

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                              |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                       |
| 1a      | Name of plan<br>FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                        |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                           |
| 1c      | Effective date of plan<br>10/01/1971                                                                                                                                                                                                                                                                                         |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>FORREST TIRE COMPANY, INC.<br><br>P.O. BOX 1778<br>CARLSBAD, NM 88221 |
| 2b      | Employer Identification Number (EIN)<br>85-0352455                                                                                                                                                                                                                                                                           |
| 2c      | Plan Sponsor's telephone number<br>575-628-3627                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>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 | Filed with authorized/valid electronic signature. | 04/14/2025 | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 230                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 190<br><b>6a(2)</b> 171<br><b>6b</b> 2<br><b>6c</b> 51<br><b>6d</b> 224<br><b>6e</b> 0<br><b>6f</b> 224<br><b>6g(1)</b> 159<br><b>6g(2)</b> 162<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                              |

**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:

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 |                                                      |     |
| A Name of plan<br>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<br>FORREST TIRE COMPANY, INC.       | D Employer Identification Number (EIN)<br>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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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                                                                           | 10/01/2023              | 09/30/2024 |

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

|                                             |                                    |
|---------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>204 | (b) Total amount of fees paid<br>0 |
|---------------------------------------------|------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
EDWARD JONES INSURANCE AGENCY 12555 MANCHESTER RD  
SAINT LOUIS, MO 63131-3710

| (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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

|          |                                                                                                |              |   |
|----------|------------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> | Balance at the end of the previous year .....                                                  | <b>7b</b>    | 0 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
|          | (2) Dividends and credits .....                                                                | <b>7c(2)</b> |   |
|          | (3) Interest credited during the year .....                                                    | <b>7c(3)</b> |   |
|          | (4) Transferred from separate account.....                                                     | <b>7c(4)</b> |   |
|          | (5) Other (specify below) .....                                                                | <b>7c(5)</b> |   |
|          |                                                                                                |              |   |
|          | (6) Total additions .....                                                                      | <b>7c(6)</b> | 0 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 0 |
| <b>e</b> | Deductions:                                                                                    |              |   |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |   |
|          | (2) Administration charge made by carrier .....                                                | <b>7e(2)</b> |   |
|          | (3) Transferred to separate account.....                                                       | <b>7e(3)</b> |   |
|          | (4) Other (specify below) .....                                                                | <b>7e(4)</b> |   |
|          |                                                                                                |              |   |
|          | (5) Total deductions .....                                                                     | <b>7e(5)</b> | 0 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 0 |

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

|                                                                                                                    |                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN</div>              | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>FORREST TIRE COMPANY, INC.</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>85-0352455</div> |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

x

No
- b

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

(b)

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

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

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

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

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

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

CARR, RIGGS & INGRAM, LLC

201 S. HALGUENO  
CARLSBAD, NM 88220

75-1396621

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 61491                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ROBINSON BURDETTE MARTIN & SERIGHT

9816 SLIDE ROAD  
SUITE 301  
LUBBOCK, TX 79424

75-2489868

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 23000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CRI TPA SERVICES

2633 CENTENNIAL BLVD, #200  
TALLAHASSEE, FL 32308

83-4124826

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 15                  | NONE                                                                                              | 6035                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2023                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 |                                                      |     |
| A Name of plan<br>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<br>FORREST TIRE COMPANY, INC.       | D Employer Identification Number (EIN)<br>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 518749             | 899206          |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Receivables (less allowance for doubtful accounts):                                         |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (1) Employer contributions .....                                                            | 1b(1) 9326            | 6230            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (2) Participant contributions .....                                                         | 1b(2)                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (3) Other .....                                                                             | 1b(3) 3609            | 3958            |
| 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) 587277          | 726093          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (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) 17092304       | 20790947        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (14) Value of funds held in insurance company general account (unallocated contracts) ..... | 1c(14)                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (15) Other .....                                                                            | 1c(15) 500031         | 563819          |

|                                                                           |              |                              |                        |
|---------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 15                           | 1515                   |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 18921311                     | 23201768               |
| <b>Liabilities</b>                                                        |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 203557                       | 310162                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 203557                       | 310162                 |
| <b>Net Assets</b>                                                         |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 18717754                     | 22891606               |

**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.

|                                                                                                            |                 |                   |                  |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------|
| <b>Income</b>                                                                                              |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
| <b>a</b> Contributions:                                                                                    |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 322501            |                  |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 373977            |                  |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 696478           |
| <b>b</b> Earnings on investments:                                                                          |                 |                   |                  |
| (1) Interest:                                                                                              |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 39560             |                  |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 39560            |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1737582           |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 1737582          |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |                   | 10673            |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |                   |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   |                  |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 2531314           |                  |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |                   |                  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (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     |            | 34867     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 5050474   |

**Expenses**

|                                                                                      |        |        |        |
|--------------------------------------------------------------------------------------|--------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 372039 |        |
| (2) To insurance carriers for the provision of benefits.....                         | 2e(2)  | 10199  |        |
| (3) Other .....                                                                      | 2e(3)  |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |        | 382238 |
| f Corrective distributions (see instructions) .....                                  | 2f     |        |        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |        |
| h Interest expense .....                                                             | 2h     |        |        |
| i Administrative expenses:                                                           |        |        |        |
| (1) Salaries and allowances .....                                                    | 2i(1)  |        |        |
| (2) Contract administrator fees.....                                                 | 2i(2)  |        |        |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 90526  |        |
| (4) IQPA audit fees.....                                                             | 2i(4)  |        |        |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 97662  |        |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  |        |        |
| (7) Actuarial fees .....                                                             | 2i(7)  |        |        |
| (8) Legal fees .....                                                                 | 2i(8)  |        |        |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  | 1000   |        |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |        |        |
| (11) Other expenses .....                                                            | 2i(11) | 305196 |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |        | 494384 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 876622 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 4173852 |
| 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: **RBMS LLP**

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

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE R</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | 2023                                    |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 |                                                      |     |
| A Name of plan<br>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<br>FORREST TIRE COMPANY, INC.       | D Employer Identification Number (EIN)<br>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):<br>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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| 6                                                    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | 6a                           |                             |                              |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                | 6b                           |                             |                              |
|                                                      | c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                          | 6c                           |                             |                              |
| If you completed line 6c, skip lines 8 and 9.        |                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
| 7                                                    | Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8                                                    | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

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

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input checked="" type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702751A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

**Forrest Tire Company, Inc.**  
**401(k) Profit Sharing Plan**  
Financial Statements  
**For the Years Ended:**  
September 30, 2024 and 2023



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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, 2024 and 2023, 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, 2024 and 2023, 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  
April 2, 2025

**Forrest Tire Company, Inc.**  
**401(k) Profit Sharing Plan**  
Statements of Net Assets Available for Benefits  
September 30, 2024 and 2023

|                                          | <b>2024</b>          | <b>2023</b>          |
|------------------------------------------|----------------------|----------------------|
| Cash and cash equivalents                | \$ 1,169,620         | \$ 751,741           |
| Receivables:                             |                      |                      |
| Employer contributions                   | 6,230                | 9,326                |
| Notes receivable from participants       | 726,093              | 587,277              |
| Accrued interest receivable              | 3,958                | 3,609                |
| Other receivables                        | 1,515                | 15                   |
| Total receivables                        | 737,796              | 600,227              |
| Investments, at fair value               | 21,294,352           | 17,569,343           |
| <b>Total Assets</b>                      | <b>\$ 23,201,768</b> | <b>\$ 18,921,311</b> |
| Accounts payable                         | \$ 12,374            | \$ 14,388            |
| Federal income tax payable               | 1,834                | -                    |
| Deferred rental income                   | -                    | 1,909                |
| Accrued income tax                       | 295,954              | 187,260              |
| <b>Total Liabilities</b>                 | <b>310,162</b>       | <b>203,557</b>       |
| <b>Net Assets Available for Benefits</b> | <b>\$ 22,891,606</b> | <b>\$ 18,717,754</b> |

