

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)☒ a single-employer plan☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report☐ the final return/report☐ an amended return/report☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 10/01/1971
		2b	Employer Identification Number (EIN) 85-0352455
		2c	Plan Sponsor's telephone number 575-628-3627
		2d	Business code (see instructions) 441300
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FORREST TIRE COMPANY, INC. P.O. BOX 1778 CARLSBAD, NM 88221		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/26/2024	RICHARD J. FORREST, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 228
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 186
a(2) Total number of active participants at the end of the plan year		6a(2) 177
b Retired or separated participants receiving benefits		6b 2
c Other retired or separated participants entitled to future benefits.....		6c 41
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 220
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 159
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A Name of plan FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FORREST TIRE COMPANY, INC.	D Employer Identification Number (EIN) 85-0352455

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

(a) Name of insurance carrier PACIFIC LIFE & ANNUITY COMPANY

(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
95-1079000	67466	VP66198810	1	10/01/2022	09/30/2023

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.
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(a) Total amount of commissions paid 204	(b) Total amount of fees paid 0
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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 EDWARD JONES INSURANCE AGENCY 12555 MANCHESTER RD SAINT LOUIS, MO 63131-3710
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
204			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

b	Premiums paid to carrier	6b	10199
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

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

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

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

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

(6) Total additions.....	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions.....	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FORREST TIRE COMPANY, INC.	D Employer Identification Number (EIN) 85-0352455	

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	3356634	1	10/01/2022	09/30/2023

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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	67

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 GILBERT GARCIA
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	67	SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶ INT 2.5% TO 4% (DEP PLAN TYPE), 1958 STD MORT SCALE. EXPENSES = POLICY, GRADED FLAT AMT PLUS GRADED PCT		
b	Premiums paid to carrier	6b	3336
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions.....	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions.....	7e(5)	0
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:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A Name of plan FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FORREST TIRE COMPANY, INC.	D Employer Identification Number (EIN) 85-0352455

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(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

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

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

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

CARR, RIGGS & INGRAM, LLC

201 S. HALGUENO
CARLSBAD, NM 88220

75-1396621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	50417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBINSON BURDETTE MARTIN & SERIGHT

9816 SLIDE ROAD
SUITE 301
LUBBOCK, TX 79424

75-2489868

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRI TPA SERVICES

2633 CENTENNIAL BLVD, #200
TALLAHASSEE, FL 32308

83-4124826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	8700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b style="font-size: 1.2em;">SCHEDULE H <b style="font-size: 1.1em;">(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b style="font-size: 1.2em;">Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <b style="font-size: 1.2em;">2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023						
A Name of plan FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center; color: blue;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 FORREST TIRE COMPANY, INC.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) 85-0352455 </td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) 85-0352455			
D Employer Identification Number (EIN) 85-0352455						

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	578158	518749
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	16758	9326
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	10201	3609
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	210000	210000
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	649646	587277
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15608098	17092304
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	479708	500031

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	3015	15
f Total assets (add all amounts in lines 1a through 1e)	1f	17555584	18921311

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	167750	203557
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	167750	203557

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17387834	18717754
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	295524	
(B) Participants	2a(1)(B)	332824	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		628348
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	35766	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35766
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1329043	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1329043
(3) Rents	2b(3)		18534
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1140045	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1140045

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11031
d Total income. Add all income amounts in column (b) and enter total	2d		3162767
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1433893	
(2) To insurance carriers for the provision of benefits	2e(2)	13535	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1447428
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)	82187	
(2) Contract administrator fees	2i(2)	86895	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	216337	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		385419
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1832847
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1329920
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: **ROBINSON BURDETTE MARTIN & SERIGHT**

(2) EIN: **75-2489868**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FORREST TIRE COMPANY, INC.		D Employer Identification Number (EIN) 85-0352455
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 85-6067608		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Financial Statements
For the Years Ended:
September 30, 2023 and 2022



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Independent Auditor's Report

To the Trustees of
the Forrest Tire Company, Inc. 401(k) Profit Sharing Plan
Carlsbad, New Mexico

Opinion

We have audited the accompanying financial statements of the Forrest Tire Company, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, 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 the Plan as of September 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental 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 listed in the accompanying table of contents 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 GAAS.



Supplemental Schedule Required by ERISA (continued)

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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.

RBMS, LLP

Lubbock, Texas
February 15, 2024

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
September 30, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 751,741	\$ 799,142
Receivables:		
Employer contributions	9,326	16,758
Notes receivable from participants	587,277	649,646
Accrued interest receivable	3,609	10,201
Other receivables	<u>15</u>	<u>3,015</u>
Total receivables	<u>600,227</u>	<u>679,620</u>
Investments, at fair value	<u>17,569,343</u>	<u>16,076,822</u>
Total Assets	\$ <u>18,921,311</u>	\$ <u>17,555,584</u>
Accounts payable	\$ 14,388	\$ 12,556
Deferred rental income	1,909	-
Accrued income tax	<u>187,260</u>	<u>155,194</u>
Total Liabilities	<u>203,557</u>	<u>167,750</u>
Net Assets Available for Benefits	\$ <u><u>18,717,754</u></u>	\$ <u><u>17,387,834</u></u>

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended September 30, 2023 and 2022

	2023	2022
Net appreciation (depreciation) in fair value of investments	\$ 1,137,541	\$ (3,293,105)
Interest and dividends	611,349	915,320
Unrelated business income	753,460	505,334
Rental income, net	18,534	17,920
Investment income (loss), net	2,520,884	(1,854,531)
Employer	295,524	261,005
Employees	332,824	304,282
Contributions	628,348	565,287
Additions to Net Assets	3,149,232	(1,289,244)
Benefits paid to participants	1,433,893	527,933
Administrative expenses	169,308	174,979
Income tax expense	216,111	138,666
Deductions from Net Assets	1,819,312	841,578
Net Increase (Decrease) During the Year	1,329,920	(2,130,822)
Net Assets Available for Benefits:		
Beginning of year	17,387,834	19,518,656
End of year	\$ <u>18,717,754</u>	\$ <u>17,387,834</u>

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2023 and 2022

Note 1: Plan Description

The following description of the Forrest Tire Company, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General. The Plan is a defined contribution retirement plan covering all full-time employees of Forrest Tire Company, Inc. (the Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility. Employees of the Sponsor are eligible to participate in the Plan after completing three months of service. Participation begins the first day of the month coinciding with or next following the date the employee satisfies the eligibility requirements.

