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27 28               | NONE                                                                                              | 19437                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MERCER GLOBAL ADVISORS INC

1200 17TH STREET STE 500  
DENVER, CO 80202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27 28               | NONE                                                                                              | 31310                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                  |                                         |     |
|--------------------------------------------------------------------------------------------------|-----------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022       |                                         |     |
| <b>A</b> Name of plan<br>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN                       | <b>B</b> Three-digit plan number (PN) ► | 001 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>DUNLOP MANUFACTURING INC |                                         |     |
| <b>D</b> Employer Identification Number (EIN)<br>94-2440675                                      |                                         |     |

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

|                                                |                      |
|------------------------------------------------|----------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: | SEPARATE ACCOUNT SCI |
|------------------------------------------------|----------------------|

|                                                   |            |
|---------------------------------------------------|------------|
| <b>b</b> Name of sponsor of entity listed in (a): | MASSMUTUAL |
|---------------------------------------------------|------------|

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 04-1590850-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2352460 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

|                                                |  |
|------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |  |
|------------------------------------------------|--|

|                                                   |  |
|---------------------------------------------------|--|
| <b>b</b> Name of sponsor of entity listed in (a): |  |
|---------------------------------------------------|--|

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN</u>                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DUNLOP MANUFACTURING INC</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><u>94-2440675</u>                                                                                                                                                                                                           |                                                                                           |

| Part I | Asset and Liability Statement |
|--------|-------------------------------|
|--------|-------------------------------|

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 173395                | 119443          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 250000                |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       | 2333            |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 1732040               | 1219735         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 1598424               | 1630287         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 724869                | 684808          |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    | 1127943               | 1116122         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 2662151               | 2352461         |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 14696882              | 13014192        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 103727                | 7953            |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 23069431              | 20147334        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 23069431 | 20147334 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1375000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 321551     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1696551   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 51763      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 65264      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 117027    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 359890     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 359890    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2133365    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 2398046    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -264681   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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)  |            | -538349   |
| (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) |            | -2292899  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -922461   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1887166    |           |
| (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)  |            | 1887166   |
| 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)  | 59434      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 631        |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 59505      |           |
| (4) Other .....                                                                                 | 2i(4)  | -7100      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 112470    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1999636   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -2922097  |
| 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: MANN URRUTIA NELSON CPAS & ASSOCIAT

(2) EIN: 20-0276349

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

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

**Part IV Compliance Questions**

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

During the plan year:

**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>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DUNLOP MANUFACTURING INC                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>94-2440675                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 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):<br><br>EIN(s): 04-1590850 68-6098129                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                            |  |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>a</b>  | Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>b</b>  | Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more                                                                                                                                                                                                                                                                                                                      |  |
| <b>c</b>  | What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>20</b> | <b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>a</b>  | Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation _____ |  |

---

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

**FINANCIAL STATEMENTS WITH  
INDEPENDENT AUDITOR'S REPORT  
AND SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2022 AND 2021**

---

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

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

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE  
DECEMBER 31, 2022 AND 2021**

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## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited the accompanying financial statements of Dunlop Manufacturing, 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 December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 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 Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 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 Dunlop Manufacturing, 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 Dunlop Manufacturing, 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.

## **Auditor's 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Dunlop Manufacturing, 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 Dunlop Manufacturing, 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 H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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, 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.

*Mam. Mantia, Nelson CPA's*

Sacramento, California  
July 26, 2023

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2022 AND 2021**

|                                                | <u>2022</u>          | <u>2021</u>          |
|------------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                  |                      |                      |
| <b>Cash</b>                                    | \$ 119,443           | \$ 95,713            |
| <b>Investments at Fair Value (Note 3):</b>     |                      |                      |
| Interest-bearing cash                          | 1,219,735            | 1,809,722            |
| Common and preferred stocks                    | 684,808              | 724,869              |
| Corporate bonds                                | 1,630,287            | 1,598,424            |
| Mutual funds                                   | 13,014,192           | 14,696,882           |
| Pooled separate accounts                       | <u>2,352,461</u>     | <u>2,662,151</u>     |
| Total investments at fair value                | <u>18,901,483</u>    | <u>21,492,048</u>    |
| <b>Investments at Contract Value (Note 4):</b> |                      |                      |
| Guaranteed investment contract                 | <u>7,953</u>         | <u>103,727</u>       |
| Total investments at contract value            | <u>7,953</u>         | <u>103,727</u>       |
| Total investments                              | <u>18,909,436</u>    | <u>21,595,775</u>    |
| <b>Receivables:</b>                            |                      |                      |
| Employer contributions                         | -                    | 250,000              |
| Other receivable                               | 2,333                | -                    |
| Notes receivable from participants             | <u>1,116,122</u>     | <u>1,127,943</u>     |
| Total receivables                              | <u>1,118,455</u>     | <u>1,377,943</u>     |
| <b>Total Assets</b>                            | <u>20,147,334</u>    | <u>23,069,431</u>    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>       | <u>\$ 20,147,334</u> | <u>\$ 23,069,431</u> |

See accompanying notes to the financial statements.

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2022**

|                                                             | <u><b>2022</b></u>          |
|-------------------------------------------------------------|-----------------------------|
| <b>ADDITIONS</b>                                            |                             |
| Investment income (loss):                                   |                             |
| Net depreciation in fair value of investments               | \$ (3,095,929)              |
| Interest and dividends                                      | <u>411,653</u>              |
| Total investment loss                                       | <u>(2,684,276)</u>          |
| Interest income on notes receivable from participants       | 65,264                      |
| Contributions:                                              |                             |
| Employer profit sharing contributions                       | 1,007,822                   |
| Employer safe harbor matching contributions                 | 367,178                     |
| Participant contributions                                   | <u>321,551</u>              |
| Total contributions                                         | <u>1,696,551</u>            |
| Total additions                                             | <u>(922,461)</u>            |
| <b>DEDUCTIONS</b>                                           |                             |
| Benefits paid to participants                               | 1,887,166                   |
| Administrative expenses                                     | <u>112,470</u>              |
| Total deductions                                            | <u>1,999,636</u>            |
| <b>NET DECREASE</b>                                         | <u>(2,922,097)</u>          |
| <b>NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR</b> | <u>23,069,431</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR</b>       | <u><b>\$ 20,147,334</b></u> |

See accompanying notes to the financial statements.

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1: DESCRIPTION OF PLAN**

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

General

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

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

Eligibility

Employees are eligible to participate in the salary deferral provisions once they have attained age 18, and have completed 2 months of service. Employees that have attained age 18 are eligible to participate in the employer profit sharing contributions on the first day of the plan year in which they complete one year (at least 1,000 hours) of service. Employees that have attained age 18 are eligible to participate in the employer matching contribution on the date they complete one year (at least 1,000 hours) of service.