**Forrest Tire Company, Inc.**  
**401(k) Profit Sharing Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended September 30, 2024 and 2023**

|                                               | <b>2024</b>      | <b>2023</b>      |
|-----------------------------------------------|------------------|------------------|
| Net appreciation in fair value of investments | \$ 2,555,982     | \$ 1,137,541     |
| Interest and dividends                        | 703,424          | 611,349          |
| Unrelated business income                     | 1,073,718        | 753,460          |
| Rental income, net                            | 10,673           | 18,534           |
| Investment income, net                        | 4,343,797        | 2,520,884        |
| Employer                                      | 322,501          | 295,524          |
| Employees                                     | 373,977          | 332,824          |
| Contributions                                 | 696,478          | 628,348          |
| <b>Additions to Net Assets</b>                | <b>5,040,275</b> | <b>3,149,232</b> |
| Benefits paid to participants                 | 372,039          | 1,433,893        |
| Administrative expenses                       | 190,448          | 169,308          |
| Income tax expense                            | 303,936          | 216,111          |
| <b>Deductions from Net Assets</b>             | <b>866,423</b>   | <b>1,819,312</b> |
| <b>Net Increase During the Year</b>           | <b>4,173,852</b> | <b>1,329,920</b> |
| Net Assets Available for Benefits:            |                  |                  |
| Beginning of year                             | 18,717,754       | 17,387,834       |
| End of year                                   | \$ 22,891,606    | \$ 18,717,754    |

**Forrest Tire Company, Inc.**  
**401(k) Profit Sharing Plan**  
Notes to Financial Statements  
September 30, 2024 and 2023

**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 2024 or 2023 and there were no forfeited non-vested accounts at September 30, 2024 or 2023.

**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, 2024 and 2023

**Note 1: Plan Description (continued)**

**Tax Status (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, 2024 and 2023. 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, 2024 and 2023

**Note 2: Summary of Significant Accounting Policies (continued)**

**Prohibited Transactions (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, 2024 and 2023.

**Note 3: Investments**

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

|                            | <u>2024</u>          | <u>2023</u>          |
|----------------------------|----------------------|----------------------|
| Common stock               | \$ 7,348,176         | \$ 6,587,335         |
| Mutual funds               | 12,997,755           | 10,165,393           |
| Certificate of deposit     | 20,113               | -                    |
| Government bonds           | 24,636               | 48,669               |
| Corporate bonds            | 129,853              | 57,916               |
| Real estate                | 210,000              | 210,000              |
| Life insurance policies    | <u>563,819</u>       | <u>500,030</u>       |
| Investments, at fair value | <u>\$ 21,294,352</u> | <u>\$ 17,569,343</u> |

During 2024 and 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,555,982 and \$1,137,541, 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>2024</u>          |                     |                      |
|-------------------------|----------------------|---------------------|----------------------|
|                         | <u>Level 1</u>       | <u>Level 2</u>      | <u>Total</u>         |
| Common stock            | \$ 3,388,762         | \$ 3,959,414        | \$ 7,348,176         |
| Mutual funds            | 12,997,755           | -                   | 12,997,755           |
| Certificate of deposit  | -                    | 20,113              | 20,113               |
| Government bonds        | 24,636               | -                   | 24,636               |
| Corporate bonds         | 129,853              | -                   | 129,853              |
| Real estate             | -                    | 210,000             | 210,000              |
| Life insurance policies | <u>-</u>             | <u>563,819</u>      | <u>563,819</u>       |
| Ending balance          | <u>\$ 16,541,006</u> | <u>\$ 4,753,346</u> | <u>\$ 21,294,352</u> |

|                         | <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> |

**Forrest Tire Company, Inc.**  
**401(k) Profit Sharing Plan**  
Notes to Financial Statements  
September 30, 2024 and 2023

**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, certificates of deposit, 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, 2024 and 2023.

**Note 8: Subsequent Events**

Management has evaluated subsequent events through April 2, 2025, 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, 2024.

**Forrest Tire Company, Inc.**  
**401(k) Profit Sharing Plan**  
Supplemental Schedule  
**September 30, 2024**

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, 2024

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     |                                                                |                                                                                                                        |             |                         |
|     | 3M Company Common                                              | 54 shares, \$136.70 per share                                                                                          | \$ 9,347    | \$ 7,382                |
|     | Abbott Laboratories                                            | 501 shares, \$112.43 per share                                                                                         | 9,404       | 56,272                  |
|     | Abbvie Inc                                                     | 500 shares, \$194.79 per share                                                                                         | 11,306      | 97,466                  |
|     | Alphabet Inc Class A                                           | 1,200 shares, \$163.95 per share                                                                                       | 14,966      | 196,740                 |
|     | Alphabet Inc Class C Capital Stock                             | 1,200 shares, \$165.29 per share                                                                                       | 14,919      | 198,348                 |
|     | Altria Group Inc                                               | 400 shares, \$51.05 per share                                                                                          | 16,418      | 20,441                  |
|     | Amgen Inc                                                      | 62 shares, \$322.21 per share                                                                                          | 9,982       | 19,977                  |
|     | Apple Inc                                                      | 2,000 shares, \$227.79 per share                                                                                       | 25,548      | 455,612                 |
|     | Bank of America Corp Dep Shs                                   | 1,100 shares, \$24.45 per share                                                                                        | 20,718      | 26,895                  |
|     | Bank of America Corporation                                    | 1,947 shares, \$39.40 per share                                                                                        | 27,854      | 76,730                  |
|     | Chevron Corporation                                            | 202 shares, \$147.27 per share                                                                                         | 20,914      | 29,749                  |
|     | Chubb Limited                                                  | 76 shares, \$288.39 per share                                                                                          | 10,938      | 21,918                  |
|     | CIM Real Estate Finance Trust, Inc.                            | 25,025 shares, \$6.09 per share                                                                                        | 230,327     | 152,402                 |
|     | CNB Bankcorp                                                   | 29,000 shares, \$136.53 per share                                                                                      | 3,093,072   | 3,959,414               |
|     | Coca-Cola Co                                                   | 1,251 shares, \$71.79 per share                                                                                        | 24,088      | 89,779                  |
|     | eBay Inc                                                       | 500 shares, \$64.00 per share                                                                                          | 6,354       | 32,000                  |