Contributions. Under the Plan, both participants and the Sponsor can make contributions. Participant contributions are subject to certain annual limitations. Participants may change their contribution percentages at any time, with the changes becoming effective as soon as administratively feasible.

The Sponsor makes annual safe harbor matching contributions to the Plan equal to 100% of each participant's salary deferrals, provided they do not exceed 6% of the participant's compensation. The Sponsor may also make discretionary profit sharing contributions to the Plan, as determined annually.

Participant Accounts. Each participant's account is credited with the participant's contributions and allocations of the Sponsor's contributions, as well as the investment earnings or losses thereon, and allocations of any administrative expenses. Any Sponsor profit sharing contributions are allocated pro rata based on participant compensation.

Vesting. Participants are always fully vested in their contributions, the Sponsor's safe harbor matching contributions, and any earnings thereon. Participant's vest in the Sponsor's profit-sharing contribution portions of their accounts (including the related earnings), if any, based on a 6-year graded vesting schedule.

Forfeited Accounts. As permitted by the Plan, forfeitures are used to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan. There were no forfeitures in 2023 or 2022 and there were no forfeited non-vested accounts at September 30, 2023 or 2022.

Payment of Benefits. On termination of service due to death, disability or retirement, the participant or their beneficiary may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount or in periodic installments over a fixed reasonable period of time, not exceeding the life expectancy of the participant or the joint life and last survivor expectancy of the participant and beneficiary. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Participant Loans. Participants may borrow from the Plan a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of 6.00% each. Loans are for a period not to exceed five years, with certain exceptions, and are repaid through payroll deductions.

Tax Status. The Internal Revenue Service (IRS) has determined and informed the Sponsor by a letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (the Code). Although the Plan has been amended since receiving the determination letter, the Plan administrator and trustee believe that the Plan is designed and is currently being operated in compliance with the applicable Code requirements. The Plan owns stock in Carlsbad Bancorporation, Inc. which has elected Subchapter S status. Income received from this investment is considered unrelated business income and is subject to federal income tax. The Plan's estimated income tax liability has been estimated for purposes of the accompanying financial statements.

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2023 and 2022

Note 1: Plan Description (continued)

Accounting principles generally accepted in the United States of America (GAAP) requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the applicable authorities. There are currently no audits for any tax periods in progress. Generally, the Plan's tax returns are subject to examination for three years after they are filed.

Plan Termination. Although it has no intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, participants would automatically become fully vested.

Note 2: Summary of Significant Accounting Policies

The Plan's financial statements are prepared in accordance with GAAP, including specialized industry practices as specified in the American Institute of Certified Public Accountants' audit and accounting guide titled *Audits of Employee Benefit Plans*.

Use of Estimates. Financial statements prepared in conformity with GAAP require the trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents. Cash and cash equivalents in the accompanying financial statements include cash on hand, all depository accounts with financial institutions which are not subject to withdrawal restrictions or penalties, and all highly liquid investments with original maturities of three months or less.

Investment Values. Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments, as presented in the statements of changes in net assets, consist of both realized gains or losses and unrealized appreciation (depreciation) on investments. Investment income is recorded when received and investment expenses are recorded when paid.

Payment of Benefits. Benefits are recorded when paid.

Administrative Expenses. Certain administrative services and the use of office fixtures and equipment are provided to the Plan by the Sponsor, with no provision for these costs included in the accompanying financial statements. These costs were not significant for the years ended September 30, 2023 and 2022. All other administrative expenses are recognized when incurred.

Notes Receivable from Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued and unpaid interest.

Prohibited Transactions. A "party-in-interest" is a fiduciary or employee of the Plan, any person who provides services to the Plan, the Sponsor or an employee association whose members are covered by the Plan, a person who owns 50 percent or more of the Sponsor or such employee association or relatives of such person just listed. Under ERISA, a fiduciary is prohibited from causing the Plan to engage in the following transactions with a party-in-interest, with certain conditional exemptions provided by ERISA:

- A sale, exchange, or lease of property;
- A loan or other extension of credit;
- The furnishing of goods, services, or facilities;
- A transfer of assets to a party-in-interest for the use or benefit of a party-in-interest; or
- An acquisition of employer securities or real property.

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2023 and 2022

Note 2: Summary of Significant Accounting Policies (continued)

A fiduciary is also generally prohibited from using the Plan's assets for his or her own interest or account, acting in any trust transactions on behalf of a party whose interests are adverse to those of the Plan or its participants, and receiving consideration for his or her own account from a party dealing with the Plan in connection with a transaction involving the Plan's assets.

The Plan did not engage in any prohibited transactions in the years ended September 30, 2023 and 2022.

Note 3: Investments

Components of the Plan's investments are presented below, as of September 30:

	<u>2023</u>	<u>2022</u>
Common stock	\$ 6,587,335	\$ 5,960,111
Mutual funds	10,165,393	9,302,108
Government bonds	48,669	48,212
Corporate bonds	57,916	76,683
Real estate	210,000	210,000
Life insurance policies	<u>500,030</u>	<u>479,708</u>
Investments, at fair value	<u>\$ 17,569,343</u>	<u>\$ 16,076,822</u>

During 2023 and 2022, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,137,541 and depreciated in value by \$3,293,105, respectively.

Note 4: Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits as of September 30:

	<u>2023</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Common stock	\$ 3,313,914	\$ 3,273,421	\$ 6,587,335
Mutual funds	10,165,393	-	10,165,393
Government bonds	48,669	-	48,669
Corporate bonds	57,916	-	57,916
Real estate	-	210,000	210,000
Life insurance policies	<u>-</u>	<u>500,030</u>	<u>500,030</u>
Ending balance	<u>\$ 13,585,892</u>	<u>\$ 3,983,451</u>	<u>\$ 17,569,343</u>

	<u>2022</u>		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Common stock	\$ 3,181,032	\$ 2,779,079	\$ 5,960,111
Mutual funds	9,302,108	-	9,302,108
Government bonds	48,212	-	48,212
Corporate bonds	76,683	-	76,683
Real estate	-	210,000	210,000
Life insurance policies	<u>-</u>	<u>479,708</u>	<u>479,708</u>
Ending balance	<u>\$ 12,608,035</u>	<u>\$ 3,468,787</u>	<u>\$ 16,076,822</u>

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2023 and 2022

Note 4: Fair Value Measurements (continued)

FASB ASC 820, *Fair Value Measurements*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted market prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements

The fair values of certain common stocks, mutual funds, and bonds are based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair values of certain common stocks, real estate, and investments in life insurance policies are based on inputs other than quoted prices included within Level 1 that are directly or indirectly observable, such as quoted prices for similar instruments in active markets.