Participant Contributions

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

Employer Contributions

The Plan provides for discretionary profit sharing and matching contributions. The Company made profit sharing contributions of \$1,007,822 and \$1,156,246 for the years ended December 31, 2022 and 2021, respectively. The Company made no discretionary matching contributions during the years ended December 31, 2022 and 2021.

Annually, the Plan can be amended to make a safe harbor non-elective employer contribution of not less than 3% of eligible participants' compensation. For the years ended December 31, 2022 and 2021, the Company contributed safe harbor-contributions of 3% of participants' compensation totaling \$367,178 and \$343,754, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1: DESCRIPTION OF PLAN (CONTINUED)**

Vesting

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

| <u>Years of service</u> | <u>Percentage</u> |
|-------------------------|-------------------|
| Less than 2             | 0%                |
| 2                       | 20%               |
| 3                       | 40%               |
| 4                       | 60%               |
| 5                       | 80%               |
| 6 or more               | 100%              |

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

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested interest. A participant may have up to four outstanding loans at any given time. Note terms for newly disbursed loans range from one to five years or for a greater period of time at the Plan Administrator's discretion if used to purchase the primary residence of the participant. The notes are secured by the balance in the participant's account and bear interest at a rate respective to the Plan rate of return commensurate with local prevailing rates as determined on the date of advance by the Plan administrator. Interest rates range from 5.25% to 9.00% at December 31, 2022.

Payment of Benefits

On termination of service due to death, disability, retirement or any other reason, a participant is entitled to receive a distribution equal to the value of the participant's vested interest in his or her account as a lump-sum distribution or a partial withdrawal of the account balance. If a terminated participant has an account balance of less than \$5,000 and does not request the account balance be rolled into another qualifying plan, they will automatically have their account balance rolled into an Individual Retirement Account established for the benefit of the participant. Terminated participants with account balances greater than \$5,000 may elect to leave their account in the Plan or roll their account balance into another qualified plan. As of December 31, 2022 and 2021 there were no benefits payable to participants that have elected to withdraw from the Plan but have not yet been paid.

Administrative Expenses

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 1: DESCRIPTION OF PLAN (CONTINUED)**

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. The Company may use forfeitures to pay Plan expenses, reduce Company matching contributions, or add to the profit sharing contributions. For the year ended December 31, 2022, there was \$29,255 of forfeitures used to pay Plan expenses or reduce employer contributions. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$62,511 and \$29,255, respectively.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments, other than fully benefit-responsive guaranteed investment contracts, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contract. See Note 3 for discussion of fair value measurements and a description of the methods and significant assumptions used to determine the fair value of investments.

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

Cash and Cash Equivalents

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

Notes Receivable from Participants

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

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through July 26, 2023, the date on which the financial statements were available to be issued.

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 2: SUMMARY OF ACCOUNTING POLICIES (CONTINUED)**

Future Accounting Pronouncements

In 2022, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2022-03, *Fair Value Measurement* (Topic 820): Fair Value Measurement of Equity Securities Subject to Contractual Sale Restrictions.

The amendments in this ASU clarify that a contractual restriction on the sale of an equity security is not considered part of the unit of account of the equity security and, therefore, is not considered in measuring fair value. The amendments also clarify that an entity cannot, as a separate unit of account, recognize and measure a contractual sale restriction. The amendments in this ASU also require the following disclosures for equity securities subject to contractual sale restrictions: 1. The fair value of equity securities subject to contractual sale restrictions reflected in the balance sheet 2. The nature and remaining duration of the restriction(s) 3. The circumstances that could cause a lapse in the restriction(s).

The new requirements are effective for the Plan's December 31, 2025 year-end. Management has not yet determined the impact of this accounting standard on the Plan's financial statements.

**NOTE 3: FAIR VALUE MEASUREMENTS**

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

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

- |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"><li>• Quoted prices for similar assets or liabilities in active markets;</li><li>• Quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• Inputs other than quoted prices that are observable for the assets or liability;</li><li>• Inputs that are derived principally from or corroborated by observable market data correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 3: FAIR VALUE MEASUREMENTS (CONTINUED)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

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

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

*Interest-Bearing Cash:* Fair value approximates book value, resulting in a Level 2 valuation.

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 3: FAIR VALUE MEASUREMENTS (CONTINUED)**

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

|                             | <u>Level 1</u>       | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>         |
|-----------------------------|----------------------|---------------------|----------------|----------------------|
| Pooled separate accounts*   | \$ -                 | \$ -                | \$ -           | \$ 2,352,461         |
| Mutual funds                | 13,014,192           | -                   | -              | 13,014,192           |
| Common and preferred stocks | 684,808              | -                   | -              | 684,808              |
| Corporate bonds             | -                    | 1,630,287           | -              | 1,630,287            |
| Interest-bearing cash       | -                    | 1,219,735           | -              | 1,219,735            |
|                             | <u>\$ 13,699,000</u> | <u>\$ 2,850,022</u> | <u>\$ -</u>    | <u>\$ 18,901,483</u> |

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

|                             | <u>Level 1</u>       | <u>Level 2</u>      | <u>Level 3</u> | <u>Total</u>         |
|-----------------------------|----------------------|---------------------|----------------|----------------------|
| Pooled separate accounts*   | \$ -                 | \$ -                | \$ -           | \$ 2,662,151         |
| Mutual funds                | 14,696,882           | -                   | -              | 14,696,882           |
| Common and preferred stocks | 724,869              | -                   | -              | 724,869              |
| Corporate bonds             | -                    | 1,598,424           | -              | 1,598,424            |
| Interest-bearing cash       | -                    | 1,809,722           | -              | 1,809,722            |
|                             | <u>\$ 15,421,751</u> | <u>\$ 3,408,146</u> | <u>\$ -</u>    | <u>\$ 21,492,048</u> |

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

**NOTE 4: INVESTMENT CONTRACT WITH INSURANCE COMPANY**

The Plan has an investment in a Fixed Account under the Group Annuity contract with Massachusetts Mutual Life Insurance Company (Mass Mutual: Issuer). Under the terms of the contract, the contributions are maintained in the general account of Mass Mutual. The account is credited with earnings based on the guaranteed interest rate and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value with no market value adjustments. The Fixed Account does not have a defined maturity date. The Fixed Account guarantees a minimum interest rate over the life of the contract and sets a minimum interest rate on a quarterly basis. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The value of the investment as of December 31, 2022 and 2021 is presented below:

|               | <u>2022</u>     | <u>2021</u>       |
|---------------|-----------------|-------------------|
| Fixed Account | \$ <u>7,953</u> | \$ <u>103,727</u> |

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 5: INFORMATION CERTIFIED BY CUSTODIAN**