|     | Ecolab Inc                                                     | 42 shares, \$255.33 per share                                                                                          | 5,859       | 10,724                  |
|     | Exxon Mobil Corp                                               | 260 shares, \$117.22 per share                                                                                         | 20,972      | 30,477                  |
|     | Factset Research Systems Inc                                   | 34 shares, \$459.85 per share                                                                                          | 5,932       | 15,635                  |
|     | Gilead Sciences Inc                                            | 155 shares, \$83.84 per share                                                                                          | 9,996       | 12,995                  |
|     | HF Sinclair Corporation                                        | 441 shares, \$44.57 per share                                                                                          | 10,531      | 19,655                  |
|     | HF Sinclair Corporation                                        | 1,435 shares, \$45.29 per share                                                                                        | 58,849      | 65,007                  |
|     | Home Depot Inc                                                 | 751 shares, \$399.53 per share                                                                                         | 44,539      | 300,027                 |
|     | Intel Corp                                                     | 1,001 shares, \$23.91 per share                                                                                        | 26,864      | 23,927                  |
|     | International Business Machines Corporation                    | 72 shares, \$221.08 per share                                                                                          | 10,602      | 15,918                  |
|     | Johnson & Johnson                                              | 83 shares, \$162.06 per share                                                                                          | 10,913      | 13,451                  |
|     | Johnson & Johnson                                              | 501 shares, \$161.40 per share                                                                                         | 32,566      | 80,829                  |
|     | JP Morgan Chase & Co                                           | 128 shares, \$210.86 per share                                                                                         | 11,008      | 26,990                  |
|     | Kinder Morgan Inc                                              | 1,415 shares, \$21.79 per share                                                                                        | 29,023      | 30,827                  |
|     | Kyndryl Holdings Inc Common Stock                              | 14 shares, \$22.98 per share                                                                                           | 234         | 331                     |
|     | Lilly Eli & Co                                                 | 89 shares, \$885.94 per share                                                                                          | 7,064       | 78,849                  |
|     | Lockheed Martin Corp Common                                    | 28 shares, \$584.56 per share                                                                                          | 9,940       | 16,368                  |
|     | Marathon Petroleum Corp Common Fund                            | 91 shares, \$162.91 per share                                                                                          | 4,969       | 14,825                  |
|     | McDonalds Corp                                                 | 71 shares, \$304.51 per share                                                                                          | 10,953      | 21,620                  |
|     | McDonalds Corp                                                 | 500 shares, \$303.69 per share                                                                                         | 43,824      | 151,900                 |
|     | Microsoft Corp                                                 | 500 shares, \$428.02 per share                                                                                         | 24,171      | 214,212                 |
|     | Mondelez International Inc                                     | 300 shares, \$74.20 per share                                                                                          | 9,401       | 22,297                  |
|     | Packaging Corp America                                         | 58 shares, \$215.40 per share                                                                                          | 5,949       | 12,493                  |
|     | Paychex Inc                                                    | 96 shares, \$134.19 per share                                                                                          | 5,947       | 12,882                  |
|     | Peakstone Realty Trust Class E                                 | 3,080 shares, \$13.63 per share                                                                                        | 200,741     | 41,980                  |
|     | PepsiCo Inc                                                    | 300 shares, \$170.00 per share                                                                                         | 19,818      | 51,063                  |
|     | Pfizer Inc                                                     | 337 shares, \$28.94 per share                                                                                          | 10,390      | 9,753                   |
|     | Phillip Morris International Inc                               | 101 shares, \$120.62 per share                                                                                         | 792         | 12,141                  |
|     | Phillips 66                                                    | 1,000 shares, \$131.05 per share                                                                                       | 35,741      | 131,104                 |
|     | Procter & Gamble Co                                            | 650 shares, \$173.55 per share                                                                                         | 47,398      | 112,887                 |
|     | Qualcomm Inc                                                   | 186 shares, \$170.05 per share                                                                                         | 10,926      | 31,629                  |
|     | Realty Income Corp                                             | 3,154 shares, \$62.73 per share                                                                                        | 188,785     | 197,850                 |
|     | Schlumberger Ltd                                               | 146 shares, \$41.95 per share                                                                                          | 9,940       | 6,125                   |
|     | Solventum Corp                                                 | 14 shares, \$69.72 per share                                                                                           | 1,759       | 941                     |
|     | Valero Energy Corp Common                                      | 80 shares, \$135.03 per share                                                                                          | 4,950       | 10,802                  |
|     | Vanguard World Fund Energy ETF                                 | 225 shares, \$122.47 per share                                                                                         | 19,910      | 27,556                  |
|     | Viatis Inc                                                     | 42 shares, \$11.61 per share                                                                                           | 595         | 488                     |
|     | Wal Mart Stores Inc                                            | 408 shares, \$80.75 per share                                                                                          | 10,999      | 32,946                  |
|     | WEC Energy Group Inc                                           | 91 shares, \$96.18 per share                                                                                           | 5,936       | 8,752                   |
|     | Xcel Energy Inc                                                | 601 shares, \$64.57 per share                                                                                          | 14,511      | 38,795                  |