Note 5: Concentrations of Credit Risk

The Plan trustees have contracted with registered investment managers for the investment of Plan assets. Plan management and the Plan trustees periodically evaluate the financial soundness and investment effectiveness of the managers and believe that there are no concentrations that pose a risk to the Plan.

Note 6: 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 participant's account balances and the amounts reported in the statements of net assets available for benefits.

Note 7: Reconciliation of Net Assets and Changes in Net Assets to Form 5500

The Form 5500 is a joint-agency form, developed by the IRS, the U.S. Department of Labor, and the Pension Benefit Guaranty Corporation, which may be used to satisfy the annual reporting requirements of the Code and Titles I and IV of ERISA. The Plan is required to file a Form 5500 annually and enclose audited financial statements. There were no reconciling items between the Form 5500 and the accompanying financial statements for the years ended September 30, 2023 and 2022.

Note 8: Subsequent Events

Management has evaluated subsequent events through February 15, 2024, the date which the financial statements were available to be issued. No material subsequent events have occurred during this time which would require recognition in the financial statements or footnotes as of or for the year ended September 30, 2023.

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Supplemental Schedule
September 30, 2023

EIN: 85-0352455
PN: 001

Supplemental Schedule:

**Forrest Tire Company, Inc.
401(k) Profit Sharing Plan**

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
September 30, 2023

(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
	3M Company Common	54 shares, \$93.62 per share	\$ 11,105	\$ 5,055
	Abbott Laboratories	540 shares, \$96.85 per share	10,123	52,251
	Abbvie Inc	542 shares, \$149.06 per share	12,212	80,845
	Alibaba Group Holding Limited	500 shares, \$86.74 per share	57,020	43,370
	Alphabet Inc Class A	1,400 shares, \$130.86 per share	17,461	183,204
	Alphabet Inc Class C Capital Stock	1,400 shares, \$131.85 per share	17,405	184,590
	Altria Group Inc	627 shares, \$42.05 per share	27,244	26,382
	Amgen Inc	62 shares, \$268.76 per share	9,982	16,663
	Apple Inc	2,850 shares, \$171.21 per share	27,506	487,972
	Bank of America Corp Dep Shs	1,100 shares, \$20.76 per share	20,718	22,836
	Bank of America Corporation	1,947 shares, \$27.38 per share	27,854	53,322
	Chevron Corporation	202 shares, \$168.62 per share	20,914	34,061
	Chubb Limited	76 shares, \$208.18 per share	10,938	15,822
	CIM Real Estate Finance Trust, Inc.	23,301 shares, \$6.57 per share	219,614	153,087
	CNB Bankcorp	29,000 shares, \$112.88 per share	2,447,104	3,273,421
	Coca-Cola Co	1,251 shares, \$55.98 per share	24,088	70,007
	eBay Inc	750 shares, \$44.09 per share	9,531	33,068
	Ecolab Inc	42 shares, \$169.40 per share	5,859	7,115
	Exxon Mobil Corp	260 shares, \$117.58 per share	20,972	30,571
	Factset Research Systems Inc	34 shares, \$437.26 per share	5,932	14,867
	Gilead Sciences Inc	155 shares, \$74.94 per share	9,996	11,616
	HF Sinclair Corporation	858 shares, \$56.93 per share	20,938	48,846
	HF Sinclair Corporation	1,435 shares, \$56.93 per share	58,849	81,714
	Home Depot Inc	751 shares, \$302.16 per share	44,539	226,907
	Intel Corp	2,686 shares, \$35.55 per share	44,156	95,477
	International Business Machines Corporation	72 shares, \$140.30 per share	8,757	10,102
	Johnson & Johnson	83 shares, \$155.75 per share	10,913	12,927
	Johnson & Johnson	532 shares, \$155.75 per share	34,234	82,828
	JP Morgan Chase & Co	128 shares, \$145.02 per share	11,008	18,563
	Kinder Morgan Inc	1,415 shares, \$16.58 per share	29,023	23,457
	Kyndryl Holdings Inc Common Stock	14 shares, \$15.10 per share	387	217
	Lilly Eli & Co	112 shares, \$537.13 per share	9,221	60,159
	Lockheed Martin Corp Common	28 shares, \$408.96 per share	9,940	11,451
	Marathon Petroleum Corp Common Fund	91 shares, \$151.34 per share	4,969	13,772
	McDonalds Corp	71 shares, \$263.44 per share	10,953	18,704
	McDonalds Corp	500 shares, \$263.44 per share	43,824	131,768
	Microsoft Corp	700 shares, \$315.75 per share	30,279	221,174
	Mondelez International Inc	500 shares, \$69.40 per share	16,077	34,735
	Nike Inc Class B	400 shares, \$95.62 per share	6,804	38,293
	Packaging Corp America	58 shares, \$153.55 per share	5,949	8,906
	Paychex Inc	96 shares, \$115.33 per share	5,947	11,072
	Paypal Holdings Inc	500 shares, \$58.46 per share	9,361	29,230
	Peakstone Realty Trust Class E	3,080 shares, \$16.64 per share	200,741	51,251
	PepsiCo Inc	300 shares, \$169.44 per share	19,818	50,895
	Pfizer Inc	337 shares, \$33.17 per share	12,186	11,178
	Phillip Morris International Inc	101 shares, \$92.58 per share	792	9,319
	Phillips 66	1,000 shares, \$120.15 per share	35,741	120,199
	Procter & Gamble Co	710 shares, \$145.86 per share	51,534	103,627
	Qualcomm Inc	186 shares, \$111.06 per share	10,926	20,657
	Realty Income Corp	2,000 shares, \$49.94 per share	122,504	99,880
	Schlumberger Ltd	146 shares, \$58.30 per share	9,940	8,512
	Valero Energy Corp Common	80 shares, \$141.71 per share	4,950	11,337
	Vanguard World Fund Energy ETF	225 shares, \$126.74 per share	19,910	28,517

See accompanying Independent Auditor's Report.