The following information included in the accompanying financial statements and supplemental schedule were obtained from data that has been prepared and certified to as complete and accurate by Empower Trust Company, LLC as of December 31, 2022, and Massachusetts Mutual Life Insurance Company (MassMutual) as of December 31, 2021:

|                                                  | <u>2022</u>  | <u>2021</u>  |
|--------------------------------------------------|--------------|--------------|
| Investments, at fair value:                      |              |              |
| Pooled separate accounts                         | \$ 2,352,461 | \$ 2,662,151 |
| Investments, at contract value                   |              |              |
| Guaranteed investment contract                   | \$ 7,953     | \$ 103,727   |
| Notes receivable from participants               | \$ -         | \$ 30,670    |
| Investment income                                | \$ 271,763   | \$ 315,821   |
| Interest from notes receivable from participants | \$ 829       | \$ 1,154     |

**NOTE 6: NONPARTICIPANT-DIRECTED INVESTMENTS**

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

|                                    | <u>December 31, 2022</u> |
|------------------------------------|--------------------------|
| Net assets available for benefits: |                          |
| Cash                               | \$ 119,443               |
| Interest-bearing cash              | 1,219,735                |
| Common and preferred stocks        | 684,808                  |
| Corporate bonds                    | 1,630,287                |
| Mutual funds                       | <u>13,014,192</u>        |
| Total                              | <u>\$ 16,668,465</u>     |

Changes in net assets available for benefits for the year ended December 31, 2022:

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| Employer profit sharing contributions                 | \$ 1,007,822          |
| Employer safe harbor matching contributions           | 367,178               |
| Interest and dividends                                | 411,132               |
| Net depreciation in fair value of investments         | (3,367,171)           |
| Benefits paid to participants                         | (1,856,073)           |
| Interest income on notes receivable from participants | <u>64,435</u>         |
| Total                                                 | <u>\$ (3,372,677)</u> |

**NOTE 7: PLAN TERMINATION**

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 AND 2021**

**NOTE 8: TAX STATUS**

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

**NOTE 9: TRANSACTIONS WITH PARTIES-IN-INTEREST**

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

**NOTE 10: RISKS AND UNCERTAINTIES**

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

## **SUPPLEMENTARY INFORMATION**

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**EMPLOYER IDENTIFICATION NUMBER: 94-2440675**  
**PLAN NUMBER: 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a) | (b)<br>Identity of Issues, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment including Maturity Date, Rate<br>of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     |                                                                  | <b>Interest-bearing cash</b>                                                                                     |             |                      |
|     | West America                                                     | West America 6                                                                                                   | **          | \$ 380,281           |
|     | TD Ameritrade                                                    | Money market funds                                                                                               | **          | <u>839,454</u>       |
|     |                                                                  | Total interest-bearing cash                                                                                      |             | <u>1,219,735</u>     |
|     |                                                                  | <b>Mutual funds</b>                                                                                              |             |                      |
|     | AQR Funds                                                        | AQR Funds INTL Defensive Style                                                                                   | **          | 33,465               |
|     | AQR Funds                                                        | AQR Funds INTL Momentum Style                                                                                    | **          | 49,803               |
|     | AQR Funds                                                        | AQR Funds Large Cap Defensive                                                                                    | **          | 81,312               |
|     | Cion Ares                                                        | Cion Ares Diversified Credit F                                                                                   | **          | 182,853              |
|     | Dimensional                                                      | Dimensional FD ADV EMRG MKTS C                                                                                   | **          | 62,672               |
|     | Dimensional                                                      | Dimensional FD ADV INTL HI REL                                                                                   | **          | 85,461               |
|     | Dimensional                                                      | Dimensional FD ADV INTL Value                                                                                    | **          | 93,672               |
|     | Dimensional                                                      | Dimensional FD ADV Small Cap                                                                                     | **          | 101,710              |
|     | Dimensional                                                      | Dimensional FD ADV US HI RELAT                                                                                   | **          | 172,476              |
|     | Dimensional                                                      | Dimensional FD ADV US LG CAP V                                                                                   | **          | 173,831              |
|     | Dimensional                                                      | Dimensional Trust EMERG Core E                                                                                   | **          | 45,107               |
|     | Dimensional                                                      | Dimensional Trust INTL Core EQ                                                                                   | **          | 181,966              |
|     | Dimensional                                                      | Dimensional Trust US Core EQUI                                                                                   | **          | 574,175              |
|     | Dimensional                                                      | Dimensional Trust INTL                                                                                           | **          | 6,130                |
|     | IShares                                                          | IShares Inc. MLT FCTR EMG MKT S                                                                                  | **          | 26,060               |
|     | IShares                                                          | IShares Trust Core US                                                                                            | **          | 606,091              |
|     | IShares                                                          | IShares Trust MSCI INTL MOMENT                                                                                   | **          | 64,466               |
|     | IShares                                                          | IShares Trust MSCI INTL QUALIT                                                                                   | **          | 31,548               |
|     | IShares                                                          | IShares Trust MSCI INTL VLU FT                                                                                   | **          | 33,874               |
|     | IShares                                                          | IShares Trust MSCI MIN VOL FAC                                                                                   | **          | 31,856               |
|     | IShares                                                          | IShares Trust MSCI Quality FAC                                                                                   | **          | 70,313               |
|     | IShares                                                          | IShares Trust MSCI Small Cap                                                                                     | **          | 67,931               |
|     | IShares                                                          | IShares Trust S&P 500                                                                                            | **          | 172,899              |
|     | IShares                                                          | IShares Trust MSCI USA MIN VOL                                                                                   | **          | 79,815               |
|     | IShares                                                          | IShares Trust MSCI USA MOMENTU                                                                                   | **          | 231,883              |
|     | IShares                                                          | IShares Trust MSCI USA SMCP MI                                                                                   | **          | 20,361               |
|     | IShares                                                          | IShares Trust MSCI USA Value                                                                                     | **          | 70,816               |
|     | IShares                                                          | IShares Trust Tips BD                                                                                            | **          | 106,440              |
|     | Lord Abbett                                                      | Lord Abbett FDS Short Duration                                                                                   | **          | 430,753              |
|     | Schwab                                                           | Schwab Strategic TR Emerging M                                                                                   | **          | 26,061               |
|     | Schwab                                                           | Schwab Strategic TR INTL EQUIT                                                                                   | **          | 125,877              |
|     | Schwab                                                           | Schwab Strategic TR US Large C                                                                                   | **          | 281,917              |
|     | Schwab                                                           | Schwab Strategic TR US Small C                                                                                   | **          | 37,431               |
|     | SPDR                                                             | SPDR Index Shares FDS Port DEV                                                                                   | **          | 207,901              |
|     | SPDR                                                             | SPDR Index Shares FDS Port EMG                                                                                   | **          | 34,941               |
|     | SPDR                                                             | SPDR Series Trust Port S&P 150                                                                                   | **          | 193,502              |
|     | SPDR                                                             | SPDR Bloomberg 1-3 Month                                                                                         | **          | 141,687              |
|     | Sprott Physical                                                  | Sprott Physical Gold and Silver                                                                                  | **          | 89,650               |
|     | Vanguard                                                         | Vanguard Balanced Index                                                                                          | **          | 4,701,693            |
|     | Vanguard                                                         | Vanguard Inter TEMR Corporate                                                                                    | **          | 35,541               |
|     | Vanguard                                                         | Vanguard Short Term Investment                                                                                   | **          | 1,041,598            |