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, 2024

| (a)                       | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost         | (e)<br>Current<br>value |
|---------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|
| <b>Total Common Stock</b> |                                                                |                                                                                                                        | <b>\$ 4,529,452</b> | <b>\$ 7,348,176</b>     |
|                           | American Funds Capital Income Builder Inc Shs CI F-2 Fund      | 991 shares, \$73.65 per share                                                                                          | 61,768              | 73,016                  |
|                           | American Funds Capital World Growth & Income Fund CI F-3       | 1,981 shares, \$69.10 per share                                                                                        | 87,845              | 136,900                 |
|                           | American Funds Europacific Growth Fund CI F3                   | 1,917 shares, \$60.85 per share                                                                                        | 92,179              | 116,674                 |
|                           | American Funds Investment Company of America Class F-3 Fund    | 5,055 shares, \$60.66 per share                                                                                        | 187,931             | 306,616                 |
|                           | American Funds The Bond Fund of America Class F-3              | 16,110 shares, \$11.66 per share                                                                                       | 206,371             | 187,839                 |
|                           | American Funds The Growth Fund of America Class F-3            | 2,603 shares, \$77.70 per share                                                                                        | 129,510             | 202,229                 |
|                           | American Funds The Income Fund of America Class F-3            | 4,730 shares, \$25.93 per share                                                                                        | 102,577             | 122,644                 |
|                           | American Funds The New Economy Fund Class F-3                  | 4,158 shares, \$66.11 per share                                                                                        | 161,140             | 274,879                 |
|                           | American Funds New World Fund Class F-3                        | 1,224 shares, \$86.15 per share                                                                                        | 99,522              | 105,485                 |
|                           | American Funds Washington Mutual Investors Fund Class F-3      | 2,348 shares, \$64.15 per share                                                                                        | 98,554              | 150,615                 |
|                           | Blackrock Advantage International Class K Fund                 | 5,960 shares, \$20.32 per share                                                                                        | 69,171              | 121,107                 |
|                           | Blackrock National Municipal Class K Fund                      | 7,350 shares, \$10.24 per share                                                                                        | 78,844              | 75,268                  |
|                           | Blackrock Total Return Class K Fund                            | 18,356 shares, \$10.21 per share                                                                                       | 195,577             | 187,420                 |
|                           | Dimensional Core Fixed Income ETF                              | 8,912 shares, \$43.19 per share                                                                                        | 373,858             | 384,909                 |
|                           | Dimensional Emerging Markets Core Equity 2 ETF                 | 7,781 shares, \$28.15 per share                                                                                        | 197,715             | 219,035                 |
|                           | Dimensional International Core Equity 2 ETF                    | 14,868 shares, \$28.14 per share                                                                                       | 396,678             | 418,386                 |
|                           | Dimensional Short-Duration Fixed Income ETF                    | 2,112 shares, \$47.74 per share                                                                                        | 99,285              | 100,827                 |
|                           | Dimensional US Core Equity 1 ETF                               | 11,921 shares, \$63.34 per share                                                                                       | 695,829             | 755,076                 |
|                           | Dimensional US Core Equity 2 ETF                               | 21,896 shares, \$34.29 per share                                                                                       | 695,198             | 750,814                 |
|                           | Dodge & Cox Funds International Stock Fund                     | 1,839 shares, \$55.77 per share                                                                                        | 80,858              | 102,574                 |
|                           | Dodge & Cox Income Fund I                                      | 4,286 shares, \$12.94 per share                                                                                        | 56,004              | 55,464                  |
|                           | Dodge & Cox Stock Fund                                         | 161 shares, \$274.29 per share                                                                                         | 31,594              | 44,120                  |
|                           | Eaton Vance National Municipal Opportunities Trust Fund        | 21,390 shares, \$17.82 per share                                                                                       | 363,629             | 381,170                 |
|                           | Fidelity Floating Rate High Income Fund                        | 2,751 shares, \$9.25 per share                                                                                         | 25,610              | 25,448                  |
|                           | Fidelity Capital Appreciation Fund                             | 1,266 shares, \$49.15 per share                                                                                        | 46,091              | 62,235                  |
|                           | Fidelity New Markets Income Fund                               | 2,286 shares, \$13.01 per share                                                                                        | 35,855              | 29,738                  |
|                           | Fidelity Merrimack Street Trust Term Bond ETF                  | 193 shares, \$50.36 per share                                                                                          | 9,999               | 9,720                   |
|                           | Fidelity Puritan Fund                                          | 494 shares, \$44.43 per share                                                                                          | 24,449              | 21,952                  |
|                           | Fidelity Salem Street Trust Investment Grade Bond Fund         | 4,105 shares, \$7.38 per share                                                                                         | 32,962              | 30,295                  |
|                           | Fidelity Salem Street Trust US Bond Index Fund                 | 585 shares, \$10.64 per share                                                                                          | 7,000               | 6,222                   |
|                           | Financial Select Sector SPDR Fund                              | 1,607 shares, \$45.15 per share                                                                                        | 54,899              | 72,556                  |
|                           | Harbor Capital Appreciation Fund Institutional                 | 483 shares, \$118.51 per share                                                                                         | 34,291              | 57,257                  |
|                           | Hartford Cap Appreciation Class F Fund                         | 1,603 shares, \$46.40 per share                                                                                        | 54,092              | 74,374                  |
|                           | Hartford Dividend & Growth Class F Fund                        | 3,192 shares, \$36.95 per share                                                                                        | 71,331              | 117,957                 |
|                           | Hartford International Equity Fund Class F                     | 659 shares, \$13.35 per share                                                                                          | 5,868               | 8,803                   |
|                           | Hartford Multi-Asset Income & Growth Fund Class F              | 5,151 shares, \$19.62 per share                                                                                        | 99,269              | 101,059                 |
|                           | Homestead Funds Short-Term Bond Fund                           | 4,488 shares, \$4.99 per share                                                                                         | 23,292              | 22,396                  |
|                           | Homestead Funds Value Fund                                     | 827 shares, \$55.60 per share                                                                                          | 41,353              | 45,980                  |
|                           | Invesco QQQ Trust Series 1 Fund                                | 502 shares, \$486.75 per share                                                                                         | 84,020              | 244,443                 |
|                           | Invesco Value Opportunities Fund Class R6                      | 7,505 shares, \$22.20 per share                                                                                        | 123,562             | 166,619                 |
|                           | iShares Core Dividend Growth ETF Fund                          | 5,494 shares, \$62.40 per share                                                                                        | 193,585             | 342,807                 |
|                           | iShares Core MSCI Total International Stock ETF                | 2,239 shares, \$73.04 per share                                                                                        | 139,056             | 163,563                 |
|                           | iShares Core S&P Mid Cap ETF                                   | 1,467 shares, \$62.27 per share                                                                                        | 54,027              | 91,329                  |
|                           | iShares Core S&P Small Cap ETF                                 | 708 shares, \$116.56 per share                                                                                         | 53,192              | 82,471                  |
|                           | iShares MSCI EAFE Minimum Volatility Fund                      | 1,000 shares, \$76.99 per share                                                                                        | 71,845              | 77,027                  |
|                           | iShares MSCI EAFE Small Cap ETF                                | 1,085 shares, \$67.67 per share                                                                                        | 69,238              | 73,416                  |
|                           | iShares MSCI USA Minimum Volatility Factor ETF                 | 2,087 shares, \$91.07 per share                                                                                        | 172,212             | 190,063                 |
|                           | iShares Preferred and Income Securities ETF                    | 10,120 shares, \$33.45 per share                                                                                       | 309,951             | 338,503                 |
|                           | JPMorgan Core Bond Fund Class R6                               | 17,814 shares, \$10.57 per share                                                                                       | 196,317             | 188,290                 |
|                           | Long Term Investment Grade Trust Series 15 Fund                | 14 shares, \$905.42 per share                                                                                          | 11,069              | 12,676                  |
|                           | Lord Abbett Bond Debenture Fund Class F3                       | 64,219 shares, \$7.27 per share                                                                                        | 462,362             | 466,869                 |
|                           | Lord Abbett Small Cap Value Fund Class F3                      | 6,207 shares, \$22.51 per share                                                                                        | 150,960             | 139,723                 |
|                           | Mainstay Epoch US Equity Yield Class A 1522 Fund               | 25,822 shares, \$23.38 per share                                                                                       | 411,927             | 603,711                 |
|                           | Mainstay Epoch US Equity Yield Class A Fund                    | 6,229 shares, \$23.38 per share                                                                                        | 99,373              | 145,639                 |