EIN: 85-0352455
PN: 001

Supplemental Schedule:

**Forrest Tire Company, Inc.
401(k) Profit Sharing Plan**

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
September 30, 2023

(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
	Viatis Inc.	42 shares, \$9.86 per share	\$ 698	\$ 414
	Wal Mart Stores Inc	136 shares, \$159.93 per share	10,999	21,750
	Walt Disney Co	200 shares, \$81.05 per share	14,567	16,219
	WEC Energy Group Inc	91 shares, \$80.55 per share	5,936	7,330
	Xcel Energy Inc	801 shares, \$57.22 per share	16,736	45,823
	Total Common Stock		\$ 3,967,684	\$ 6,587,335
	American Funds Capital Income Builder Inc Shs CI F-2 Fund	956 shares, \$63.11 per share	59,357	60,316
	American Funds Capital World Growth & Income Fund CI F-3	1,909 shares, \$54.94 per share	83,476	104,895
	American Funds Dev World Growth & Income Fund F3	3,361 shares, \$9.60 per share	35,518	32,270
	American Funds Europacific Growth Fund CI F3	1,807 shares, \$51.41 per share	86,040	92,896
	American Funds Europacific Growth Fund Class F2	9,550 shares, \$51.19 per share	449,403	488,882
	American Funds Investment Company of America CI F2 Fund	11,112 shares, \$46.13 per share	366,438	512,618
	American Funds Investment Company of America Class F-3 Fund	4,781 shares, \$46.13 per share	173,908	220,558
	American Funds The Bond Fund of America Class F-3	10,382 shares, \$10.88 per share	141,489	112,956
	American Funds The Growth Fund of America Class F-3	2,839 shares, \$59.52 per share	131,748	168,978
	American Funds The Income Fund of America Class F-3	4,549 shares, \$21.87 per share	98,280	99,479
	American Funds The New Economy Fund Class F-3	4,330 shares, \$49.85 per share	160,955	215,864
	American Funds Washington Mutual Investors Fund Class F-3	2,156 shares, \$52.76 per share	87,245	113,754
	Blackrock Advantage International Class A Fund	5,780 shares, \$16.53 per share	65,838	95,542
	Blackrock Commodity Strategies C Fund	17,646 shares, \$8.50 per share	157,098	149,994
	Blackrock National Municipal Class K Fund	7,102 shares, \$9.72 per share	76,346	69,028
	Blackrock Total Return Class K Fund	8,825 shares, \$9.50 per share	100,804	83,838
	Columbia Select Mid Cap Value Fund Inst 3 CI A	1,943 shares, \$11.51 per share	23,375	22,367
	Dodge & Cox Funds International Stock Fund	1,797 shares, \$43.51 per share	78,836	78,198
	Dodge & Cox Income Fund	2,869 shares, \$14.02 per share	37,975	40,227
	Dodge & Cox Income Fund I	1,256 shares, \$11.88 per share	16,000	14,920
	Dodge & Cox Stock Fund	153 shares, \$226.30 per share	29,542	34,548
	Energy Select Sector SPDR Fund	500 shares, \$90.39 per share	24,200	45,195
	Eaton Vance National Municipal Opportunities Trust	17,845 shares, \$16.22 per share	303,545	289,446
	Fidelity Capital Appreciation Fund	1,224 shares, \$32.80 per share	44,472	40,135
	Fidelity New Markets Income Fund	2,171 shares, \$14.91 per share	34,441	32,364
	Fidelity Merrimack Street Trust Term Bond ETF	193 shares, \$47.80 per share	9,999	9,225
	Fidelity Puritan Fund	428 shares, \$49.04 per share	21,598	20,984
	Fidelity Investment Grade Bond Fund	3,978 shares, \$6.85 per share	32,054	27,247
	Fidelity Salem Street Trust US Bond Index Fund	585 shares, \$9.86 per share	7,000	5,766
	Financial Select Sector SPDR Fund	1,607 shares, \$33.17 per share	54,899	53,304
	Franklin Income Fund Class R6	22,803 shares, \$2.19 per share	51,430	49,939
	Harbor Capital Appreciation Fund Institutional	656 shares, \$82.97 per share	50,552	54,415
	Hartford Cap Appreciation Class F Fund	1,589 shares, \$35.37 per share	53,554	56,211
	Hartford Dividend & Growth F Fund	3,126 shares, \$29.78 per share	69,074	93,081
	Hartford International Equity Fund Class F	644 shares, \$10.92 per share	5,684	7,030
	Hartford Multi-Asset Income & Growth Fund Class F	4,923 shares, \$17.54 per share	95,000	86,346
	Homestead Funds Short-Term Bond Fund	4,330 shares, \$5.27 per share	22,521	22,820
	Homestead Funds Value Fund	767 shares, \$56.95 per share	38,402	43,705
	Invesco QQQ Trust Series 1	760 shares, \$358.27 per share	123,413	272,229
	Invesco Value Opportunities Fund Class R6	7,337 shares, \$16.66 per share	120,613	122,227
	iShares Core Dividend Growth ETF Fund	5,357 shares, \$49.53 per share	186,216	265,329
	iShares Core MSCI Total International Stock ETF Fund	2,170 shares, \$59.99 per share	134,532	130,196
	iShares Core S&P Mid Cap ETF Fund	289 shares, \$249.35 per share	52,878	72,100
	iShares Core S&P Small Cap ETF Fund	698 shares, \$94.33 per share	52,173	65,806
	iShares MSCI EAFE Minimum Volatility Fund	1,593 shares, \$65.22 per share	115,453	103,900
	iShares MSCI EAFE Small-Cap ETF Fund	1,003 shares, \$56.47 per share	64,072	56,667

See accompanying Independent Auditor's Report.