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**EMPLOYER IDENTIFICATION NUMBER: 94-2440675**  
**PLAN NUMBER: 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a) | (b)<br>Identity of Issues, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment including Maturity Date, Rate<br>of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Vanguard                                                         | Vanguard Real Estate                                                                                             | **          | 47,226               |
|     | Vanguard                                                         | Vanguard Short Term Bond                                                                                         | **          | 325,661              |
|     | Vanguard                                                         | Vanguard Emerging Markets                                                                                        | **          | 5,340                |
|     | Vanguard                                                         | Vanguard Total Stock Market                                                                                      | **          | 31,866               |
|     | Vanguard                                                         | Vanguard Total Bond Market                                                                                       | **          | 140,559              |
|     | Vanguard                                                         | Vanguard Total Int Bond                                                                                          | **          | 120,852              |
|     | Vanguard                                                         | Vanguard Total World Bond                                                                                        | **          | 498,316              |
|     | Virtus                                                           | Virtus FD Seix Floating Rate H                                                                                   | **          | 1,036,834            |
|     |                                                                  | Total mutual funds                                                                                               |             | <u>13,014,192</u>    |
|     |                                                                  | <b>Common and Preferred Stocks</b>                                                                               |             |                      |
|     | AES Corp                                                         | AES Corp                                                                                                         | **          | 43,140               |
|     | Apple Inc                                                        | Apple Inc                                                                                                        | **          | 97,448               |
|     | Costco Wholesale Corp                                            | Costco Wholesale Corp                                                                                            | **          | 45,650               |
|     | Nextera Energy Inc.                                              | Nextera Energy Inc.                                                                                              | **          | 41,800               |
|     | Omega Healthcare Investors                                       | Omega Healthcare Investors                                                                                       | **          | 55,900               |
|     | Pembina Pipeline Corporation                                     | Pembina Pipeline Corporation                                                                                     | **          | 84,875               |
|     | Pepsico Inc.                                                     | Pepsico Inc.                                                                                                     | **          | 90,330               |
|     | Prologis Inc.                                                    | Prologis Inc.                                                                                                    | **          | 140,913              |
|     | Sonoco Products                                                  | Sonoco Products                                                                                                  | **          | 45,533               |
|     | Waste Management                                                 | Waste Management                                                                                                 | **          | 39,219               |
|     |                                                                  | Total common and preferred stocks                                                                                |             | <u>684,808</u>       |
|     |                                                                  | <b>Corporate Bonds</b>                                                                                           |             |                      |
|     | Abbvie Inc.                                                      | Abbvie Inc. 2.85%                                                                                                | **          | 29,783               |
|     | Abbvie Inc.                                                      | Abbvie Inc. 3.6%                                                                                                 | **          | 38,797               |
|     | Aercap Ireland Capital                                           | Aercap Ireland Capital DAC                                                                                       | **          | 19,868               |
|     | Amazon com Inc.                                                  | Amazon com Inc.                                                                                                  | **          | 20,201               |
|     | Anthem                                                           | Anthem 3.3%                                                                                                      | **          | 29,978               |
|     | Apple Inc.                                                       | Apple Inc. 3.25%                                                                                                 | **          | 18,549               |
|     | Applied Materials Inc.                                           | Applied Materials Inc.                                                                                           | **          | 20,452               |
|     | At&T Inc.                                                        | At&T Inc. 5.91514%                                                                                               | **          | 35,250               |
|     | Bank of America Corporation                                      | Bank of America Corporation 3.3%                                                                                 | **          | 29,990               |
|     | Bank of America Corporation                                      | Bank of America Corporation 3.974%                                                                               | **          | 18,208               |
|     | Bank of New York Mellon Corp                                     | Bank of New York Mellon Corp 3.25%                                                                               | **          | 14,592               |
|     | Bank of Nova Scotia                                              | Bank of Nova Scotia 1.3%                                                                                         | **          | 18,339               |
|     | Bat Capital Corporation                                          | Bat Capital Corporation 3.222%                                                                                   | **          | 38,530               |
|     | Blackrock Inc.                                                   | Blackrock Inc. Note 2.1%                                                                                         | **          | 20,188               |
|     | Boeing Co                                                        | Boeing Co 2.8%                                                                                                   | **          | 20,368               |
|     | Bunge LTD Finance Corp                                           | Bunge LTD Finance Corp 3.25                                                                                      | **          | 18,654               |
|     | Canadian Imperial Bank of Comm                                   | Canadian Imperial Bank of Comm .95%                                                                              | **          | 39,523               |
|     | Canadian Imperial Bank of Comm                                   | Canadian Imperial Bank of Comm 3.1%                                                                              | **          | 19,523               |
|     | Canadian Natural Resources                                       | Canadian Natural Resources LTD 3.8%                                                                              | **          | 19,606               |
|     | Cardinal Health Inc.                                             | Cardinal Health Inc. 3.079%                                                                                      | **          | 34,009               |
|     | Celgene Corp                                                     | Celgene Corp 2.75%                                                                                               | **          | 29,927               |
|     | Cigna Corporatio                                                 | Cigna Corporation Note 3.4%                                                                                      | **          | 18,790               |
|     | Citigroup Inc.                                                   | Citigroup Inc. 3.375%                                                                                            | **          | 29,930               |
|     | Coca Cola Co                                                     | Coca Cola Co Note 2.25%                                                                                          | **          | 20,969               |

