Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
BYER CALIFORNIA RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1965

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BYER CALIFORNIA

66 POTRERO AVENUE
SAN FRANCISCO, CA 94103

2b Employer Identification Number (EIN) 94-1582944

2c Plan Sponsor's telephone number 415-626-7844

2d Business code (see instructions) 315240

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.	06/10/2025	EDWARD M. MANBURG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/10/2025	EDWARD M. MANBURG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ADMINISTRATIVE COMMITTEE

66 POTRERO AVENUE
SAN FRANCISCO, CA 94103

3b Administrator's EIN
94-2593103

3c Administrator's telephone number
415-626-7844

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	471
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	207
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	157
b	Retired or separated participants receiving benefits	**6b**	26
c	Other retired or separated participants entitled to future benefits	**6c**	207
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	390
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	398
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	471
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	398
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(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 _____
- **(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_____

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

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan
BYER CALIFORNIA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BYER CALIFORNIA

D Employer Identification Number (EIN)
94-1582944

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MORGAN STANLEY

94-1671384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 31 50 51	NONE	223987	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAZARD GLOBAL EQUITY

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 31 50 51	NONE	81731	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17 38 50 64 70	NONE	66324	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRINCIPAL

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 50	NONE	39011	Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABRAMS & ASSOCIATES

94-3132243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	24340	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMYNS SMITH MCCLEARY & DEAVER, LLP

68-0307221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan
BYER CALIFORNIA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BYER CALIFORNIA

D Employer Identification Number (EIN)
94-1582944

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

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6202499-001	C	595

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan
BYER CALIFORNIA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BYER CALIFORNIA

D Employer Identification Number (EIN)
94-1582944

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	515540	723351
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	189630	120008
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36583284	29491494
(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)	12725422	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	578	595
(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)	60800751	77912805
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	110815205	108248253
	Liabilities			
g	Benefit claims payable	1g	0	3939
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	3939
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	110815205	108244314

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	723351	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		723351
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1749357	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1749357
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	146024	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	973477	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1119501
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	99425730	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	97574788	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1850942
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	8677098	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		8677098

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		17
(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)**		8750211
c Other income	**2c**		19326
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		22889803
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	25003962	
(2) To insurance carriers for the provision of benefits	**2e(2)**		
(3) Other	**2e(3)**		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		25003962
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)**		
(4) IQPA audit fees	**2i(4)**		
(5) Investment advisory and investment management fees	**2i(5)**	372041	
(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)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	84691	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		456732
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		25460694
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		-2570891
l Transfers of assets:			
(1) To this plan	**2l(1)**		
(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: COMYNS SIMTH MCCLEARY & DEAVER, LLP **(2)** EIN: 68-0307221

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

A Name of plan
BYER CALIFORNIA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BYER CALIFORNIA

D Employer Identification Number (EIN)
94-1582944

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a 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? ☐ Yes ☒ No

21b 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).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702621A .

BYER CALIFORNIA
RETIREMENT SAVINGS PLAN

Financial Statements
as of and for the Years Ended
November 30, 2024 and 2023,
Supplemental Schedules
as of and for the Year Ended
November 30, 2024 and
Independent Auditor's Report

Audited by:
Comyns, Smith, McCleary & Deaver, LLP
Certified Public Accountants
1777 Botelho Drive, Suite 350
Walnut Creek, CA 94596
Telephone (925) 299-1040

BYER CALIFORNIA RETIREMENT SAVINGS PLAN

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Partners:
John R. Comyns
Steven P. Smith
Dan K. Deaver
James B. Wolf
Brent M. Baxter
Andrew M. Porter
David C. Christy
Mark A. Trammell
Miriam J. Chiappetta
Stefan M. Foushée
David B. McCleary (1954 1996)

CSM&D
Comyns, Smith, McCleary & Deaver
CPAs | TAX | AUDIT | ADVISORY

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the Byer California Retirement Savings Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the Byer California Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of November 30, 2024 and 2023, the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended November 30, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(continued)

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 ERISA Section 103(a)(3)(C) audit opinion on the financial statements.

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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 that the financial statements are 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

(continued)

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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules Schedule H, Line 4i – Schedule of Assets (Held At End of Year) as of November 30, 2024, Schedule H, Line 4i – Schedule of Assets (acquired and Disposed of Within Year) and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended November 30, 2024, are presented for purposes of additional analysis and are 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.

(continued)

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CSMD, LLP

June 9, 2025

Financial Statements

BYER CALIFORNIA RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
NOVEMBER 30, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS, AT FAIR VALUE	$ 107,404,894	$ 110,110,035
RECEIVABLES:		
Accrued investment income	120,008	189,630
Employer contributions	723,351	515,540
Total receivables	843,359	705,170
LIABILITIES:		
Benefits payable	3,939	-
Net assets available for plan benefits	$ 108,244,314	$ 110,815,205

See notes to financial statements.