EIN: 85-0352455
PN: 001

Supplemental Schedule:

**Forrest Tire Company, Inc.
401(k) Profit Sharing Plan**

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
September 30, 2023

(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
	iShares MSCI Minimum Volatility Emerging Markets ETF Fund	1,066 shares, \$53.35 per share	\$ 64,764	\$ 56,910
	iShares MSCI USA Min Vol Factor ETF Fund	1,000 shares, \$72.38 per share	77,735	72,380
	iShares Preferred and Income Securities ETF	10,120 shares, \$30.15 per share	309,951	305,108
	JPMorgan Core Bond Fund Class R6	11,867 shares, \$9.79 per share	135,242	116,175
	Long Term Investment Grade Tr Ser 15 Fund	14 shares, \$818.21 per share	11,069	11,455
	Lord Abbett Bond Debenture Fund Class F3	16,673 shares, \$6.72 per share	124,429	112,039
	Lord Abbett Small Cap Value Fund Class F3	6,190 shares, \$18.12 per share	150,618	112,166
	Mainstay Epoch US Equity Yield Class A 1522 Fund	24,504 shares, \$18.69 per share	385,878	457,976
	Mainstay Epoch US Equity Yield Class A Fund	5,911 shares, \$18.69 per share	93,089	110,482
	Mainstay Mackay Convertible Fund A	41,075 shares, \$17.86 per share	656,772	733,602
	Mainstay Mackay High Yield Corp Bond A Fund	167,482 shares, \$4.96 per share	956,914	830,709
	Mainstay Mackay US Small Cap Fund Class A	4,150 shares, \$19.47 per share	74,851	80,806
	Mairs & Power Growth Fund	406 shares, \$131.86 per share	51,044	53,596
	MFS International Value Fund Class R6	1,818 shares, \$38.32 per share	76,443	69,676
	MFS Value Fund Class R6	643 shares, \$46.24 per share	19,705	29,731
	SEI Core Fixed Income Fund Class F	5,219 shares, \$9.10 per share	59,790	47,489
	SEI Core Fixed Income Fund Class F	17,334 shares, \$9.10 per share	194,273	157,735
	SEI Dynamic Asset Allocation Fund F3	950 shares, \$14.86 per share	11,251	14,124
	SEI Emerging Markets Debt Fund Class F	1,553 shares, \$8.19 per share	14,816	12,719
	SEI Emerging Markets Equity Fund	700 shares, \$10.10 per share	7,315	7,073
	SEI High Yield Bond Fund	10,869 shares, \$5.38 per share	68,489	58,476
	SEI High Yield Bond Fund	2,500 shares, \$5.38 per share	16,867	13,181
	SEI International Equity Fund Class F	2,325 shares, \$10.87 per share	22,741	25,271
	SEI Large Cap Fund Class F	2,022 shares, \$13.55 per share	26,806	27,395
	SEI Instl Managed Trust Multi-Asset Accumulation Class F	6,794 shares, \$6.66 per share	65,186	45,249
	SEI Multi-Asset Income Fund Class F	1,291 shares, \$9.28 per share	13,645	11,977
	SEI Multi-Asset Inflation Managed Fund Class F	2,364 shares, \$7.87 per share	20,395	18,602
	SEI Multi-Strategy Alternative Fund	1,033 shares, \$9.37 per share	9,952	9,676
	SEI Short-Duration Government Fund Class F	18,301 shares, \$9.76 per share	191,959	178,614
	SEI Small Cap Fund	775 shares, \$11.90 per share	9,083	9,225
	SEI Small Cap Growth Fund	3,166 shares, \$28.98 per share	71,156	91,756
	SEI Small Cap Value Fund Class F	9,483 shares, \$22.35 per share	191,942	211,940
	SEI US Managed Volatility Fund Class F	28,238 shares, \$14.88 per share	436,616	420,179
	T. Rowe Price Blue Chip Growth Fund	144 shares, \$120.99 per share	14,212	17,467
	T. Rowe Price Dividend Growth Fund	557 shares, \$65.45 per share	17,270	36,474
	T. Rowe Price Institutional Floating Rate Fund	5,060 shares, \$9.37 per share	47,363	47,412
	T. Rowe Price Mid Cap Value Fund	549 shares, \$28.40 per share	16,232	15,583
	T. Rowe Price New Income Fund	4,722 shares, \$7.71 per share	45,101	36,410
	Target Portfolio Trust PGIM Quant Solutions Small Cap Class Z	776 shares, \$17.13 per share	15,166	13,299
	Tweedy Browne International Value Fund	2,125 shares, \$28.11 per share	59,091	59,737
	USAA Mut Funds TR Inter Term Bd Fund	3,647 shares, \$10.92 per share	36,684	39,820
	Van Kampen Build America Bond Inc Trust Monthly Cash Fund	36 shares, \$198.06 per share	10,648	7,130
	Vanguard Explorer Fund Inc	113 shares, \$107.07 per share	11,568	12,132
	Vanguard Fixed Income Securities F GNMA Adm Fund	561 shares, \$10.56 per share	5,895	5,922
	Vanguard Fixed Income Securities F Short Term Fed Pt Fund	2,056 shares, \$10.73 per share	21,961	22,062
	Vanguard Growth Index Fund Admiral Shares	108 shares, \$140.11 per share	9,530	15,062
	Vanguard Horizon Fund Inc Strategic Equity	511 shares, \$33.58 per share	17,324	17,154
	Vanguard Index 500 Fund Admiral Shares	30 shares, \$395.59 per share	4,424	11,835
	Vanguard International Equity Index F EMRGMKT IDX FD Fund	491 shares, \$32.76 per share	17,464	16,093
	Vanguard Municipal Bond Fund Inc Intr Te Adml	1,540 shares, \$13.00 per share	21,933	20,026
	Vanguard Short-Term Investment Grade Fund	4,306 shares, \$9.93 per share	45,142	42,758
	Victory Munder Mid-Cap Core Growth Fund Class R6	1,847 shares, \$12.85 per share	32,214	23,736
	Victory Sycamore Established Value Fund Class R6	3,972 shares, \$44.24 per share	175,759	175,732
	Victory Sycamore Small Company Opportunity Fund R6	3,693 shares, \$46.10 per share	183,187	170,243

See accompanying Independent Auditor's Report.