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**EMPLOYER IDENTIFICATION NUMBER: 94-2440675**  
**PLAN NUMBER: 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a) | (b)<br>Identity of Issues, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment including Maturity Date, Rate<br>of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | Comcast Corp                                                     | Comcast Corp Note 2.65%                                                                                          | **          | 17,368               |
|     | Ebay Inc.                                                        | Ebay Inc. 2.75%                                                                                                  | **          | 29,951               |
|     | Energy Transfer Operating                                        | Energy Transfer Operating LP 3.75%                                                                               | **          | 17,692               |
|     | Entergy Louisiana LLC                                            | Entergy Louisiana LLC Bond 0.95%                                                                                 | **          | 20,488               |
|     | Fiserv Inc.                                                      | Fiserv Inc. 2.75%                                                                                                | **          | 28,981               |
|     | Gilead Sciences Inc.                                             | Gilead Sciences Inc. Note 1.2%                                                                                   | **          | 16,992               |
|     | Goldman Sachs Group Inc.                                         | Goldman Sachs Group Inc. 2.615                                                                                   | **          | 19,951               |
|     | Goldman Sachs Group Inc.                                         | Goldman Sachs Group Inc. 4%                                                                                      | **          | 29,621               |
|     | John Deere Capital Corp.                                         | John Deere Capital Corp. 2.05%                                                                                   | **          | 18,996               |
|     | JP Morgan Chase & Co                                             | JP Morgan Chase & Co 3.625%                                                                                      | **          | 32,421               |
|     | JP Morgan Chase & Co                                             | JP Morgan Chase & Co 4.005%                                                                                      | **          | 18,503               |
|     | Kellogg Company                                                  | Kellogg Company 2.65%                                                                                            | **          | 24,465               |
|     | Lennar Corp                                                      | Lennar Corp 5.875%                                                                                               | **          | 35,164               |
|     | Marathon Petroleum Corp                                          | Marathon Petroleum Corp 4.7%                                                                                     | **          | 39,418               |
|     | Merck & Co Inc.                                                  | Merck & Co Inc. 1.9%                                                                                             | **          | 18,063               |
|     | Mitsubishi UFJ FIN GRP Inc.                                      | Mitsubishi UFJ FIN GRP Inc. 3.741%                                                                               | **          | 35,060               |
|     | Morgan Stanley                                                   | Morgan Stanley 1.164%                                                                                            | **          | 36,820               |
|     | Morgan Stanley                                                   | Morgan Stanley 5.77029%                                                                                          | **          | 20,036               |
|     | Morgan Stanley                                                   | Morgan Stanley 3.75%                                                                                             | **          | 29,938               |
|     | National Rural Utilities Coope                                   | National Rural Utilities Coope 2.4%                                                                              | **          | 16,698               |
|     | Progressive Corp                                                 | Progressive Corp (Ohio) 3%                                                                                       | **          | 17,430               |
|     | Qualcom Inc.                                                     | Qualcom Inc. 4.25%                                                                                               | **          | 19,307               |
|     | Realty Income Corp                                               | Realty Income Corp 4.125%                                                                                        | **          | 19,479               |
|     | Roper Technologies Inc.                                          | Roper Technologies Inc. 2.35%                                                                                    | **          | 23,880               |
|     | Royal Bank of Canada                                             | Royal Bank of Canada 2.25%                                                                                       | **          | 38,148               |
|     | Royal Bank of Canada                                             | Royal Bank of Canada 4.65%                                                                                       | **          | 34,569               |
|     | State Street Corporation                                         | State Street Corporation 2.623%                                                                                  | **          | 20,498               |
|     | Stifel Financial Corp                                            | Stifel Financial Corp 4.25%                                                                                      | **          | 19,603               |
|     | T Mobile USA Inc.                                                | T Mobile USA Inc. 3.5%                                                                                           | **          | 21,595               |
|     | Toyota Motor Credit Corp                                         | Toyota Motor Credit Corp 3.375%                                                                                  | **          | 18,232               |
|     | Toyota Motor Credit Corp                                         | Toyota Motor Credit Corp 3.45%                                                                                   | **          | 39,550               |
|     | Truist Financial Corporation                                     | Truist Financial Corporation 4%                                                                                  | **          | 19,667               |
|     | United Parcel Service Inc.                                       | United Parcel Service Inc. 3.4%                                                                                  | **          | 18,368               |
|     | United Technologies Corp                                         | United Technologies Corp 4.125%                                                                                  | **          | 14,386               |
|     | Verizon Communications                                           | Verizon Communications 2.55%                                                                                     | **          | 20,594               |
|     | Verizon Communications                                           | Verizon Communications 5.70614%                                                                                  | **          | 35,278               |
|     | VF Corp                                                          | VF Corp 2.4%                                                                                                     | **          | 18,774               |
|     | VMWare Inc.                                                      | VMWare Inc. 2.2%                                                                                                 | **          | 19,033               |
|     | Vodafone Group                                                   | Vodafone Group 4.125%                                                                                            | **          | 34,469               |
|     | Wells Fargo & Company                                            | Wells Fargo & Company 2.879%                                                                                     | **          | 17,050               |
|     | Wells Fargo & Company                                            | Wells Fargo & Company 4.3%                                                                                       | **          | 28,920               |
|     | Zoetis Inc.                                                      | Zoetis Inc. 5.6%                                                                                                 | **          | <u>20,807</u>        |
|     |                                                                  | Total corporate bonds                                                                                            |             | <u>1,630,287</u>     |
|     |                                                                  | <b>Guaranteed Investment Contract</b>                                                                            |             |                      |
| *   | Massachusetts Mutual Life Insurance Company                      | Fixed Account                                                                                                    | **          | <u>7,953</u>         |

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN**  
**EMPLOYER IDENTIFICATION NUMBER: 94-2440675**  
**PLAN NUMBER: 001**  
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2022**