BYER CALIFORNIA RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED NOVEMBER 30, 2024 AND 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest and dividends	$ 2,868,858	$ 2,918,097
Other income	19,326	15,287
Net realized gain on sales of investments	10,601,170	3,527,173
Net unrealized appreciation of investments	8,677,098	668,781
Total investment income	22,166,452	7,129,338
Employer contributions	723,351	515,540
Total additions	22,889,803	7,644,878
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants or their beneficiaries	25,003,962	9,030,337
Administrative expenses	456,732	522,427
Total deductions	25,460,694	9,552,764
NET DECREASE	(2,570,891)	(1,907,886)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	110,815,205	112,723,091
End of year	$ 108,244,314	$ 110,815,205

See notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of the Byer California Retirement Savings Plan (the "Plan"), (formerly the Byer California Profit Sharing Plan, or "Former Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan established effective December 1, 1965 and most recently restated effective December 1, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility – The Plan covers the employees of Byer California. Employees shall first become eligible to participate in the Plan during the fiscal year in which their employment commencement date is on or prior to September 1. Subsequent to their initial year of eligibility, employees on November 30 with at least 1,000 hours of service during the fiscal year are generally eligible to receive an allocation of contributions for that year.

Contributions – For each fiscal year, the Board of Directors of Byer California (the "Company") approves discretionary contributions to the Plan in accordance with applicable provisions of the Plan, which in no event shall exceed the amount deductible for Federal income tax purposes in accordance with provisions of the Internal Revenue Code. For the years ended November 30, 2024 and 2023, the Company contributed amounts that, when combined with forfeitures, were equal to approximately 6% and 4% of eligible compensation, respectively. No voluntary participant contributions are allowed.

Participant Accounts – Each participant's account is credited with an allocation of (a) the Company's contribution, (b) plan earnings and losses, and (c) forfeitures of terminated participants' non-vested accounts and charged with an allocation of administrative expenses. Company contributions and forfeitures are allocated to participant accounts in proportion to relative participant compensation. Plan earnings and losses are allocated to participant accounts in proportion to relative participant account balances. Upon meeting the requirements for distribution, the benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Vesting in the Company contributions plus actual earnings thereon is based on years of service and is as follows: (a) 100% vested, regardless of years of service, in the event of termination of employment due to death, total and permanent disability, or retirement if the participant has reached age 65, or (b) 20% per year upon the achievement of two years of service until fully vested after six years in the event of termination for any reason other than death or retirement, as noted above.

Payment of benefits – Upon termination, participants may elect to receive an amount equal to the value of their vested account balance in any combination of a lump sum amount, annuity, or installments over a specified period of time. Benefits are generally recorded when paid.

Forfeited accounts - The portion of a terminating participant's account which is not vested is forfeited upon the earlier of a complete cash-out distribution or a five-year break in service. Participants who are 0% vested are deemed to forfeit their account balances upon termination. Forfeited amounts are used to reduce employer contributions and allocated to the remaining participants in the same manner as employer contributions. At November 30, 2024, remaining forfeited non-vested accounts totaled $86,717. At November 30, 2023, remaining forfeited non-vested accounts totaled $146,306.

Administrative expenses – Administrative expenses consist of investment management, third party administration, trustee and other professional fees which are primarily paid by the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The Plan's financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates – The preparation of financial statements in conformity with GAAP requires estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment valuation and income recognition – The Plan's investments in common stocks and mutual funds are valued at fair value as of the last day of the Plan year based on quoted market prices, as quoted by the Plan's Trustee. The Plan's cash equivalents include various short-term investment funds. Due to their short-term nature, carrying amounts are valued at cost, which approximates fair value. The investment in a common/collective trust fund is stated at fair value, as estimated by the Plan's Trustee, taking into consideration investment earnings credited, expenses charged, payments made and changes in the value of the assets held in the funds.

The Plan's investment funds are allocated to the participants at all times. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

GAAP established a framework for measuring fair value and provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level one measurements) and the lowest priority to unobservable inputs (level three measurements). The three levels of the fair value hierarchy are described below:

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

Level two: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level two input must be observable for substantially the full term of the asset or liability.

Level three: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

The following table sets forth, within the fair value hierarchy of generally accepted accounting principles, the Plan's assets at fair value as of November 30:

	2024	2023
Level one:		
Equity securities:		
Common stocks	$ -	$ 7,348,130
Mutual funds	77,912,804	60,800,751
Level two:		
Cash equivalents	29,491,495	36,583,284
Equity securities:		
Common stocks	-	5,377,292
Common/collective trust fund	595	578
Total investments, at fair value	$107,404,894	$110,110,035

Subsequent events **-** The Plan's management evaluates events or transactions occurring after the statement of net assets available for plan benefits date but before the financial statements are available to be issued for potential recognition or disclosure. The financial statements include all subsequent events considered necessary for a fair presentation.