EIN: 85-0352455
PN: 001

Supplemental Schedule:

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
September 30, 2023

(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
	Wasatch Small Cap Growth Fund	248 shares, \$32.29 per share	\$ 10,807	\$ 8,019
		Total Mutual Funds	\$ 9,667,207	\$ 10,165,393
	Kansas City Missouri Special Obligation	2.47%, due 10/1/23	25,000	25,000
	New Mexico State University Revocable Tax	3.15%, due 4/1/26	25,092	23,669
		Total Government Bonds	\$ 50,092	\$ 48,669
	Apple Inc	2.50%, due 2/9/25	19,900	19,245
	Boeing Co	2.50%, due 3/1/25	19,900	19,039
	Unilever Cap Corp	2.60%, due 3/1/25	20,000	19,632
		Total Corporate Bonds	\$ 59,800	\$ 57,916
	Commercial rental building	Commercial rental building	210,000	210,000
		Total Real Estate	\$ 210,000	\$ 210,000
*	Pacific Life	Individual policy	[1]	166,727
*	Pacific Life Annuity	Individual policy	[1]	313,584
*	Principal Life	Individual policy	[1]	19,719
		Total Life Insurance Policies	\$ [1]	\$ 500,030
*	Notes Receivable From Participants	5 years, 6.00% each [2]	[1]	587,277
			\$ 13,954,783	\$ 18,156,620

* An asterisk (*) in column "a" indicates a party-in-interest to the Plan.

[1] Cost information is omitted with respect to participant and/or beneficiary-directed transactions.

[2] Notes receivable from participants are aggregated and presented with a general description of terms and interest rates.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

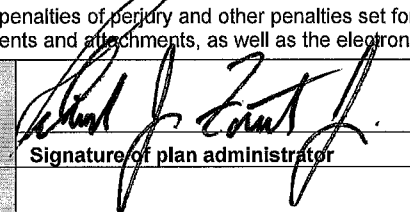
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan Forrest Tire Company, Inc. 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Forrest Tire Company, Inc. P.O. Box 1778 Carlsbad NM 88221	2b Employer Identification Number (EIN) 85-0352455 2c Plan Sponsor's telephone number 575-628-3627 2d Business code (see instructions) 441300

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

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

SIGN HERE		2.26.24	RICHARD J. FORREST, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	228
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	186
a(2) Total number of active participants at the end of the plan year		6a(2)	177
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits		6c	41
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	220
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	159
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Forrest Tire Company, Inc.**401(k) Profit Sharing Plan**

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

September 30, 2023

(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
	3M Company Common	54 shares, \$93.62 per share	\$ 11,105	\$ 5,055
	Abbott Laboratories	540 shares, \$96.85 per share	10,123	52,251
	Abbvie Inc	542 shares, \$149.06 per share	12,212	80,845
	Alibaba Group Holding Limited	500 shares, \$86.74 per share	57,020	43,370
	Alphabet Inc Class A	1,400 shares, \$130.86 per share	17,461	183,204
	Alphabet Inc Class C Capital Stock	1,400 shares, \$131.85 per share	17,405	184,590
	Altria Group Inc	627 shares, \$42.05 per share	27,244	26,382
	Amgen Inc	62 shares, \$268.76 per share	9,982	16,663
	Apple Inc	2,850 shares, \$171.21 per share	27,506	487,972
	Bank of America Corp Dep Shs	1,100 shares, \$20.76 per share	20,718	22,836
	Bank of America Corporation	1,947 shares, \$27.38 per share	27,854	53,322
	Chevron Corporation	202 shares, \$168.62 per share	20,914	34,061
	Chubb Limited	76 shares, \$208.18 per share	10,938	15,822
	CIM Real Estate Finance Trust, Inc.	23,301 shares, \$6.57 per share	219,614	153,087
	CNB Bankcorp	29,000 shares, \$112.88 per share	2,447,104	3,273,421
	Coca-Cola Co	1,251 shares, \$55.98 per share	24,088	70,007
	eBay Inc	750 shares, \$44.09 per share	9,531	33,068
	Ecolab Inc	42 shares, \$169.40 per share	5,859	7,115
	Exxon Mobil Corp	260 shares, \$117.58 per share	20,972	30,571
	Factset Research Systems Inc	34 shares, \$437.26 per share	5,932	14,867
	Gilead Sciences Inc	155 shares, \$74.94 per share	9,996	11,616
	HF Sinclair Corporation	858 shares, \$56.93 per share	20,938	48,846
	HF Sinclair Corporation	1,435 shares, \$56.93 per share	58,849	81,714
	Home Depot Inc	751 shares, \$302.16 per share	44,539	226,907
	Intel Corp	2,686 shares, \$35.55 per share	44,156	95,477
	International Business Machines Corporation	72 shares, \$140.30 per share	8,757	10,102
	Johnson & Johnson	83 shares, \$155.75 per share	10,913	12,927
	Johnson & Johnson	532 shares, \$155.75 per share	34,234	82,828
	JP Morgan Chase & Co	128 shares, \$145.02 per share	11,008	18,563
	Kinder Morgan Inc	1,415 shares, \$16.58 per share	29,023	23,457
	Kyndryl Holdings Inc Common Stock	14 shares, \$15.10 per share	387	217
	Lilly Eli & Co	112 shares, \$537.13 per share	9,221	60,159
	Lockheed Martin Corp Common	28 shares, \$408.96 per share	9,940	11,451
	Marathon Petroleum Corp Common Fund	91 shares, \$151.34 per share	4,969	13,772
	McDonalds Corp	71 shares, \$263.44 per share	10,953	18,704
	McDonalds Corp	500 shares, \$263.44 per share	43,824	131,768
	Microsoft Corp	700 shares, \$315.75 per share	30,279	221,174
	Mondelez International Inc	500 shares, \$69.40 per share	16,077	34,735
	Nike Inc Class B	400 shares, \$95.62 per share	6,804	38,293
	Packaging Corp America	58 shares, \$153.55 per share	5,949	8,906
	Paychex Inc	96 shares, \$115.33 per share	5,947	11,072
	Paypal Holdings Inc	500 shares, \$58.46 per share	9,361	29,230
	Peakstone Realty Trust Class E	3,080 shares, \$16.64 per share	200,741	51,251
	PepsiCo Inc	300 shares, \$169.44 per share	19,818	50,895
	Pfizer Inc	337 shares, \$33.17 per share	12,186	11,178
	Phillip Morris International Inc	101 shares, \$92.58 per share	792	9,319
	Phillips 66	1,000 shares, \$120.15 per share	35,741	120,199
	Procter & Gamble Co	710 shares, \$145.86 per share	51,534	103,627
	Qualcomm Inc	186 shares, \$111.06 per share	10,926	20,657
	Realty Income Corp	2,000 shares, \$49.94 per share	122,504	99,880
	Schlumberger Ltd	146 shares, \$58.30 per share	9,940	8,512
	Valero Energy Corp Common	80 shares, \$141.71 per share	4,950	11,337
	Vanguard World Fund Energy ETF	225 shares, \$126.74 per share	19,910	28,517