| (a) | (b)<br>Identity of Issues, Borrower,<br>Lessor, or Similar Party | (c)<br>Description of Investment including Maturity Date, Rate<br>of Interest, Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     |                                                                  | Total guaranteed investment contract                                                                             |             | <u>7,953</u>         |
|     |                                                                  | <b>Pooled Separate Accounts</b>                                                                                  |             |                      |
|     | American Funds                                                   | American Funds AMCAP Fund Class R6                                                                               | **          | 2,514                |
|     | American Funds                                                   | American Funds EuroPacific Growth Fund Class R6                                                                  | **          | 30,357               |
|     | Franklin Templeton                                               | Franklin Small Cap Value R6                                                                                      | **          | 32,076               |
|     | Invesco                                                          | Invesco Small Cap Growth R6                                                                                      | **          | 3,271                |
| *   | Empower Trust Company, LLC                                       | Empower S&P Mid Cap 400 Index                                                                                    | **          | 76,859               |
| *   | Empower Trust Company, LLC                                       | Mass Mutual Mid Cap Growth I                                                                                     | **          | 1,313                |
| *   | Empower Trust Company, LLC                                       | Mass Mutual Mid Cap Value I                                                                                      | **          | 15,287               |
|     | Massachusetts Financial Services                                 | Massachusetts Financial Services Value Fd Class R6                                                               | **          | 43,401               |
|     | Invesco                                                          | Invesco International Diversified Fund Class R6                                                                  | **          | 15,222               |
|     | Vanguard                                                         | Vanguard Total Bond Market Index Fund Adm Shares                                                                 | **          | 16,384               |
|     | American Funds                                                   | American Funds Target Date 2060 R6                                                                               | **          | 398                  |
|     | American Funds                                                   | American Funds Target Date 2055 R6                                                                               | **          | 6,733                |
|     | American Funds                                                   | American Funds Target Date 2050 R6                                                                               | **          | 48,417               |
|     | American Funds                                                   | American Funds Target Date 2045 R6                                                                               | **          | 111,396              |
|     | American Funds                                                   | American Funds Target Date 2040 R6                                                                               | **          | 77,104               |
|     | American Funds                                                   | American Funds Target Date 2035 R6                                                                               | **          | 592,556              |
|     | American Funds                                                   | American Funds Target Date 2030 R6                                                                               | **          | 738,928              |
|     | American Funds                                                   | American Funds Target Date 2025 R6                                                                               | **          | 290,115              |
|     | American Funds                                                   | American Funds Target Date 2020 R6                                                                               | **          | 164,226              |
|     | Vanguard                                                         | Vanguard 500 Index Fund Admiral Shares                                                                           | **          | 82,144               |
|     | Fidelity                                                         | Fidelity Advisor Total Bond Fund Class Z                                                                         | **          | <u>3,760</u>         |
|     |                                                                  | Total pooled separate accounts                                                                                   |             | <u>2,352,461</u>     |
|     |                                                                  | <b>Notes Receivable From Participants</b>                                                                        |             |                      |
| *   | Notes receivable from participants                               | Interest rates range 5.25% - 9.00%                                                                               | **          | <u>1,116,122</u>     |
|     |                                                                  |                                                                                                                  |             | <u>\$ 20,025,558</u> |
|     | *Party-in-interest                                               |                                                                                                                  |             |                      |
|     | **Cost information is not required                               |                                                                                                                  |             |                      |

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

# Schedule H, line 4i

## Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2022 and ending 12/31/2022

Name of plan

DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

Employer Identification Number

94-2440675

Three-digit  
plan number

001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | WEST AMERICA                                              | WEST AMERICA 6                                                                                              |          | 380,281           |
|     | TD AMERITRADE                                             | MONEY MARKET FUNDS                                                                                          |          | 839,454           |
|     | AQR FUNDS                                                 | AQR FUNDS INTL DEFENSIVE STYLE                                                                              |          | 33,465            |
|     | AQR FUNDS                                                 | AQR FUNDS INTL MOMENTUM STYLE                                                                               |          | 49,803            |
|     | AQR FUNDS                                                 | AQR FUNDS LARGE CAP DEFENSIVE                                                                               |          | 81,312            |
|     | CION ARES                                                 | CION ARES DIVERSIFIED CREDIT F                                                                              |          | 182,853           |
|     | DIMENSIONAL                                               | DIMENSIONAL FD ADV EMRG MKTS C                                                                              |          | 62,672            |
|     | DIMENSIONAL                                               | DIMENSIONAL FD ADV INTL HI REL                                                                              |          | 85,461            |
|     | DIMENSIONAL                                               | DIMENSIONAL FD ADV INTL VALUE                                                                               |          | 93,672            |
|     | DIMENSIONAL                                               | DIMENSIONAL FD ADV SMALL CAP                                                                                |          | 101,710           |
|     | DIMENSIONAL                                               | DIMENSIONAL FD ADV US HI RELAT                                                                              |          | 172,476           |
|     | DIMENSIONAL                                               | DIMENSIONAL FD ADV US LG CAP V                                                                              |          | 173,831           |
|     | DIMENSIONAL                                               | DIMENSIONAL TRUST EMERG CORE E                                                                              |          | 45,107            |
|     | DIMENSIONAL                                               | DIMENSIONAL TRUST INTL CORE EQ                                                                              |          | 181,966           |
|     | DIMENSIONAL                                               | DIMENSIONAL TRUST US CORE EQUI                                                                              |          | 574,175           |
|     | DIMENSIONAL                                               | DIMENSIONAL TRUST INTL                                                                                      |          | 6,130             |
|     | ISHARES                                                   | ISHARES INC. MLT FCTR EMG MKT                                                                               |          | 26,060            |
|     | ISHARES                                                   | ISHARES TRUST CORE US                                                                                       |          | 606,091           |
|     | ISHARES                                                   | ISHARES TRUST MSCI INTL MOMENT                                                                              |          | 64,466            |
|     | ISHARES                                                   | ISHARES TRUST MSCI INTL QUALIT                                                                              |          | 31,548            |
|     | ISHARES                                                   | ISHARES TRUST MSCI INTL VLU FT                                                                              |          | 33,874            |
|     | ISHARES                                                   | ISHARES TRUST MSCI MIN VOL FAC                                                                              |          | 31,856            |
|     | ISHARES                                                   | ISHARES TRUST MSCI QUALITY FAC                                                                              |          | 70,313            |
|     | ISHARES                                                   | ISHARES TRUST MSCI SMALL CAP                                                                                |          | 67,931            |
|     | ISHARES                                                   | ISHARES TRUST S&P 500                                                                                       |          | 172,899           |
|     | ISHARES                                                   | ISHARES TRUST MSCI USA MIN VOL                                                                              |          | 79,815            |
|     | ISHARES                                                   | ISHARES TRUST MSCI USA MOMENTU                                                                              |          | 231,883           |
|     | ISHARES                                                   | ISHARES TRUST MSCI USA SMCP MI                                                                              |          | 20,361            |
|     | ISHARES                                                   | ISHARES TRUST MSCI USA VALUE                                                                                |          | 70,816            |
|     | ISHARES                                                   | ISHARES TRUST TIPS BD                                                                                       |          | 106,440           |
|     | LORD ABBETT                                               | LORD ABBETT FDS SHORT DURATION                                                                              |          | 430,753           |
|     | SCHWAB                                                    | SCHWAB STRATEGIC TR EMERGING M                                                                              |          | 26,061            |
|     | SCHWAB                                                    | SCHWAB STRATEGIC TR INTL EQUIT                                                                              |          | 125,877           |
|     | SCHWAB                                                    | SCHWAB STRATEGIC TR US LARGE C                                                                              |          | 281,917           |
|     | SCHWAB                                                    | SCHWAB STRATEGIC TR US SMALL C                                                                              |          | 37,431            |
|     | SPDR                                                      | SPDR INDEX SHARES FDS PORT DEV                                                                              |          | 207,901           |
|     | SPDR                                                      | SPDR INDEX SHARES FDS PORT EMG                                                                              |          | 34,941            |
|     | SPDR                                                      | SPDR SERIES TRUST PORT S&P 150                                                                              |          | 193,502           |
|     | SPDR                                                      | SPDR BLOOMBERG 1-3 MONTH                                                                                    |          | 141,687           |

# Schedule H, line 4i

## Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2022 and ending 12/31/2022