3. CERTIFIED FINANCIAL INFORMATION

In accordance with 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's Trustees certified the fair value of investments held at November 30, 2024 and 2023, and investment activities for the years then ended, that were used in the preparation of the accompanying financial statements and ERISA-required supplemental schedules. The following information was obtained by management and agreed to or derived from information certified as accurate and complete by the Plan's Trustees , but was not audited by independent certified public accountants:

	2024	2023
Non-participant-directed investments, at fair value:		
Cash equivalents	$ 29,491,495	$ 36,583,284
Common stocks	-	12,725,422
Mutual funds	77,912,804	60,800,751
Common/collective trust fund	595	578
	$ 107,404,894	$ 110,110,035
Accrued investment income	$ 120,008	$ 189,630
Investment income:		
Interest and dividends	$ 2,868,858	$ 2,918,097
Other income	19,326	15,287
Net realized gain on sales of investments	10,601,170	3,527,173
Net unrealized appreciation of investments	8,677,098	668,781
	$ 22,166,452	$ 7,129,338

4. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants shall become fully vested in their account balances, the trustee of the Plan shall pay all expenses chargeable against the Trust, and any unallocated Plan assets shall be allocated to participant accounts and distributed in accordance with Plan provisions and participant instructions.

5. TAX STATUS

The Plan adopted a prototype plan that received a favorable determination letter dated June 30, 2020 from the Internal Revenue Service. The Plan has since been amended and the Plan's Administrator, Administrative Committee and tax counsel are not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan. The trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6. PARTY IN INTEREST TRANSACTIONS

Certain Plan investments held at November 30, 2024 and 2023 are sponsored by the Plan's Trustee, Principal Bank or its affiliates. Since Principal Bank serves as the Plan's Trustee, investment activities involving these investments qualify as party-in-interest transactions. Trustee fees paid to the Plan's Trustees were $39,011 and $51,214 in 2024 and 2023, respectively.

7. RISKS AND UNCERTAINTIES

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

8. SUBSEQUENT EVENTS

The Plan was amended effective December 1, 2024, to change the Plan year to a calendar year and will provide for a short limitation year commencing on December 1, 2024 and ending on December 31, 2024. Effective January 1, 2025, the Plan was amended to change the Plan Sponsor from Byer California to P.A.R. Apparel, LLC ("P.A.R.") in connection with the transfer and assignment of certain assets from Byer California to P.A.R. Additionally, the Plan name was updated to P.A.R. Retirement Plan effective January 1, 2025.

Events or transactions occurring subsequent to year end through the date the financial statements were available to be issued, June 9, 2025, have been evaluated in the preparation of the accompanying financial statements.

* * * * *

Supplemental Schedules

Supplemental Schedule

Byer California Retirement Savings Plan
Plan # 001
EIN# 94-1582944
Plan Year Ended November 30, 2024

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

STATEMENT OF ASSETS AND LIABILITIES
AS OF NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	CASH EQUIVALENTS					
	OTHER CASH EQUIVALENTS					
	SHORT TERM INVESTMENT FUNDS					
	SHORT-TERM INVESTMENT FUND A S1 PF9980004					
29,491,494.310	4613666-000	29,491,494.31	29,491,494.31		0.00	120,008.43
29,491,494.310	TOTAL SHORT-TERM INVESTMENT FUND A S1	29,491,494.31 100.0000	29,491,494.31 100.0000	11/29/24	0.00	120,008.43
	TOTAL SHORT TERM INVESTMENT FUNDS	29,491,494.31	29,491,494.31		0.00	120,008.43
	TOTAL OTHER CASH EQUIVALENTS	**29,491,494.31**	**29,491,494.31**		**0.00**	**120,008.43**
	TOTAL CASH EQUIVALENTS	**29,491,494.31**	**29,491,494.31**		**0.00**	**120,008.43**
	POOLED, COMMON AND COLLECTIVE FUNDS					
	POOLED FUNDS					
	WELLS FARGO STABLE RETURN FUND N 949791552					
9.399	4613666-000	533.69	595.26		61.57	0.00
9.399	TOTAL WELLS FARGO STABLE RETURN FUND N	533.69 56.7816	595.26 63.3320	11/30/24	61.57	0.00
	TOTAL POOLED FUNDS	533.69	595.26		61.57	0.00
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	**533.69**	**595.26**		**61.57**	**0.00**
	MUTUAL FUNDS					
	MUTUAL FUNDS - EQUITY					