EIN: 85-0352455
PN: 001

Supplemental Schedule:

**Forrest Tire Company, Inc.
401(k) Profit Sharing Plan**

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
September 30, 2023

(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
	Viatis Inc.	42 shares, \$9.86 per share	\$ 698	\$ 414
	Wal Mart Stores Inc	136 shares, \$159.93 per share	10,999	21,750
	Walt Disney Co	200 shares, \$81.05 per share	14,567	16,219
	WEC Energy Group Inc	91 shares, \$80.55 per share	5,936	7,330
	Xcel Energy Inc	801 shares, \$57.22 per share	16,736	45,823
	Total Common Stock		\$ 3,967,684	\$ 6,587,335
	American Funds Capital Income Builder Inc Shs CI F-2 Fund	956 shares, \$63.11 per share	59,357	60,316
	American Funds Capital World Growth & Income Fund CI F-3	1,909 shares, \$54.94 per share	83,476	104,895
	American Funds Dev World Growth & Income Fund F3	3,361 shares, \$9.60 per share	35,518	32,270
	American Funds Europacific Growth Fund CI F3	1,807 shares, \$51.41 per share	86,040	92,896
	American Funds Europacific Growth Fund Class F2	9,550 shares, \$51.19 per share	449,403	488,882
	American Funds Investment Company of America CI F2 Fund	11,112 shares, \$46.13 per share	366,438	512,618
	American Funds Investment Company of America Class F-3 Fund	4,781 shares, \$46.13 per share	173,908	220,558
	American Funds The Bond Fund of America Class F-3	10,382 shares, \$10.88 per share	141,489	112,956
	American Funds The Growth Fund of America Class F-3	2,839 shares, \$59.52 per share	131,748	168,978
	American Funds The Income Fund of America Class F-3	4,549 shares, \$21.87 per share	98,280	99,479
	American Funds The New Economy Fund Class F-3	4,330 shares, \$49.85 per share	160,955	215,864
	American Funds Washington Mutual Investors Fund Class F-3	2,156 shares, \$52.76 per share	87,245	113,754
	Blackrock Advantage International Class A Fund	5,780 shares, \$16.53 per share	65,838	95,542
	Blackrock Commodity Strategies C Fund	17,646 shares, \$8.50 per share	157,098	149,994
	Blackrock National Municipal Class K Fund	7,102 shares, \$9.72 per share	76,346	69,028
	Blackrock Total Return Class K Fund	8,825 shares, \$9.50 per share	100,804	83,838
	Columbia Select Mid Cap Value Fund Inst 3 CI A	1,943 shares, \$11.51 per share	23,375	22,367
	Dodge & Cox Funds International Stock Fund	1,797 shares, \$43.51 per share	78,836	78,198
	Dodge & Cox Income Fund	2,869 shares, \$14.02 per share	37,975	40,227
	Dodge & Cox Income Fund I	1,256 shares, \$11.88 per share	16,000	14,920
	Dodge & Cox Stock Fund	153 shares, \$226.30 per share	29,542	34,548
	Energy Select Sector SPDR Fund	500 shares, \$90.39 per share	24,200	45,195
	Eaton Vance National Municipal Opportunities Trust	17,845 shares, \$16.22 per share	303,545	289,446
	Fidelity Capital Appreciation Fund	1,224 shares, \$32.80 per share	44,472	40,135
	Fidelity New Markets Income Fund	2,171 shares, \$14.91 per share	34,441	32,364
	Fidelity Merrimack Street Trust Term Bond ETF	193 shares, \$47.80 per share	9,999	9,225
	Fidelity Puritan Fund	428 shares, \$49.04 per share	21,598	20,984
	Fidelity Investment Grade Bond Fund	3,978 shares, \$6.85 per share	32,054	27,247
	Fidelity Salem Street Trust US Bond Index Fund	585 shares, \$9.86 per share	7,000	5,766
	Financial Select Sector SPDR Fund	1,607 shares, \$33.17 per share	54,899	53,304
	Franklin Income Fund Class R6	22,803 shares, \$2.19 per share	51,430	49,939
	Harbor Capital Appreciation Fund Institutional	656 shares, \$82.97 per share	50,552	54,415
	Hartford Cap Appreciation Class F Fund	1,589 shares, \$35.37 per share	53,554	56,211
	Hartford Dividend & Growth F Fund	3,126 shares, \$29.78 per share	69,074	93,081
	Hartford International Equity Fund Class F	644 shares, \$10.92 per share	5,684	7,030
	Hartford Multi-Asset Income & Growth Fund Class F	4,923 shares, \$17.54 per share	95,000	86,346
	Homestead Funds Short-Term Bond Fund	4,330 shares, \$5.27 per share	22,521	22,820
	Homestead Funds Value Fund	767 shares, \$56.95 per share	38,402	43,705
	Invesco QQQ Trust Series 1	760 shares, \$358.27 per share	123,413	272,229
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	iShares Core S&P Small Cap ETF Fund	698 shares, \$94.33 per share	52,173	65,806
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**Forrest Tire Company, Inc.
401(k) Profit Sharing Plan**