Name of plan

DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

Employer Identification Number

94-2440675

Three-digit  
plan number

001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | SPROTT PHYSICAL                                           | SPROTT PHYSICAL GOLD AND SILVE                                                                              |          | 89,650            |
|     | VANGUARD                                                  | VANGUARD BALANCED INDEX                                                                                     |          | 4,701,693         |
|     | VANGUARD                                                  | VANGUARD INTER TEMR CORPRATE                                                                                |          | 35,541            |
|     | VANGUARD                                                  | VANGUARD SHORT TERM INVESTMENT                                                                              |          | 1,041,598         |
|     | VANGUARD                                                  | VANGUARD REAL ESTATE                                                                                        |          | 47,226            |
|     | VANGUARD                                                  | VANGUARD SHORT TERM BOND                                                                                    |          | 325,661           |
|     | VANGUARD                                                  | VANGUARD EMERGING MARKETS                                                                                   |          | 5,340             |
|     | VANGUARD                                                  | VANGUARD TOTAL STOCK MARKET                                                                                 |          | 31,866            |
|     | VANGUARD                                                  | VANGUARD TOTAL BOND MARKET                                                                                  |          | 140,559           |
|     | VANGUARD                                                  | VANGUARD TOTAL INT BOND                                                                                     |          | 120,852           |
|     | VANGUARD                                                  | VANGUARD TOTAL WORLD BOND                                                                                   |          | 498,316           |
|     | VIRTUS                                                    | VIRTUS FD SEIX FLOATING RATE H                                                                              |          | 1,036,834         |
|     | AES CORP                                                  | AES CORP                                                                                                    |          | 43,140            |
|     | APPLE INC                                                 | APPLE INC                                                                                                   |          | 97,448            |
|     | COSTCO WHOLESALE CORP                                     | COSTCO WHOLESALE CORP                                                                                       |          | 45,650            |
|     | NEXTERA ENERGY INC.                                       | NEXTERA ENERGY INC.                                                                                         |          | 41,800            |
|     | OMEGA HEALTHCARE INVESTORS                                | OMEGA HEALTHCARE INVESTORS                                                                                  |          | 55,900            |
|     | PEMBINA PIPELINE CORPORATION                              | PEMBINA PIPELINE CORPORATION                                                                                |          | 84,875            |
|     | PEPSICO INC.                                              | PEPSICO INC.                                                                                                |          | 90,330            |
|     | PROLOGIS INC.                                             | PROLOGIS INC.                                                                                               |          | 140,913           |
|     | SONOCO PRODUCTS                                           | SONOCO PRODUCTS                                                                                             |          | 45,533            |
|     | WASTE MANAGEMENT                                          | WASTE MANAGEMENT                                                                                            |          | 39,219            |
|     | ABBVIE INC.                                               | ABBVIE INC. 2.85%                                                                                           |          | 29,783            |
|     | ABBVIE INC.                                               | ABBVIE INC. 3.6%                                                                                            |          | 38,797            |
|     | AERCAP IRELAND CAPITAL                                    | AERCAP IRELAND CAPITAL DAC                                                                                  |          | 19,868            |
|     | AMAZON COM INC.                                           | AMAZON COM INC.                                                                                             |          | 20,201            |
|     | ANTHEM                                                    | ANTHEM 3.3%                                                                                                 |          | 29,978            |
|     | APPLE INC.                                                | APPLE INC. 3.25%                                                                                            |          | 18,549            |
|     | APPLIED MATERIALS INC.                                    | APPLIED MATERIALS INC.                                                                                      |          | 20,452            |
|     | AT&T INC.                                                 | AT&T INC. 5.91514%                                                                                          |          | 35,250            |
|     | BANK OF AMERICA CORPORATION                               | BANK OF AMERICA CORPORATION 3.                                                                              |          | 29,990            |
|     | BANK OF AMERICA CORPORATION                               | BANK OF AMERICA CORPORATION 3.                                                                              |          | 18,208            |
|     | BANK OF NEW YORK MELLON CORP                              | BANK OF NEW YORK MELLON CORP 3                                                                              |          | 14,592            |
|     | BANK OF NOVA SCOTIA                                       | BANK OF NOVA SCOTIA 1.3%                                                                                    |          | 18,339            |
|     | BAT CAPITAL CORPORATION                                   | BAT CAPITAL CORPORATION 3.222%                                                                              |          | 38,530            |
|     | BLACKROCK INC.                                            | BLACKROCK INC. NOTE 2.1%                                                                                    |          | 20,188            |
|     | BOEING CO                                                 | BOEING CO 2.8%                                                                                              |          | 20,368            |
|     | BUNGE LTD FINANCE CORP                                    | BUNGE LTD FINANCE CORP 3.25                                                                                 |          | 18,654            |
|     | CANADIAN IMPERIAL BANK OF COMM                            | CANADIAN IMPERIAL BANK OF COMM                                                                              |          | 39,523            |

# Schedule H, line 4i

## Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2022 and ending 12/31/2022