STATEMENT OF ASSETS AND LIABILITIES
AS OF NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	FIRST EAGLE OVERSEAS FUND- CLASS I #902 32008F200					
198,843.095	4613666-000	5,500,000.00	5,458,242.96		41,757.04-	0.00
198,843.095	TOTAL FIRST EAGLE OVERSEAS FUND-	5,500,000.00 27.6600	5,458,242.96 27.4500	11/29/24	41,757.04-	0.00
	VANGUARD DEVELOPED MARKETS INDEX FUND CLASS INST #137 921943882					
333,049.279	4613666-000	5,515,443.84	5,382,076.35		133,367.49-	0.00
333,049.279	TOTAL VANGUARD DEVELOPED MARKETS INDEX	5,515,443.84 16.5604	5,382,076.35 16.1600	11/29/24	133,367.49-	0.00
	VANGUARD INSTITUTIONAL INDEX FUND #94 922040100					
66,735.317	4613666-000	17,566,542.98	33,194,146.68		15,627,603.70	0.00
66,735.317	TOTAL VANGUARD INSTITUTIONAL INDEX FUND	17,566,542.98 263.2271	33,194,146.68 497.4000	11/29/24	15,627,603.70	0.00
	VANGUARD RUSSELL 3000 INDEX FUND CLASS INST #1854 92206C581					
65,120.595	4613666-000	26,352,399.56	33,878,338.34		7,525,938.78	0.00
65,120.595	TOTAL VANGUARD RUSSELL 3000 INDEX FUND	26,352,399.56 404.6707	33,878,338.34 520.2400	11/29/24	7,525,938.78	0.00
	TOTAL MUTUAL FUNDS - EQUITY	54,934,386.38	77,912,804.33		22,978,417.95	0.00
	TOTAL MUTUAL FUNDS	**54,934,386.38**	**77,912,804.33**		**22,978,417.95**	**0.00**
	TOTAL ASSETS AND LIABILITIES	84,426,414.38	107,404,893.90		22,978,479.52	120,008.43
	ACCRUED INCOME	120,008.43	120,008.43			
	TOTAL ACCOUNT	**84,546,422.81**	**107,524,902.33**		**22,978,479.52**	

Supplemental Schedule

Byer California Retirement Savings Plan
Plan # 001
EIN# 94-1582944
Plan Year Ended November 30, 2024

Schedule H, Line i - Schedule of Assets
(Acquired and Disposed of Within Year)

ASSETS BOUGHT & SOLD
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

	DATE	DESCRIPTION	SHARES/ PAR VALUE	COST VALUE	INCOME/ EXPENSES	TRANSACTION PROCEEDS	REALIZED GAIN/LOSS
		FANUC CORPORATION ADR 307305102 ---					
613666-019		**INITIAL POSITION**	**0.0000**	**0.00**			
		INITIAL POSITION TOTAL	0.0000	0.00			
4613666-019	01/25/24	PURCHASE ASSETS ON 01/25/24	9521.0000	137783.15		-137783.15	
4613666-019	08/19/24	SELL ASSETS ON 08/19/24	-9521.0000	-137783.15		132449.61	-5333.54
		TRANSACTION TOTAL	0.0000	0.00	0.00	-5333.54	-5333.54
613666-019		**FINAL POSITION**	**0.0000**	**0.00**			
		FINAL POSITION TOTAL	0.0000	0.00			
		SHORT-TERM INVESTMENT FUND A S1 PF9980004 ---					
613666-0220		**INITIAL POSITION**	**0.0000**	**0.00**			
		INITIAL POSITION TOTAL	0.0000	0.00			

ASSETS BOUGHT & SOLD
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

	DATE	DESCRIPTION	SHARES/ PAR VALUE	COST VALUE	INCOME/ EXPENSES	TRANSACTION PROCEEDS	REALIZED GAIN/LOSS
4613666-0220	12/04/23	PURCHASE ASSETS ON 12/04/23	85.1100	85.11		-85.11	
4613666-0220	12/08/23	SELL ASSETS ON 12/08/23	-85.1100	-85.11		85.11	0.00
		TRANSACTION TOTAL	0.0000	0.00	0.00	0.00	0.00
613666-0220		**FINAL POSITION**	**0.0000**	**0.00**			
		FINAL POSITION TOTAL	0.0000	0.00			

TECHTRONIC INDUSTRIES COMPANY - ADR
87873R101

613666-019		**INITIAL POSITION**	**0.0000**	**0.00**			
		INITIAL POSITION TOTAL	0.0000	0.00			
4613666-019	05/24/24	PURCHASE ASSETS ON 05/24/24	3494.0000	220350.16		-220350.16	
4613666-019	08/19/24	SELL ASSETS ON 08/19/24	-3494.0000	-220350.16		233325.28	12975.12
		TRANSACTION TOTAL	0.0000	0.00	0.00	12975.12	12975.12
613666-019		**FINAL POSITION**	**0.0000**	**0.00**			
		FINAL POSITION TOTAL	0.0000	0.00			

Supplemental Schedule

Byer California Retirement Savings Plan
Plan # 001
EIN# 94-1582944
Plan Year Ended November 30, 2024