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
September 30, 2023

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	iShares MSCI USA Min Vol Factor ETF Fund	1,000 shares, \$72.38 per share	77,735	72,380
	iShares Preferred and Income Securities ETF	10,120 shares, \$30.15 per share	309,951	305,108
	JPMorgan Core Bond Fund Class R6	11,867 shares, \$9.79 per share	135,242	116,175
	Long Term Investment Grade Tr Ser 15 Fund	14 shares, \$818.21 per share	11,069	11,455
	Lord Abbett Bond Debenture Fund Class F3	16,673 shares, \$6.72 per share	124,429	112,039
	Lord Abbett Small Cap Value Fund Class F3	6,190 shares, \$18.12 per share	150,618	112,166
	Mainstay Epoch US Equity Yield Class A 1522 Fund	24,504 shares, \$18.69 per share	385,878	457,976
	Mainstay Epoch US Equity Yield Class A Fund	5,911 shares, \$18.69 per share	93,089	110,482
	Mainstay Mackay Convertible Fund A	41,075 shares, \$17.86 per share	656,772	733,602
	Mainstay Mackay High Yield Corp Bond A Fund	167,482 shares, \$4.96 per share	956,914	830,709
	Mainstay Mackay US Small Cap Fund Class A	4,150 shares, \$19.47 per share	74,851	80,806
	Mairs & Power Growth Fund	406 shares, \$131.86 per share	51,044	53,596
	MFS International Value Fund Class R6	1,818 shares, \$38.32 per share	76,443	69,676
	MFS Value Fund Class R6	643 shares, \$46.24 per share	19,705	29,731
	SEI Core Fixed Income Fund Class F	5,219 shares, \$9.10 per share	59,790	47,489
	SEI Core Fixed Income Fund Class F	17,334 shares, \$9.10 per share	194,273	157,735
	SEI Dynamic Asset Allocation Fund F3	950 shares, \$14.86 per share	11,251	14,124
	SEI Emerging Markets Debt Fund Class F	1,553 shares, \$8.19 per share	14,816	12,719
	SEI Emerging Markets Equity Fund	700 shares, \$10.10 per share	7,315	7,073
	SEI High Yield Bond Fund	10,869 shares, \$5.38 per share	68,489	58,476
	SEI High Yield Bond Fund	2,500 shares, \$5.38 per share	16,867	13,181
	SEI International Equity Fund Class F	2,325 shares, \$10.87 per share	22,741	25,271
	SEI Large Cap Fund Class F	2,022 shares, \$13.55 per share	26,806	27,395
	SEI Instl Managed Trust Multi-Asset Accumulation Class F	6,794 shares, \$6.66 per share	65,186	45,249
	SEI Multi-Asset Income Fund Class F	1,291 shares, \$9.28 per share	13,645	11,977
	SEI Multi-Asset Inflation Managed Fund Class F	2,364 shares, \$7.87 per share	20,395	18,602
	SEI Multi-Strategy Alternative Fund	1,033 shares, \$9.37 per share	9,952	9,676
	SEI Short-Duration Government Fund Class F	18,301 shares, \$9.76 per share	191,959	178,614
	SEI Small Cap Fund	775 shares, \$11.90 per share	9,083	9,225
	SEI Small Cap Growth Fund	3,166 shares, \$28.98 per share	71,156	91,756
	SEI Small Cap Value Fund Class F	9,483 shares, \$22.35 per share	191,942	211,940
	SEI US Managed Volatility Fund Class F	28,238 shares, \$14.88 per share	436,616	420,179
	T. Rowe Price Blue Chip Growth Fund	144 shares, \$120.99 per share	14,212	17,467
	T. Rowe Price Dividend Growth Fund	557 shares, \$65.45 per share	17,270	36,474
	T. Rowe Price Institutional Floating Rate Fund	5,060 shares, \$9.37 per share	47,363	47,412
	T. Rowe Price Mid Cap Value Fund	549 shares, \$28.40 per share	16,232	15,583
	T. Rowe Price New Income Fund	4,722 shares, \$7.71 per share	45,101	36,410
	Target Portfolio Trust PGIM Quant Solutions Small Cap Class Z	776 shares, \$17.13 per share	15,166	13,299
	Tweedy Browne International Value Fund	2,125 shares, \$28.11 per share	59,091	59,737
	USAA Mut Funds TR Inter Term Bd Fund	3,647 shares, \$10.92 per share	36,684	39,820
	Van Kampen Build America Bond Inc Trust Monthly Cash Fund	36 shares, \$198.06 per share	10,648	7,130
	Vanguard Explorer Fund Inc	113 shares, \$107.07 per share	11,568	12,132
	Vanguard Fixed Income Securities F GNMA Adm Fund	561 shares, \$10.56 per share	5,895	5,922
	Vanguard Fixed Income Securities F Short Term Fed Pt Fund	2,056 shares, \$10.73 per share	21,961	22,062
	Vanguard Growth Index Fund Admiral Shares	108 shares, \$140.11 per share	9,530	15,062
	Vanguard Horizon Fund Inc Strategic Equity	511 shares, \$33.58 per share	17,324	17,154
	Vanguard Index 500 Fund Admiral Shares	30 shares, \$395.59 per share	4,424	11,835
	Vanguard International Equity Index F EMGMKT IDX FD Fund	491 shares, \$32.76 per share	17,464	16,093
	Vanguard Municipal Bond Fund Inc Intr Te Adml	1,540 shares, \$13.00 per share	21,933	20,026
	Vanguard Short-Term Investment Grade Fund	4,306 shares, \$9.93 per share	45,142	42,758
	Victory Munder Mid-Cap Core Growth Fund Class R6	1,847 shares, \$12.85 per share	32,214	23,736
	Victory Sycamore Established Value Fund Class R6	3,972 shares, \$44.24 per share	175,759	175,732
	Victory Sycamore Small Company Opportunity Fund R6	3,693 shares, \$46.10 per share	183,187	170,243

See accompanying Independent Auditor's Report.

EIN: 85-0352455
PN: 001

Supplemental Schedule:

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
September 30, 2023

(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
	Wasatch Small Cap Growth Fund	248 shares, \$32.29 per share	\$ 10,807	\$ 8,019
		Total Mutual Funds	\$ 9,667,207	\$ 10,165,393
	Kansas City Missouri Special Obligation	2.47%, due 10/1/23	25,000	25,000
	New Mexico State University Revocable Tax	3.15%, due 4/1/26	25,092	23,669
		Total Government Bonds	\$ 50,092	\$ 48,669
	Apple Inc	2.50%, due 2/9/25	19,900	19,245
	Boeing Co	2.50%, due 3/1/25	19,900	19,039
	Unilever Cap Corp	2.60%, due 3/1/25	20,000	19,632
		Total Corporate Bonds	\$ 59,800	\$ 57,916
	Commercial rental building	Commercial rental building	210,000	210,000
		Total Real Estate	\$ 210,000	\$ 210,000
*	Pacific Life	Individual policy	[1]	166,727
*	Pacific Life Annuity	Individual policy	[1]	313,584
*	Principal Life	Individual policy	[1]	19,719
		Total Life Insurance Policies	\$ [1]	\$ 500,030
*	Notes Receivable From Participants	5 years, 6.00% each [2]	[1]	587,277
			\$ 13,954,783	\$ 18,156,620

* An asterisk (*) in column "a" indicates a party-in-interest to the Plan.

[1] Cost information is omitted with respect to participant and/or beneficiary-directed transactions.

[2] Notes receivable from participants are aggregated and presented with a general description of terms and interest rates.