Name of plan

DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN

Employer Identification Number

94-2440675

Three-digit  
plan number

001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | CANADIAN IMPERIAL BANK OF COMM                            | CANADIAN IMPERIAL BANK OF COMM                                                                              |          | 19,523            |
|     | CANADIAN NATURAL RESOURCES                                | CANADIAN NATURAL RESOURCES LTD                                                                              |          | 19,606            |
|     | CARDINAL HEALTH INC.                                      | CARDINAL HEALTH INC. 3.079%                                                                                 |          | 34,009            |
|     | CELGENE CORP                                              | CELGENE CORP 2.75%                                                                                          |          | 29,927            |
|     | CIGNA CORPORATIO                                          | CIGNA CORPORATION NOTE 3.4%                                                                                 |          | 18,790            |
|     | CITIGROUP INC.                                            | CITIGROUP INC. 3.375%                                                                                       |          | 29,930            |
|     | COCA COLA CO                                              | COCA COLA CO NOTE 2.25%                                                                                     |          | 20,969            |
|     | COMCAST CORP                                              | COMCAST CORP NOTE 2.65%                                                                                     |          | 17,368            |
|     | EBAY INC.                                                 | EBAY INC. 2.75%                                                                                             |          | 29,951            |
|     | ENERGY TRANSFER OPERATING                                 | ENERGY TRANSFER OPERATING LP 3                                                                              |          | 17,692            |
|     | ENTERGY LOUISIANA LLC                                     | ENTERGY LOUISIANA LLC BOND 0.9                                                                              |          | 20,488            |
|     | FISERV INC.                                               | FISERV INC. 2.75%                                                                                           |          | 28,981            |
|     | GILEAD SCIENCES INC.                                      | GILEAD SCIENCES INC. NOTE 1.2%                                                                              |          | 16,992            |
|     | GOLDMAN SACHS GROUP INC.                                  | GOLDMAN SACHS GROUP INC. 2.615                                                                              |          | 19,951            |
|     | GOLDMAN SACHS GROUP INC.                                  | GOLDMAN SACHS GROUP INC. 4%                                                                                 |          | 29,621            |
|     | JOHN DEERE CAPITAL CORP.                                  | JOHN DEERE CAPITAL CORP. 2.05%                                                                              |          | 18,996            |
|     | JP MORGAN CHASE & CO                                      | JP MORGAN CHASE & CO 3.625%                                                                                 |          | 32,421            |
|     | JP MORGAN CHASE & CO                                      | JP MORGAN CHASE & CO 4.005%                                                                                 |          | 18,503            |
|     | KELLOGG COMPANY                                           | KELLOGG COMPANY 2.65%                                                                                       |          | 24,465            |
|     | LENNAR CORP                                               | LENNAR CORP 5.875%                                                                                          |          | 35,164            |
|     | MARATHON PETROLEUM CORP                                   | MARATHON PETROLEUM CORP 4.7%                                                                                |          | 39,418            |
|     | MERCK & CO INC.                                           | MERCK & CO INC. 1.9%                                                                                        |          | 18,063            |
|     | MITSUBISHI UFJ FIN GRP INC.                               | MITSUBISHI UFJ FIN GRP INC. 3.                                                                              |          | 35,060            |
|     | MORGAN STANLEY                                            | MORGAN STANLEY 1.164%                                                                                       |          | 36,820            |
|     | MORGAN STANLEY                                            | MORGAN STANLEY 5.77029%                                                                                     |          | 20,036            |
|     | MORGAN STANLEY                                            | MORGAN STANLEY 3.75%                                                                                        |          | 29,938            |
|     | NATIONAL RURAL UTILITIES COOPE                            | NATIONAL RURAL UTILITIES COOPE                                                                              |          | 16,698            |
|     | PROGRESSIVE CORP                                          | PROGRESSIVE CORP (OHIO) 3%                                                                                  |          | 17,430            |
|     | QUALCOM INC.                                              | QUALCOM INC. 4.25%                                                                                          |          | 19,307            |
|     | REALTY INCOME CORP                                        | REALTY INCOME CORP 4.125%                                                                                   |          | 19,479            |
|     | ROPER TECHNOLOGIES INC.                                   | ROPER TECHNOLOGIES INC. 2.35%                                                                               |          | 23,880            |
|     | ROYAL BANK OF CANADA                                      | ROYAL BANK OF CANADA 2.25%                                                                                  |          | 38,148            |
|     | ROYAL BANK OF CANADA                                      | ROYAL BANK OF CANADA 4.65%                                                                                  |          | 34,569            |
|     | STATE STREET CORPORATION                                  | STATE STREET CORPORATION 2.623                                                                              |          | 20,498            |
|     | STIFEL FINANCIAL CORP                                     | STIFEL FINANCIAL CORP 4.25%                                                                                 |          | 19,603            |
|     | T MOBILE USA INC.                                         | T MOBILE USA INC. 3.5%                                                                                      |          | 21,595            |
|     | TOYOTA MOTOR CREDIT CORP                                  | TOYOTA MOTOR CREDIT CORP 3.375                                                                              |          | 18,232            |
|     | TOYOTA MOTOR CREDIT CORP                                  | TOYOTA MOTOR CREDIT CORP 3.45%                                                                              |          | 39,550            |
|     | TRUIST FINANCIAL CORPORATION                              | TRUIST FINANCIAL CORPORATION 4                                                                              |          | 19,667            |

[illegible]

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>► Complete all entries in accordance with the Instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____<br>B This return/report is: <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).<br>C If the plan is a collectively-bargained plan, check here . . . . . <input type="checkbox"/><br>D Check box if filing under: <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description) _____<br>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |     |                                                |  |                                                              |  |                                                             |  |                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-------------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information --- enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |     |                                                |  |                                                              |  |                                                             |  |                                                      |  |
| <b>1a</b> Name of plan<br>DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN<br><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)<br><br>DUNLOP MANUFACTURING INC<br><br><br>170 INDUSTRIAL WAY<br><br><br>US BENICIA CA 94510-0000 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>07/01/1979</td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/>94-2440675</td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/>(707) 745-2722</td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/>339900</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ► | 001 | <b>1c</b> Effective date of plan<br>07/01/1979 |  | <b>2b</b> Employer Identification Number (EIN)<br>94-2440675 |  | <b>2c</b> Plan Sponsor's telephone number<br>(707) 745-2722 |  | <b>2d</b> Business code (see instructions)<br>339900 |  |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                                                                                                                                                                                              | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |     |                                                |  |                                                              |  |                                                             |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>07/01/1979                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |     |                                                |  |                                                              |  |                                                             |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>94-2440675                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |     |                                                |  |                                                              |  |                                                             |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>(707) 745-2722                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |     |                                                |  |                                                              |  |                                                             |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>339900                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |     |                                                |  |                                                              |  |                                                             |  |                                                      |  |

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

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

|              |                  |                       |                                                                                      |
|--------------|------------------|-----------------------|--------------------------------------------------------------------------------------|
| SIGN<br>HERE |                  | <u>8/4/23</u><br>Date | <u>Jasmin Powell</u><br>Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                  | <u>8/4/23</u><br>Date | <u>Jasmin Powell</u><br>Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Signature of DFE | Date                  | Enter name of individual signing as DFE                                              |

|                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 20px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                   | <b>5</b> 317                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                          |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .                                                                                                                                                                                               | <b>6a(1)</b> 280                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year . . . . .                                                                                                                                                                                                     | <b>6a(2)</b> 199                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits . . . . .                                                                                                                                                                                                                   | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits . . . . .                                                                                                                                                                                                    | <b>6c</b> 79                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . . . . .                                                                                                                                                                                                           | <b>6d</b> 278                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .                                                                                                                                                                            | <b>6e</b> 0                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . . . . .                                                                                                                                                                                                                               | <b>6f</b> 278                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .                                                                                                                                       | <b>6g</b> 268                                                                                                                                                    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .                                                                                                                                            | <b>6h</b> 36                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .                                                                                                                                                          | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2A 2E 2F 2H 2J 2K 2T 3D</b>                                                                                            |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                               |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                               | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                                               |
| <b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                       |                                                                                                                                                                                                                                                                         |
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                              | <b>b General Schedules</b>                                                                                                                                                                                                                                              |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                                                   | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                                                                                                                                                                                         |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                   | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)                                                                                                                                                                                       |
| <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                 | <b>(3)</b> <input checked="" type="checkbox"/> <b>2</b> <b>A</b> (Insurance Information)                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                         | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                         | <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                         | <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                                                                                                                                                                                          |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_