Schedule H, Line j - Schedule of Reportable Transactions

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		110,299,665.05				
	COMPARATIVE VALUE (5%)		5,514,983.25				
	BROKER: MORGAN STANLEY DW INC.						
	ISSUE: 870123106 - SWATCH GROUP AG/THE-UNSP ADR						
4613666-019	01/24/24 S	12,230	11.379	1	139,168	214,703	-75,535
	ISSUE: 307305102 - FANUC CORPORATION ADR						
4613666-019	01/25/24 B	9,521	14.472	0	137,783-	137,783	
	ISSUE: 977874205 - WOLTERS KLUWER NV - ADR						
4613666-019	02/01/24 S	418	148.350	1	62,010	23,400	38,610
	ISSUE: 00724F101 - ADOBE INC						
4613666-019	05/23/24 B	466	481.462	0	224,361-	224,361	
	ISSUE: 032095101 - AMPHENOL CORP CL A						
4613666-019	05/23/24 S	970	136.211	4	132,121	70,448	61,673
	ISSUE: 244199105 - DEERE & CO						
4613666-019	05/23/24 S	367	379.807	4	139,385	130,597	8,789
	ISSUE: 478160104 - JOHNSON & JOHNSON						
4613666-019	05/23/24 S	1,984	149.670	8	296,938	285,005	11,933
	ISSUE: 046353108 - ASTRAZENECA PLC ADR						
4613666-019	05/23/24 B	3,247	78.541	0	255,023-	255,023	
	ISSUE: 573874104 - MARVELL TECHNOLOGY INC						
4613666-019	05/23/24 B	1,430	74.263	0	106,196-	106,196	
	ISSUE: G1151C101 - ACCENTURE PLC						
4613666-019	05/23/24 B	263	305.633	0	80,382-	80,382	
	ISSUE: 759530108 - RELX PLC ADR						
4613666-019	05/23/24 S	837	44.145	1	36,948	16,551	20,397
	ISSUE: 099502106 - BOOZ ALLEN HAMILTON HOLDING CL A						
4613666-019	05/23/24 S	384	152.298	2	58,481	33,231	25,250
	ISSUE: 87873R101 - TECHTRONIC INDUSTRIES COMPANY - ADR						
4613666-019	05/24/24 B	3,494	63.065	0	220,350-	220,350	
	ISSUE: 883219206 - THALES SA ADR						
4613666-019	05/28/24 S	5,492	35.680	5	195,947	135,821	60,127
	ISSUE: 891160509 - TORONTO DOMINION BK ONT COM NEW						
4613666-019	06/20/24 S	3,374	54.032	5	182,300	197,395	-15,095
	ISSUE: 79466L302 - SALESFORCE INC						
4613666-019	06/20/24 B	1,294	240.453	0	311,146-	311,146	
	ISSUE: 25243Q205 - DIAGEO PLC - ADR						
4613666-019	08/09/24 B	1,073	123.804	0	132,841-	132,841	
	ISSUE: 518439104 - ESTEE LAUDER COMPANIES INC						
4613666-019	08/12/24 S	1,438	87.023	3	125,136	293,300	-168,164

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **BYER CA RET SAV PLAN-CONSOLIDATED**
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024 **ACCOUNT NUMBER 4613666-C**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 037833100 - APPLE INC							
4613666-019	08/15/24 B	940	224.569	0	211,095-	211,095	
ISSUE: 02079K305 - ALPHABET INC CL A							
4613666-019	08/15/24 S	1,145	160.863	5	184,183	59,562	124,621
ISSUE: N07045102 - ASM INTERNATIONAL NV ADR							
4613666-019	08/19/24 S	300	674.399	6	202,314	97,015	105,300
ISSUE: 00724F101 - ADOBE INC							
4613666-019	08/19/24 S	466	559.062	7	260,516	224,361	36,155
ISSUE: 023135106 - AMAZON COM INC COM							
4613666-019	08/19/24 S	3,706	177.172	18	656,579	461,477	195,103
ISSUE: 032095101 - AMPHENOL CORP CL A							
4613666-019	08/19/24 S	3,802	66.081	7	251,232	138,063	113,169
ISSUE: 037833100 - APPLE INC							
4613666-019	08/19/24 S	940	224.036	6	210,588	211,095	-507
ISSUE: 053611109 - AVERY DENNISON CORP							
4613666-019	08/19/24 S	590	212.584	3	125,421	133,045	-7,624
ISSUE: 235851102 - DANAHER CORP							
4613666-019	08/19/24 S	1,095	269.990	8	295,630	224,764	70,866
ISSUE: 25243Q205 - DIAGEO PLC - ADR							
4613666-019	08/19/24 S	2,394	129.487	9	309,983	301,234	8,749
ISSUE: 580135101 - MCDONALDS CORP							
4613666-019	08/19/24 S	740	287.204	6	212,525	145,834	66,691
ISSUE: 594918104 - MICROSOFT CORP							
4613666-019	08/19/24 S	1,727	418.936	20	723,482	175,677	547,805
ISSUE: 654106103 - NIKE INC CL B							
4613666-019	08/19/24 S	1,337	83.368	3	111,459	223,312	-111,853
ISSUE: 742718109 - PROCTER & GAMBLE CO							
4613666-019	08/19/24 S	1,757	168.597	8	296,216	162,041	134,175
ISSUE: 773903109 - ROCKWELL AUTOMATION INC							
4613666-019	08/19/24 S	586	264.953	4	155,258	94,298	60,960
ISSUE: 808513105 - SCHWAB CHARLES CORP NEW							
4613666-019	08/19/24 S	2,877	65.355	5	188,021	114,630	73,391
ISSUE: 46266C105 - IQVIA HOLDINGS INC							
4613666-019	08/19/24 S	1,187	240.438	8	285,392	127,770	157,621
ISSUE: 871829107 - SYSCO CORP							
4613666-019	08/19/24 S	1,380	76.652	3	105,777	113,502	-7,726
ISSUE: 874039100 - TAIWAN SEMICONDUCTOR MANUFACTU - ADR							
4613666-019	08/19/24 S	2,303	173.513	11	399,590	103,621	295,969
ISSUE: 882508104 - TEXAS INSTRUMENTS INC							
4613666-019	08/19/24 S	1,172	199.461	7	233,762	142,771	90,991
ISSUE: 883556102 - THERMO FISHER SCIENTIFIC INC							
4613666-019	08/19/24 S	490	608.591	8	298,201	121,280	176,921
ISSUE: 191216100 - COCA COLA CO							
4613666-019	08/19/24 S	4,783	68.951	9	329,785	222,311	107,474
ISSUE: 949746101 - WELLS FARGO & CO							
4613666-019	08/19/24 S	3,714	56.307	6	209,117	152,708	56,409