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, 2024

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party     | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | Mainstay Mackay Convertible Fund A                                 | 42,756 shares, \$19.46 per share                                                                                       | \$ 687,328           | \$ 832,035              |
|     | Mainstay Mackay High Yield Corp Bond A Fund                        | 177,948 shares, \$5.26 per share                                                                                       | 1,010,657            | 936,008                 |
|     | Mainstay Mackay US Small Cap Fund Class A                          | 4,157 shares, \$24.58 per share                                                                                        | 74,977               | 102,171                 |
|     | Mairs & Power Growth Fund                                          | 416 shares, \$174.36 per share                                                                                         | 52,526               | 72,602                  |
|     | MFS International Value Fund Class R6                              | 4,314 shares, \$43.92 per share                                                                                        | 179,947              | 189,489                 |
|     | MFS Value Fund Class R6                                            | 699 shares, \$53.77 per share                                                                                          | 22,379               | 37,599                  |
|     | SEI Core Fixed Income Fund Class F                                 | 8,423 shares, \$9.80 per share                                                                                         | 90,030               | 82,547                  |
|     | SEI Dynamic Asset Allocation Fund F3                               | 670 shares, \$17.80 per share                                                                                          | 8,832                | 11,920                  |
|     | SEI Emerging Markets Debt Fund Class F                             | 1,322 shares, \$9.14 per share                                                                                         | 12,359               | 12,079                  |
|     | SEI Emerging Markets Equity Fund                                   | 783 shares, \$12.17 per share                                                                                          | 8,212                | 9,531                   |
|     | SEI Global Managed Volume Fund                                     | 1,116 shares, \$11.20 per share                                                                                        | 11,085               | 12,502                  |
|     | SEI High Yield Bond Fund                                           | 2,196 shares, \$5.44 per share                                                                                         | 14,475               | 11,948                  |
|     | SEI International Equity Fund Class F                              | 1,625 shares, \$13.33 per share                                                                                        | 16,288               | 21,669                  |
|     | SEI Large Cap Fund Class F                                         | 1,101 shares, \$16.79 per share                                                                                        | 15,585               | 18,485                  |
|     | SEI Instl Managed Trust Multi-Asset Accumulation Fund Class F      | 4,258 shares, \$7.63 per share                                                                                         | 38,938               | 32,485                  |
|     | SEI Multi-Asset Income Fund Class F                                | 1,054 shares, \$10.12 per share                                                                                        | 11,066               | 10,670                  |
|     | SEI Multi-Asset Inflation Managed Fund Class F                     | 2,216 shares, \$8.05 per share                                                                                         | 18,989               | 17,838                  |
|     | SEI Multi-Strategy Alternative Fund                                | 904 shares, \$9.96 per share                                                                                           | 8,707                | 9,006                   |
|     | SEI Real Return Fund Class F                                       | 564 shares, \$9.69 per share                                                                                           | 5,345                | 5,469                   |
|     | SEI Small Cap Fund                                                 | 602 shares, \$14.45 per share                                                                                          | 7,165                | 8,698                   |
|     | SEI US Managed Volatility Fund Class F                             | 412 shares, \$16.31 per share                                                                                          | 5,927                | 6,720                   |
|     | SIMT Liquid Alternative Fund Class F                               | 834 shares, \$10.62 per share                                                                                          | 8,476                | 8,860                   |
|     | T. Rowe Price Blue Chip Growth Fund                                | 149 shares, \$191.42 per share                                                                                         | 14,964               | 28,609                  |
|     | T. Rowe Price Dividend Growth Fund                                 | 573 shares, \$81.92 per share                                                                                          | 18,424               | 46,955                  |
|     | T. Rowe Price Institutional Floating Rate Fund                     | 5,270 shares, \$9.44 per share                                                                                         | 49,341               | 49,745                  |
|     | T. Rowe Price Mid Cap Value Fund                                   | 592 shares, \$36.43 per share                                                                                          | 17,542               | 21,568                  |
|     | T. Rowe Price New Income Fund                                      | 22,808 shares, \$8.21 per share                                                                                        | 189,772              | 187,254                 |
|     | Target Portfolio Trust PGIM Quant Solutions Small Cap Class Z Fund | 803 shares, \$19.37 per share                                                                                          | 15,651               | 15,563                  |
|     | Tweedy Browne International Value Fund                             | 2,225 shares, \$29.63 per share                                                                                        | 61,737               | 65,928                  |
|     | USAA Intermediate Term Bond Fund                                   | 3,807 shares, \$9.42 per share                                                                                         | 38,138               | 35,862                  |
|     | Van Kampen Build America Bond Inc Trust Monthly Cash Fund          | 36 shares, \$208.08 per share                                                                                          | 10,648               | 7,491                   |
|     | Vanguard Explorer Fund Inc                                         | 114 shares, \$123.00 per share                                                                                         | 11,668               | 14,050                  |
|     | Vanguard Fixed Income Securities F GNMA Adm Fund                   | 580 shares, \$9.47 per share                                                                                           | 6,074                | 5,497                   |
|     | Vanguard Fixed Income Securities F Short Term Fed Pt Fund          | 2,127 shares, \$10.28 per share                                                                                        | 22,671               | 21,865                  |
|     | Vanguard Growth Index Fund Admiral Shares                          | 108 shares, \$197.71 per share                                                                                         | 7,288                | 21,372                  |
|     | Vanguard Horizon Fund Inc Strategic Equity                         | 542 shares, \$40.05 per share                                                                                          | 18,398               | 21,713                  |
|     | Vanguard Index 500 Fund Admiral Shares                             | 30 shares, \$531.71 per share                                                                                          | 6,986                | 16,131                  |
|     | Vanguard Emerging Markets Stock Index Fund                         | 505 shares, \$39.79 per share                                                                                          | 17,352               | 20,110                  |
|     | Vanguard Municipal Bond Fund Inc Intr Te Adml                      | 1,595 shares, \$13.81 per share                                                                                        | 22,668               | 22,023                  |
|     | Vanguard Short-Term Investment Grade Fund                          | 4,467 shares, \$10.46 per share                                                                                        | 46,781               | 46,724                  |
|     | Victory Munder Mid-Cap Core Growth Fund Class R6                   | 7,835 shares, \$15.47 per share                                                                                        | 121,793              | 121,210                 |
|     | Victory Sycamore Established Value Fund Class R6                   | 5,374 shares, \$52.56 per share                                                                                        | 245,560              | 282,469                 |
|     | Victory Sycamore Small Company Opportunity Fund R6                 | 3,946 shares, \$50.49 per share                                                                                        | 195,185              | 199,238                 |
|     | Wasatch Small Cap Growth Fund                                      | 248 shares, \$39.62 per share                                                                                          | 10,807               | 9,839                   |
|     | <b>Total Mutual Funds</b>                                          |                                                                                                                        | <b>\$ 11,189,435</b> | <b>\$ 12,997,755</b>    |
|     | Toronto Dominion Bank CD                                           | 5.25%, due 7/31/29                                                                                                     | 20,000               | 20,113                  |
|     | <b>Total Certificates of Deposit</b>                               |                                                                                                                        | <b>\$ 20,000</b>     | <b>\$ 20,113</b>        |
|     | New Mexico State University Revocable Tax                          | 3.15%, due 4/1/26                                                                                                      | 25,092               | 24,636                  |
|     | <b>Total Government Bonds</b>                                      |                                                                                                                        | <b>\$ 25,092</b>     | <b>\$ 24,636</b>        |
|     | Apple Inc                                                          | 2.50%, due 2/9/25                                                                                                      | 19,926               | 19,852                  |
|     | Boeing Co                                                          | 2.50%, due 3/1/25                                                                                                      | 19,927               | 19,691                  |
|     | Canadian Imperial Bank Comm Toro                                   | 5.30%, due 2/28/28                                                                                                     | 20,000               | 20,082                  |
|     | Duetschce Bank AG                                                  | 5.14%, due 7/31/2029                                                                                                   | 20,000               | 20,073                  |

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, 2024

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | Royal Bank CDA                                                 | 5.25%, due 3/15/29                                                                                                     | \$ 25,000            | \$ 25,048               |
|     | Toronto Dominion Bank                                          | 5.25%, due 3/15/27                                                                                                     | 25,000               | 25,107                  |
|     |                                                                | <b>Total Corporate Bonds</b>                                                                                           | <b>\$ 129,853</b>    | <b>\$ 129,853</b>       |
|     | Commercial rental building                                     | Commercial rental building                                                                                             | 210,000              | 210,000                 |
|     |                                                                | <b>Total Real Estate</b>                                                                                               | <b>\$ 210,000</b>    | <b>\$ 210,000</b>       |
| *   | Pacific Life                                                   | Individual policy                                                                                                      | [1]                  | 221,314                 |
| *   | Pacific Life Annuity                                           | Individual policy                                                                                                      | [1]                  | 342,505                 |
|     |                                                                | <b>Total Life Insurance Policies</b>                                                                                   | <b>\$ [1]</b>        | <b>\$ 563,819</b>       |
| *   | Notes Receivable From Participants                             | 5 years, 6.00% each [2]                                                                                                | [1]                  | 726,093                 |
|     |                                                                |                                                                                                                        | <b>\$ 16,103,832</b> | <b>\$ 22,020,445</b>    |

\* 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.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b> |
| For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 |                                                 |

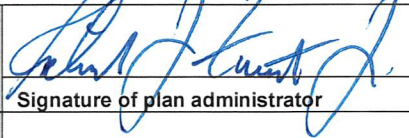
|                                                                                                        |                                                                |                                                                                                                                 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

|                |                                                                |
|----------------|----------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information |
|----------------|----------------------------------------------------------------|

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

|                  |                                                                                     |         |                                                              |
|------------------|-------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 4.14.25 | RICHARD J. FORREST, JR.                                      |
|                  | Signature of plan administrator                                                     | Date    | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of employer/plan sponsor                                                  | Date    | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |         |                                                              |
|                  | Signature of DFE                                                                    | Date    | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                         |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                        |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 230                                                                                                                                                                                                                                             |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 190<br><b>6a(2)</b> 171<br><b>6b</b> 2<br><b>6c</b> 51<br><b>6d</b> 224<br><b>6e</b> 0<br><b>6f</b> 224<br><b>6g(1)</b> 159<br><b>6g(2)</b> 162<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                                                                                                                 |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>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:

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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, 2024