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **BYER CA RET SAV PLAN-CONSOLIDATED**
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024 **ACCOUNT NUMBER 4613666-C**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 046353108 - ASTRAZENECA PLC ADR							
4613666-019	08/19/24 S	3,247	84.748	8	275,169	255,023	20,146
ISSUE: 654445303 - NINTENDO CO., LTD. - ADR							
4613666-019	08/19/24 S	11,400	13.738	4	156,608	123,155	33,453
ISSUE: 060505104 - BANK OF AMERICA CORP							
4613666-019	08/19/24 S	4,724	39.628	5	187,199	153,586	33,612
ISSUE: 904767704 - UNILEVER PLC - ADR							
4613666-019	08/19/24 S	4,408	61.428	8	270,766	242,586	28,180
ISSUE: 573874104 - MARVELL TECHNOLOGY INC							
4613666-019	08/19/24 S	1,430	69.154	3	98,888	106,196	-7,308
ISSUE: 307305102 - FANUC CORPORATION ADR							
4613666-019	08/19/24 S	9,521	13.912	4	132,450	137,783	-5,334
ISSUE: 977874205 - WOLTERS KLUWER NV - ADR							
4613666-019	08/19/24 S	1,883	166.674	9	313,839	105,413	208,425
ISSUE: 12117P109 - BUREAU VERITAS SA ADR							
4613666-019	08/19/24 S	2,059	64.190	4	132,164	137,431	-5,268
ISSUE: 91324P102 - UNITEDHEALTH GROUP INC							
4613666-019	08/19/24 S	470	581.035	8	273,079	223,920	49,158
ISSUE: 29429L105 - EPIROC AB-UNSP ADR							
4613666-019	08/19/24 S	11,092	18.819	6	208,736	112,969	95,767
ISSUE: 05577W200 - BRP INC/CA- SUB VOTING							
4613666-019	08/19/24 S	1,609	68.926	3	110,898	105,397	5,502
ISSUE: 714264306 - PERNOD RICARD SA ADR							
4613666-019	08/19/24 S	3,451	27.420	3	94,624	116,119	-21,496
ISSUE: 524671104 - LEGRAND SA-UNSP ADR							
4613666-019	08/19/24 S	5,778	21.410	3	123,704	125,197	-1,493
ISSUE: 934550203 - WARNER MUSIC GROUP CORP							
4613666-019	08/19/24 S	2,259	28.819	2	65,101	70,397	-5,296
ISSUE: 88032Q109 - TENCENT HOLDINGS LTD-UNS ADR							
4613666-019	08/19/24 S	3,152	47.980	4	151,229	135,686	15,543
ISSUE: 000375204 - ABB LTD - ADR							
4613666-019	08/19/24 S	5,396	55.390	8	298,876	110,241	188,635
ISSUE: G1151C101 - ACCENTURE PLC							
4613666-019	08/19/24 S	1,323	329.537	12	435,966	239,613	196,352
ISSUE: 87873R101 - TECHTRONIC INDUSTRIES COMPANY - ADR							
4613666-019	08/19/24 S	3,494	66.781	6	233,325	220,350	12,975
ISSUE: 759530108 - RELX PLC ADR							
4613666-019	08/19/24 S	6,786	46.014	9	312,240	134,187	178,052
ISSUE: 89055F103 - TOPBUILD CORP							
4613666-019	08/19/24 S	426	379.673	5	161,736	93,743	67,993
ISSUE: 045387107 - ASSA ABLOY AB-UNSP ADR							
4613666-019	08/19/24 S	7,876	15.114	3	119,032	82,818	36,214
ISSUE: 02079K305 - ALPHABET INC CL A							
4613666-019	08/19/24 S	2,693	165.530	12	445,759	140,088	305,671
ISSUE: G0403H108 - AON PLC							
4613666-019	08/19/24 S	879	334.133	8	293,695	125,921	167,774

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **BYER CA RET SAV PLAN-CONSOLIDATED**
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024 **ACCOUNT NUMBER 4613666-C**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 82455C101 - SHIMANO INC-UNSPON ADR							
4613666-019	08/19/24 S	5,457	18.971	3	103,523	100,796	2,727
ISSUE: 502441306 - LVMH MOET HENNESSY UNSP ADR - ADR							
4613666-019	08/19/24 S	1,126	149.550	5	168,389	116,896	51,492
ISSUE: 40415F101 - HDFC BANK LTD. - ADR							
4613666-019	08/19/24 S	2,201	60.254	4	132,614	102,728	29,887
ISSUE: 78409V104 - S&P GLOBAL INC							
4613666-019	08/19/24 S	573	495.045	8	283,653	109,207	174,445
ISSUE: N6596X109 - NXP SEMICONDUCTORS NV							
4613666-019	08/19/24 S	950	254.086	7	241,375	110,178	131,197
ISSUE: G25839104 - COCA-COLA EUROPACIFIC PARTNE							
4613666-019	08/19/24 S	2,512	76.996	5	193,409	98,467	94,942
ISSUE: 79466L302 - SALESFORCE INC							
4613666-019	08/19/24 S	1,294	264.059	10	341,683	311,146	30,537
ISSUE: 099502106 - BOOZ ALLEN HAMILTON HOLDING CL A							
4613666-019	08/19/24 S	1,961	148.609	8	291,415	169,702	121,712
ISSUE: 620076307 - MOTOROLA SOLUTIONS, INC.							
4613666-019	08/19/24 S	465	421.116	5	195,813	54,885	140,928
ISSUE: 428263107 - HEXAGON AB- UNSP ADR							
4613666-019	08/19/24 S	13,583	10.045	4	136,437	96,618	39,819
ISSUE: 001317205 - AIA GROUP LTD-SP ADR							
4613666-019	08/19/24 S	3,246	26.870	2	87,218	100,674	-13,456
ISSUE: 142795202 - CARLSBERG AS-B-SPON ADR							
4613666-019	08/19/24 S	5,660	22.593	4	127,876	182,899	-55,024
ISSUE: 589339209 - MERCK KGAA-SPONSORED ADR							
4613666-019	08/19/24 S	3,324	37.538	3	124,771	90,924	33,847
ISSUE: 455793109 - INDITEX-UNSPON ADR							
4613666-019	08/19/24 S	7,293	26.256	5	191,482	121,268	70,214
ISSUE: 69370C100 - PTC INC							
4613666-019	08/19/24 S	1,220	175.734	6	214,389	90,505	123,884
ISSUE: 98978V103 - ZOETIS INC							
4613666-019	08/19/24 S	1,047	183.014	5	191,610	86,345	105,266
ISSUE: 92826C839 - VISA INC-CLASS A SHRS							
4613666-019	08/19/24 S	1,156	266.554	9	308,128	136,109	172,018
ISSUE: 50048H101 - KONE OYJ-B-UNSPONSORED ADR							
4613666-019	08/19/24 S	4,906	25.787	4	126,507	130,476	-3,969
ISSUE: 45866F104 - INTERCONTINENTAL EXCHANGE, INC							
4613666-019	08/19/24 S	2,235	157.022	10	350,935	154,530	196,405
ISSUE: 20557R105 - COMPUTERSHARE LTD-SPONS ADR							
4613666-019	08/19/24 S	7,146	19.000	4	135,770	121,555	14,215
	SUB-TOTAL			449	17,934,722	12,613,726	5,320,992
	GRAND TOTAL			449	17,934,722	12,613,726	5,320,992

REPORTABLE TRANSACTIONS - SERIES / BY BROKER **BYER CA RET SAV PLAN-CONSOLIDATED**
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024 **ACCOUNT NUMBER 4613666-C**

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

STATEMENT OF ASSETS AND LIABILITIES
AS OF NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	CASH EQUIVALENTS					
	OTHER CASH EQUIVALENTS					
	SHORT TERM INVESTMENT FUNDS					
	SHORT-TERM INVESTMENT FUND A S1 PF9980004					
29,491,494.310	4613666-000	29,491,494.31	29,491,494.31		0.00	120,008.43
29,491,494.310	TOTAL SHORT-TERM INVESTMENT FUND A S1	29,491,494.31 100.0000	29,491,494.31 100.0000	11/29/24	0.00	120,008.43
	TOTAL SHORT TERM INVESTMENT FUNDS	29,491,494.31	29,491,494.31		0.00	120,008.43
	TOTAL OTHER CASH EQUIVALENTS	**29,491,494.31**	**29,491,494.31**		**0.00**	**120,008.43**
	TOTAL CASH EQUIVALENTS	**29,491,494.31**	**29,491,494.31**		**0.00**	**120,008.43**
	POOLED, COMMON AND COLLECTIVE FUNDS					
	POOLED FUNDS					
	WELLS FARGO STABLE RETURN FUND N 949791552					
9.399	4613666-000	533.69	595.26		61.57	0.00
9.399	TOTAL WELLS FARGO STABLE RETURN FUND N	533.69 56.7816	595.26 63.3320	11/30/24	61.57	0.00
	TOTAL POOLED FUNDS	533.69	595.26		61.57	0.00
	TOTAL POOLED, COMMON AND COLLECTIVE FUNDS	**533.69**	**595.26**		**61.57**	**0.00**
	MUTUAL FUNDS					
	MUTUAL FUNDS - EQUITY					