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | 3M Company Common                                              | 54 shares, \$136.70 per share                                                                                          | \$ 9,347    | \$ 7,382                |
|     | Abbott Laboratories                                            | 501 shares, \$112.43 per share                                                                                         | 9,404       | 56,272                  |
|     | Abbvie Inc                                                     | 500 shares, \$194.79 per share                                                                                         | 11,306      | 97,466                  |
|     | Alphabet Inc Class A                                           | 1,200 shares, \$163.95 per share                                                                                       | 14,966      | 196,740                 |
|     | Alphabet Inc Class C Capital Stock                             | 1,200 shares, \$165.29 per share                                                                                       | 14,919      | 198,348                 |
|     | Altria Group Inc                                               | 400 shares, \$51.05 per share                                                                                          | 16,418      | 20,441                  |
|     | Amgen Inc                                                      | 62 shares, \$322.21 per share                                                                                          | 9,982       | 19,977                  |
|     | Apple Inc                                                      | 2,000 shares, \$227.79 per share                                                                                       | 25,548      | 455,612                 |
|     | Bank of America Corp Dep Shs                                   | 1,100 shares, \$24.45 per share                                                                                        | 20,718      | 26,895                  |
|     | Bank of America Corporation                                    | 1,947 shares, \$39.40 per share                                                                                        | 27,854      | 76,730                  |
|     | Chevron Corporation                                            | 202 shares, \$147.27 per share                                                                                         | 20,914      | 29,749                  |
|     | Chubb Limited                                                  | 76 shares, \$288.39 per share                                                                                          | 10,938      | 21,918                  |
|     | CIM Real Estate Finance Trust, Inc.                            | 25,025 shares, \$6.09 per share                                                                                        | 230,327     | 152,402                 |
|     | CNB Bankcorp                                                   | 29,000 shares, \$136.53 per share                                                                                      | 3,093,072   | 3,959,414               |
|     | Coca-Cola Co                                                   | 1,251 shares, \$71.79 per share                                                                                        | 24,088      | 89,779                  |
|     | eBay Inc                                                       | 500 shares, \$64.00 per share                                                                                          | 6,354       | 32,000                  |
|     | Ecolab Inc                                                     | 42 shares, \$255.33 per share                                                                                          | 5,859       | 10,724                  |
|     | Exxon Mobil Corp                                               | 260 shares, \$117.22 per share                                                                                         | 20,972      | 30,477                  |
|     | Factset Research Systems Inc                                   | 34 shares, \$459.85 per share                                                                                          | 5,932       | 15,635                  |
|     | Gilead Sciences Inc                                            | 155 shares, \$83.84 per share                                                                                          | 9,996       | 12,995                  |
|     | HF Sinclair Corporation                                        | 441 shares, \$44.57 per share                                                                                          | 10,531      | 19,655                  |
|     | HF Sinclair Corporation                                        | 1,435 shares, \$45.29 per share                                                                                        | 58,849      | 65,007                  |
|     | Home Depot Inc                                                 | 751 shares, \$399.53 per share                                                                                         | 44,539      | 300,027                 |
|     | Intel Corp                                                     | 1,001 shares, \$23.91 per share                                                                                        | 26,864      | 23,927                  |
|     | International Business Machines Corporation                    | 72 shares, \$221.08 per share                                                                                          | 10,602      | 15,918                  |
|     | Johnson & Johnson                                              | 83 shares, \$162.06 per share                                                                                          | 10,913      | 13,451                  |
|     | Johnson & Johnson                                              | 501 shares, \$161.40 per share                                                                                         | 32,566      | 80,829                  |
|     | JP Morgan Chase & Co                                           | 128 shares, \$210.86 per share                                                                                         | 11,008      | 26,990                  |
|     | Kinder Morgan Inc                                              | 1,415 shares, \$21.79 per share                                                                                        | 29,023      | 30,827                  |
|     | Kyndryl Holdings Inc Common Stock                              | 14 shares, \$22.98 per share                                                                                           | 234         | 331                     |
|     | Lilly Eli & Co                                                 | 89 shares, \$885.94 per share                                                                                          | 7,064       | 78,849                  |
|     | Lockheed Martin Corp Common                                    | 28 shares, \$584.56 per share                                                                                          | 9,940       | 16,368                  |
|     | Marathon Petroleum Corp Common Fund                            | 91 shares, \$162.91 per share                                                                                          | 4,969       | 14,825                  |
|     | McDonalds Corp                                                 | 71 shares, \$304.51 per share                                                                                          | 10,953      | 21,620                  |
|     | McDonalds Corp                                                 | 500 shares, \$303.69 per share                                                                                         | 43,824      | 151,900                 |
|     | Microsoft Corp                                                 | 500 shares, \$428.02 per share                                                                                         | 24,171      | 214,212                 |
|     | Mondelez International Inc                                     | 300 shares, \$74.20 per share                                                                                          | 9,401       | 22,297                  |
|     | Packaging Corp America                                         | 58 shares, \$215.40 per share                                                                                          | 5,949       | 12,493                  |
|     | Paychex Inc                                                    | 96 shares, \$134.19 per share                                                                                          | 5,947       | 12,882                  |
|     | Peakstone Realty Trust Class E                                 | 3,080 shares, \$13.63 per share                                                                                        | 200,741     | 41,980                  |
|     | PepsiCo Inc                                                    | 300 shares, \$170.00 per share                                                                                         | 19,818      | 51,063                  |
|     | Pfizer Inc                                                     | 337 shares, \$28.94 per share                                                                                          | 10,390      | 9,753                   |
|     | Phillip Morris International Inc                               | 101 shares, \$120.62 per share                                                                                         | 792         | 12,141                  |
|     | Phillips 66                                                    | 1,000 shares, \$131.05 per share                                                                                       | 35,741      | 131,104                 |
|     | Procter & Gamble Co                                            | 650 shares, \$173.55 per share                                                                                         | 47,398      | 112,887                 |
|     | Qualcomm Inc                                                   | 186 shares, \$170.05 per share                                                                                         | 10,926      | 31,629                  |
|     | Realty Income Corp                                             | 3,154 shares, \$62.73 per share                                                                                        | 188,785     | 197,850                 |
|     | Schlumberger Ltd                                               | 146 shares, \$41.95 per share                                                                                          | 9,940       | 6,125                   |
|     | Solventum Corp                                                 | 14 shares, \$69.72 per share                                                                                           | 1,759       | 941                     |
|     | Valero Energy Corp Common                                      | 80 shares, \$135.03 per share                                                                                          | 4,950       | 10,802                  |
|     | Vanguard World Fund Energy ETF                                 | 225 shares, \$122.47 per share                                                                                         | 19,910      | 27,556                  |
|     | Viatis Inc                                                     | 42 shares, \$11.61 per share                                                                                           | 595         | 488                     |
|     | Wal Mart Stores Inc                                            | 408 shares, \$80.75 per share                                                                                          | 10,999      | 32,946                  |
|     | WEC Energy Group Inc                                           | 91 shares, \$96.18 per share                                                                                           | 5,936       | 8,752                   |
|     | Xcel Energy Inc                                                | 601 shares, \$64.57 per share                                                                                          | 14,511      | 38,795                  |

See accompanying Independent Auditor's Report.

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**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, 2024

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost         | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|
|     |                                                                | <b>Total Common Stock</b>                                                                                              | <b>\$ 4,529,452</b> | <b>\$ 7,348,176</b>     |
|     | American Funds Capital Income Builder Inc Shs CI F-2 Fund      | 991 shares, \$73.65 per share                                                                                          | 61,768              | 73,016                  |
|     | American Funds Capital World Growth & Income Fund CI F-3       | 1,981 shares, \$69.10 per share                                                                                        | 87,845              | 136,900                 |
|     | American Funds Europacific Growth Fund CI F3                   | 1,917 shares, \$60.85 per share                                                                                        | 92,179              | 116,674                 |
|     | American Funds Investment Company of America Class F-3 Fund    | 5,055 shares, \$60.66 per share                                                                                        | 187,931             | 306,616                 |
|     | American Funds The Bond Fund of America Class F-3              | 16,110 shares, \$11.66 per share                                                                                       | 206,371             | 187,839                 |
|     | American Funds The Growth Fund of America Class F-3            | 2,603 shares, \$77.70 per share                                                                                        | 129,510             | 202,229                 |
|     | American Funds The Income Fund of America Class F-3            | 4,730 shares, \$25.93 per share                                                                                        | 102,577             | 122,644                 |
|     | American Funds The New Economy Fund Class F-3                  | 4,158 shares, \$66.11 per share                                                                                        | 161,140             | 274,879                 |
|     | American Funds New World Fund Class F-3                        | 1,224 shares, \$86.15 per share                                                                                        | 99,522              | 105,485                 |
|     | American Funds Washington Mutual Investors Fund Class F-3      | 2,348 shares, \$64.15 per share                                                                                        | 98,554              | 150,615                 |
|     | Blackrock Advantage International Class K Fund                 | 5,960 shares, \$20.32 per share                                                                                        | 69,171              | 121,107                 |
|     | Blackrock National Municipal Class K Fund                      | 7,350 shares, \$10.24 per share                                                                                        | 78,844              | 75,268                  |
|     | Blackrock Total Return Class K Fund                            | 18,356 shares, \$10.21 per share                                                                                       | 195,577             | 187,420                 |
|     | Dimensional Core Fixed Income ETF                              | 8,912 shares, \$43.19 per share                                                                                        | 373,858             | 384,909                 |
|     | Dimensional Emerging Markets Core Equity 2 ETF                 | 7,781 shares, \$28.15 per share                                                                                        | 197,715             | 219,035                 |
|     | Dimensional International Core Equity 2 ETF                    | 14,868 shares, \$28.14 per share                                                                                       | 396,678             | 418,386                 |
|     | Dimensional Short-Duration Fixed Income ETF                    | 2,112 shares, \$47.74 per share                                                                                        | 99,285              | 100,827                 |
|     | Dimensional US Core Equity 1 ETF                               | 11,921 shares, \$63.34 per share                                                                                       | 695,829             | 755,076                 |
|     | Dimensional US Core Equity 2 ETF                               | 21,896 shares, \$34.29 per share                                                                                       | 695,198             | 750,814                 |
|     | Dodge & Cox Funds International Stock Fund                     | 1,839 shares, \$55.77 per share                                                                                        | 80,858              | 102,574                 |
|     | Dodge & Cox Income Fund I                                      | 4,286 shares, \$12.94 per share                                                                                        | 56,004              | 55,464                  |
|     | Dodge & Cox Stock Fund                                         | 161 shares, \$274.29 per share                                                                                         | 31,594              | 44,120                  |
|     | Eaton Vance National Municipal Opportunities Trust Fund        | 21,390 shares, \$17.82 per share                                                                                       | 363,629             | 381,170                 |
|     | Fidelity Floating Rate High Income Fund                        | 2,751 shares, \$9.25 per share                                                                                         | 25,610              | 25,448                  |
|     | Fidelity Capital Appreciation Fund                             | 1,266 shares, \$49.15 per share                                                                                        | 46,091              | 62,235                  |
|     | Fidelity New Markets Income Fund                               | 2,286 shares, \$13.01 per share                                                                                        | 35,855              | 29,738                  |
|     | Fidelity Merrimack Street Trust Term Bond ETF                  | 193 shares, \$50.36 per share                                                                                          | 9,999               | 9,720                   |
|     | Fidelity Puritan Fund                                          | 494 shares, \$44.43 per share                                                                                          | 24,449              | 21,952                  |
|     | Fidelity Salem Street Trust Investment Grade Bond Fund         | 4,105 shares, \$7.38 per share                                                                                         | 32,962              | 30,295                  |
|     | Fidelity Salem Street Trust US Bond Index Fund                 | 585 shares, \$10.64 per share                                                                                          | 7,000               | 6,222                   |
|     | Financial Select Sector SPDR Fund                              | 1,607 shares, \$45.15 per share                                                                                        | 54,899              | 72,556                  |
|     | Harbor Capital Appreciation Fund Institutional                 | 483 shares, \$118.51 per share                                                                                         | 34,291              | 57,257                  |
|     | Hartford Cap Appreciation Class F Fund                         | 1,603 shares, \$46.40 per share                                                                                        | 54,092              | 74,374                  |
|     | Hartford Dividend & Growth Class F Fund                        | 3,192 shares, \$36.95 per share                                                                                        | 71,331              | 117,957                 |
|     | Hartford International Equity Fund Class F                     | 659 shares, \$13.35 per share                                                                                          | 5,868               | 8,803                   |
|     | Hartford Multi-Asset Income & Growth Fund Class F              | 5,151 shares, \$19.62 per share                                                                                        | 99,269              | 101,059                 |
|     | Homestead Funds Short-Term Bond Fund                           | 4,488 shares, \$4.99 per share                                                                                         | 23,292              | 22,396                  |
|     | Homestead Funds Value Fund                                     | 827 shares, \$55.60 per share                                                                                          | 41,353              | 45,980                  |
|     | Invesco QQQ Trust Series 1 Fund                                | 502 shares, \$486.75 per share                                                                                         | 84,020              | 244,443                 |
|     | Invesco Value Opportunities Fund Class R6                      | 7,505 shares, \$22.20 per share                                                                                        | 123,562             | 166,619                 |
|     | iShares Core Dividend Growth ETF Fund                          | 5,494 shares, \$62.40 per share                                                                                        | 193,585             | 342,807                 |
|     | iShares Core MSCI Total International Stock ETF                | 2,239 shares, \$73.04 per share                                                                                        | 139,056             | 163,563                 |
|     | iShares Core S&P Mid Cap ETF                                   | 1,467 shares, \$62.27 per share                                                                                        | 54,027              | 91,329                  |
|     | iShares Core S&P Small Cap ETF                                 | 708 shares, \$116.56 per share                                                                                         | 53,192              | 82,471                  |
|     | iShares MSCI EAFE Minimum Volatility Fund                      | 1,000 shares, \$76.99 per share                                                                                        | 71,845              | 77,027                  |
|     | iShares MSCI EAFE Small Cap ETF                                | 1,085 shares, \$67.67 per share                                                                                        | 69,238              | 73,416                  |
|     | iShares MSCI USA Minimum Volatility Factor ETF                 | 2,087 shares, \$91.07 per share                                                                                        | 172,212             | 190,063                 |
|     | iShares Preferred and Income Securities ETF                    | 10,120 shares, \$33.45 per share                                                                                       | 309,951             | 338,503                 |
|     | JPMorgan Core Bond Fund Class R6                               | 17,814 shares, \$10.57 per share                                                                                       | 196,317             | 188,290                 |
|     | Long Term Investment Grade Trust Series 15 Fund                | 14 shares, \$905.42 per share                                                                                          | 11,069              | 12,676                  |
|     | Lord Abbett Bond Debenture Fund Class F3                       | 64,219 shares, \$7.27 per share                                                                                        | 462,362             | 466,869                 |
|     | Lord Abbett Small Cap Value Fund Class F3                      | 6,207 shares, \$22.51 per share                                                                                        | 150,960             | 139,723                 |
|     | Mainstay Epoch US Equity Yield Class A 1522 Fund               | 25,822 shares, \$23.38 per share                                                                                       | 411,927             | 603,711                 |
|     | Mainstay Epoch US Equity Yield Class A Fund                    | 6,229 shares, \$23.38 per share                                                                                        | 99,373              | 145,639                 |

See accompanying Independent Auditor's Report.

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**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, 2024