STATEMENT OF ASSETS AND LIABILITIES
AS OF NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	FIRST EAGLE OVERSEAS FUND- CLASS I #902 32008F200					
198,843.095	4613666-000	5,500,000.00	5,458,242.96		41,757.04-	0.00
198,843.095	TOTAL FIRST EAGLE OVERSEAS FUND-	5,500,000.00 27.6600	5,458,242.96 27.4500	11/29/24	41,757.04-	0.00
	VANGUARD DEVELOPED MARKETS INDEX FUND CLASS INST #137 921943882					
333,049.279	4613666-000	5,515,443.84	5,382,076.35		133,367.49-	0.00
333,049.279	TOTAL VANGUARD DEVELOPED MARKETS INDEX	5,515,443.84 16.5604	5,382,076.35 16.1600	11/29/24	133,367.49-	0.00
	VANGUARD INSTITUTIONAL INDEX FUND #94 922040100					
66,735.317	4613666-000	17,566,542.98	33,194,146.68		15,627,603.70	0.00
66,735.317	TOTAL VANGUARD INSTITUTIONAL INDEX FUND	17,566,542.98 263.2271	33,194,146.68 497.4000	11/29/24	15,627,603.70	0.00
	VANGUARD RUSSELL 3000 INDEX FUND CLASS INST #1854 92206C581					
65,120.595	4613666-000	26,352,399.56	33,878,338.34		7,525,938.78	0.00
65,120.595	TOTAL VANGUARD RUSSELL 3000 INDEX FUND	26,352,399.56 404.6707	33,878,338.34 520.2400	11/29/24	7,525,938.78	0.00
	TOTAL MUTUAL FUNDS - EQUITY	54,934,386.38	77,912,804.33		22,978,417.95	0.00
	TOTAL MUTUAL FUNDS	**54,934,386.38**	**77,912,804.33**		**22,978,417.95**	**0.00**
	TOTAL ASSETS AND LIABILITIES	84,426,414.38	107,404,893.90		22,978,479.52	120,008.43
	ACCRUED INCOME	120,008.43	120,008.43			
	TOTAL ACCOUNT	**84,546,422.81**	**107,524,902.33**		**22,978,479.52**	

ASSETS BOUGHT & SOLD
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

	DATE	DESCRIPTION	SHARES/ PAR VALUE	COST VALUE	INCOME/ EXPENSES	TRANSACTION PROCEEDS	REALIZED GAIN/LOSS
		FANUC CORPORATION ADR 307305102 ---					
613666-019		**INITIAL POSITION**	**0.0000**	**0.00**			
		INITIAL POSITION TOTAL	0.0000	0.00			
4613666-019	01/25/24	PURCHASE ASSETS ON 01/25/24	9521.0000	137783.15		-137783.15	
4613666-019	08/19/24	SELL ASSETS ON 08/19/24	-9521.0000	-137783.15		132449.61	-5333.54
		TRANSACTION TOTAL	0.0000	0.00	0.00	-5333.54	-5333.54
613666-019		**FINAL POSITION**	**0.0000**	**0.00**			
		FINAL POSITION TOTAL	0.0000	0.00			
		SHORT-TERM INVESTMENT FUND A S1 PF9980004 ---					
613666-0220		**INITIAL POSITION**	**0.0000**	**0.00**			
		INITIAL POSITION TOTAL	0.0000	0.00			

ASSETS BOUGHT & SOLD
FOR THE PERIOD DECEMBER 1, 2023 THROUGH NOVEMBER 30, 2024

BYER CA RET SAV PLAN-CONSOLIDATED
ACCOUNT NUMBER 4613666-C

	DATE	DESCRIPTION	SHARES/ PAR VALUE	COST VALUE	INCOME/ EXPENSES	TRANSACTION PROCEEDS	REALIZED GAIN/LOSS
4613666-0220	12/04/23	PURCHASE ASSETS ON 12/04/23	85.1100	85.11		-85.11	
4613666-0220	12/08/23	SELL ASSETS ON 12/08/23	-85.1100	-85.11		85.11	0.00
		TRANSACTION TOTAL	0.0000	0.00	0.00	0.00	0.00
613666-0220		**FINAL POSITION**	**0.0000**	**0.00**			
		FINAL POSITION TOTAL	0.0000	0.00			

TECHTRONIC INDUSTRIES COMPANY - ADR
87873R101

613666-019		**INITIAL POSITION**	**0.0000**	**0.00**			
		INITIAL POSITION TOTAL	0.0000	0.00			
4613666-019	05/24/24	PURCHASE ASSETS ON 05/24/24	3494.0000	220350.16		-220350.16	
4613666-019	08/19/24	SELL ASSETS ON 08/19/24	-3494.0000	-220350.16		233325.28	12975.12
		TRANSACTION TOTAL	0.0000	0.00	0.00	12975.12	12975.12
613666-019		**FINAL POSITION**	**0.0000**	**0.00**			
		FINAL POSITION TOTAL	0.0000	0.00			