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party     | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | Mainstay Mackay Convertible Fund A                                 | 42,756 shares, \$19.46 per share                                                                                       | \$ 687,328           | \$ 832,035              |
|     | Mainstay Mackay High Yield Corp Bond A Fund                        | 177,948 shares, \$5.26 per share                                                                                       | 1,010,657            | 936,008                 |
|     | Mainstay Mackay US Small Cap Fund Class A                          | 4,157 shares, \$24.58 per share                                                                                        | 74,977               | 102,171                 |
|     | Mairs & Power Growth Fund                                          | 416 shares, \$174.36 per share                                                                                         | 52,526               | 72,602                  |
|     | MFS International Value Fund Class R6                              | 4,314 shares, \$43.92 per share                                                                                        | 179,947              | 189,489                 |
|     | MFS Value Fund Class R6                                            | 699 shares, \$53.77 per share                                                                                          | 22,379               | 37,599                  |
|     | SEI Core Fixed Income Fund Class F                                 | 8,423 shares, \$9.80 per share                                                                                         | 90,030               | 82,547                  |
|     | SEI Dynamic Asset Allocation Fund F3                               | 670 shares, \$17.80 per share                                                                                          | 8,832                | 11,920                  |
|     | SEI Emerging Markets Debt Fund Class F                             | 1,322 shares, \$9.14 per share                                                                                         | 12,359               | 12,079                  |
|     | SEI Emerging Markets Equity Fund                                   | 783 shares, \$12.17 per share                                                                                          | 8,212                | 9,531                   |
|     | SEI Global Managed Volume Fund                                     | 1,116 shares, \$11.20 per share                                                                                        | 11,085               | 12,502                  |
|     | SEI High Yield Bond Fund                                           | 2,196 shares, \$5.44 per share                                                                                         | 14,475               | 11,948                  |
|     | SEI International Equity Fund Class F                              | 1,625 shares, \$13.33 per share                                                                                        | 16,288               | 21,669                  |
|     | SEI Large Cap Fund Class F                                         | 1,101 shares, \$16.79 per share                                                                                        | 15,585               | 18,485                  |
|     | SEI Instl Managed Trust Multi-Asset Accumulation Fund Class F      | 4,258 shares, \$7.63 per share                                                                                         | 38,938               | 32,485                  |
|     | SEI Multi-Asset Income Fund Class F                                | 1,054 shares, \$10.12 per share                                                                                        | 11,066               | 10,670                  |
|     | SEI Multi-Asset Inflation Managed Fund Class F                     | 2,216 shares, \$8.05 per share                                                                                         | 18,989               | 17,838                  |
|     | SEI Multi-Strategy Alternative Fund                                | 904 shares, \$9.96 per share                                                                                           | 8,707                | 9,006                   |
|     | SEI Real Return Fund Class F                                       | 564 shares, \$9.69 per share                                                                                           | 5,345                | 5,469                   |
|     | SEI Small Cap Fund                                                 | 602 shares, \$14.45 per share                                                                                          | 7,165                | 8,698                   |
|     | SEI US Managed Volatility Fund Class F                             | 412 shares, \$16.31 per share                                                                                          | 5,927                | 6,720                   |
|     | SIMT Liquid Alternative Fund Class F                               | 834 shares, \$10.62 per share                                                                                          | 8,476                | 8,860                   |
|     | T. Rowe Price Blue Chip Growth Fund                                | 149 shares, \$191.42 per share                                                                                         | 14,964               | 28,609                  |
|     | T. Rowe Price Dividend Growth Fund                                 | 573 shares, \$81.92 per share                                                                                          | 18,424               | 46,955                  |
|     | T. Rowe Price Institutional Floating Rate Fund                     | 5,270 shares, \$9.44 per share                                                                                         | 49,341               | 49,745                  |
|     | T. Rowe Price Mid Cap Value Fund                                   | 592 shares, \$36.43 per share                                                                                          | 17,542               | 21,568                  |
|     | T. Rowe Price New Income Fund                                      | 22,808 shares, \$8.21 per share                                                                                        | 189,772              | 187,254                 |
|     | Target Portfolio Trust PGIM Quant Solutions Small Cap Class Z Fund | 803 shares, \$19.37 per share                                                                                          | 15,651               | 15,563                  |
|     | Tweedy Browne International Value Fund                             | 2,225 shares, \$29.63 per share                                                                                        | 61,737               | 65,928                  |
|     | USAA Intermediate Term Bond Fund                                   | 3,807 shares, \$9.42 per share                                                                                         | 38,138               | 35,862                  |
|     | Van Kampen Build America Bond Inc Trust Monthly Cash Fund          | 36 shares, \$208.08 per share                                                                                          | 10,648               | 7,491                   |
|     | Vanguard Explorer Fund Inc                                         | 114 shares, \$123.00 per share                                                                                         | 11,668               | 14,050                  |
|     | Vanguard Fixed Income Securities F GNMA Adm Fund                   | 580 shares, \$9.47 per share                                                                                           | 6,074                | 5,497                   |
|     | Vanguard Fixed Income Securities F Short Term Fed Pt Fund          | 2,127 shares, \$10.28 per share                                                                                        | 22,671               | 21,865                  |
|     | Vanguard Growth Index Fund Admiral Shares                          | 108 shares, \$197.71 per share                                                                                         | 7,288                | 21,372                  |
|     | Vanguard Horizon Fund Inc Strategic Equity                         | 542 shares, \$40.05 per share                                                                                          | 18,398               | 21,713                  |
|     | Vanguard Index 500 Fund Admiral Shares                             | 30 shares, \$531.71 per share                                                                                          | 6,986                | 16,131                  |
|     | Vanguard Emerging Markets Stock Index Fund                         | 505 shares, \$39.79 per share                                                                                          | 17,352               | 20,110                  |
|     | Vanguard Municipal Bond Fund Inc Intr Te Adml                      | 1,595 shares, \$13.81 per share                                                                                        | 22,668               | 22,023                  |
|     | Vanguard Short-Term Investment Grade Fund                          | 4,467 shares, \$10.46 per share                                                                                        | 46,781               | 46,724                  |
|     | Victory Munder Mid-Cap Core Growth Fund Class R6                   | 7,835 shares, \$15.47 per share                                                                                        | 121,793              | 121,210                 |
|     | Victory Sycamore Established Value Fund Class R6                   | 5,374 shares, \$52.56 per share                                                                                        | 245,560              | 282,469                 |
|     | Victory Sycamore Small Company Opportunity Fund R6                 | 3,946 shares, \$50.49 per share                                                                                        | 195,185              | 199,238                 |
|     | Wasatch Small Cap Growth Fund                                      | 248 shares, \$39.62 per share                                                                                          | 10,807               | 9,839                   |
|     | <b>Total Mutual Funds</b>                                          |                                                                                                                        | <b>\$ 11,189,435</b> | <b>\$ 12,997,755</b>    |
|     | Toronto Dominion Bank CD                                           | 5.25%, due 7/31/29                                                                                                     | 20,000               | 20,113                  |
|     | <b>Total Certificates of Deposit</b>                               |                                                                                                                        | <b>\$ 20,000</b>     | <b>\$ 20,113</b>        |
|     | New Mexico State University Revocable Tax                          | 3.15%, due 4/1/26                                                                                                      | 25,092               | 24,636                  |
|     | <b>Total Government Bonds</b>                                      |                                                                                                                        | <b>\$ 25,092</b>     | <b>\$ 24,636</b>        |
|     | Apple Inc                                                          | 2.50%, due 2/9/25                                                                                                      | 19,926               | 19,852                  |
|     | Boeing Co                                                          | 2.50%, due 3/1/25                                                                                                      | 19,927               | 19,691                  |
|     | Canadian Imperial Bank Comm Toro                                   | 5.30%, due 2/28/28                                                                                                     | 20,000               | 20,082                  |
|     | Duetschce Bank AG                                                  | 5.14%, due 7/31/2029                                                                                                   | 20,000               | 20,073                  |

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**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, 2024

| (a) | (b)<br>Identity of issue, borrower,<br>lessor or similar party | (c)<br>Description of investment including<br>maturity date,<br>rate of interest, collateral, par or<br>maturity value | (d)<br>Cost          | (e)<br>Current<br>value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | Royal Bank CDA                                                 | 5.25%, due 3/15/29                                                                                                     | \$ 25,000            | \$ 25,048               |
|     | Toronto Dominion Bank                                          | 5.25%, due 3/15/27                                                                                                     | 25,000               | 25,107                  |
|     |                                                                | <b>Total Corporate Bonds</b>                                                                                           | <b>\$ 129,853</b>    | <b>\$ 129,853</b>       |
|     | Commercial rental building                                     | Commercial rental building                                                                                             | 210,000              | 210,000                 |
|     |                                                                | <b>Total Real Estate</b>                                                                                               | <b>\$ 210,000</b>    | <b>\$ 210,000</b>       |
| *   | Pacific Life                                                   | Individual policy                                                                                                      | [1]                  | 221,314                 |
| *   | Pacific Life Annuity                                           | Individual policy                                                                                                      | [1]                  | 342,505                 |
|     |                                                                | <b>Total Life Insurance Policies</b>                                                                                   | <b>\$ [1]</b>        | <b>\$ 563,819</b>       |
| *   | Notes Receivable From Participants                             | 5 years, 6.00% each [2]                                                                                                | [1]                  | 726,093                 |
|     |                                                                |                                                                                                                        | <b>\$ 16,103,832</b> | <b>\$ 22,020,445</b>    |

\* 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.