

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/28/1972
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 94-1426954
2c Plan Sponsor's telephone number: 559-485-1487
2d Business code (see instructions): 326200

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	154
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	128
	6a(2)	122
	6b	0
	6c	32
	6d	154
	6e	0
	6f	154
	6g(1)	144
6g(2)	154	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MORGAN STANLEY ADVISORS FUND	5250 N PALM AVE SUITE 321 FRESNO, CA 93704
36-3145972	

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

MORGAN STANLEY BANK	5250 N PALM AVE SUITE 321 FRESNO, CA 93704
36-3707380	

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

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

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

MORGAN STANLEY SMITH BARNEY

5250 N PALM AVE
SUITE 321
FRESNO, CA 93704

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 49 50 71 72 99	INVESTMENT COMPANY	108845	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HILLS, RENAUT, HOMEN & HUGHES

7040 N MARKS
SUITE 111
FRESNO, CA 93711

94-2463125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	10050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NEWPORT GROUP

1350 TREAT BLVD.
SUITE 300
WALNUT CREEK, CA 94597

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	CONTRACT ADMINISTRATOR	6415	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY	49 99	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY ADVISORS FUNDS MS 5250 N PALM AVE SUITE 321 FRESNO, CA 93704 36-3145972	ANNUAL RATE OF UP TO 0.18% OF THE AVERAGE QUARTER-END ASSETS INVESTED BY ELIGIBLE MORGAN STANLEY CLIENTS IN EQUITY AND FIXED INCOME FUNDS (APPLICABLE TO NON-ADVISORY ACCOUNTS ONLY).	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan CALIFORNIA INDUSTRIAL RUBBER CO., INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CALIFORNIA INDUSTRIAL RUBBER CO., INC.	D Employer Identification Number (EIN) 94-1426954

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	18398	20419
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	305800	312691
(2) Participant contributions	1b(2)	31041	0
(3) Other	1b(3)	6121	144853
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1953534	2214643
(2) U.S. Government securities	1c(2)	1511256	1737134
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	813183	938263
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9560232	9749317
(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)	313510	301093
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	321233	368482
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14834308	15786895
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14834308	15786895

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)	312691	
(B) Participants.....	2a(1)(B)	436699	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		749390
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3857	
(B) U.S. Government securities.....	2b(1)(B)	50490	
(C) Corporate debt instruments.....	2b(1)(C)	29877	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	19387	
(F) Other.....	2b(1)(F)	75634	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		179245
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	158609	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13782	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		172391
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6262108	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5743708	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		518400
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	1094335	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2713761

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1634101	
(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)		1634101
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)	10050	
(2) Contract administrator fees	2i(2)	8178	
(3) Recordkeeping fees	2i(3)	108845	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		127073
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1761174

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		952587
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** 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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

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

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

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

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

1	0
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 94-1426954

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

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

3	
----------	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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 Q703806A.

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

FINANCIAL REPORT

FEBRUARY 28, 2025

CONTENTS

	PAGE
Independent Auditors' Report	1 - 3
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to the Financial Statements	6 - 13
Supplemental Schedule:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14 - 20

Hills, Renault, Homen & Hughes

ACCOUNTANCY CORPORATION

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

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of February 28, 2025, and February 29, 2024, and the related statement of changes in net assets available for benefits for the year ended February 28, 2025, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of California Industrial Rubber Co, Inc. 401(k) Profit Sharing Plan as of February 28, 2025, and February 29, 2024, and the changes in net assets available for benefits for the year ended February 28, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for the year ended February 28, 2025, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Hills, Renault, Homen & Hughes

Hills, Renault, Homen & Hughes

Fresno, California

July 8, 2025

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 28 AND 29

ASSETS	<u>2025</u>	<u>2024</u>
INVESTMENTS, AT FAIR VALUE:		
Non interest-bearing cash	\$ 20,419	\$ 18,398
Money market accounts interest-bearing	2,214,643	1,953,534
Common stocks	9,749,317	9,560,232
Government bonds	1,737,134	1,511,256
Corporate bonds	938,263	813,183
Mutual funds	<u>368,482</u>	<u>321,233</u>
	<u>15,028,258</u>	<u>14,177,836</u>
RECEIVABLES:		
Employer's contribution	312,691	305,800
Participant contributions	0	37,162
Other receivable	144,853	0
Notes receivable from participants	<u>301,093</u>	<u>313,510</u>
	<u>758,637</u>	<u>656,472</u>
TOTAL ASSETS	<u>15,786,895</u>	<u>14,834,308</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,786,895</u>	<u>\$ 14,834,308</u>

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

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED FEBRUARY 28, 2025

ADDITIONS:

Investment income:	
Interest income	\$ 179,245
Dividend income	172,391
Realized gain on sale of investments	518,400
Unrealized gain in fair value of investments	<u>1,094,335</u>
	1,964,371
Less: Investment expenses	<u>(108,845)</u>
	<u>1,855,526</u>
Contributions:	
Employer	312,691
Employee	<u>436,699</u>
	749,390
Total additions	<u>2,604,916</u>

DEDUCTIONS:

Benefits paid to participants	1,634,101
Other expenses	<u>18,228</u>
Total deductions	<u>1,652,329</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 952,587

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>14,834,308</u>
End of year	<u>\$ 15,786,895</u>

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

**CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

1. DESCRIPTION OF PLAN:

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

General

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

Eligibility and Vesting

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance. Loan terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participants account and bear interest at rates ranging from 4.25% to 9.5%, which are commensurate with local prevailing rates as determined by the Plan Trustee. Principal and interest is paid ratably through monthly payroll deductions.

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

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

1. DESCRIPTION OF PLAN (CONTINUED):

Administrative Expenses

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

Contributions

Each year, participants may elect to contribute up to 90% of pretax annual compensation up to the dollar limit for the current year (\$23,000), as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company contributes amounts at the option of the Company's Board of Directors, and the percentage is at least 3% of compensation. The Plan currently offers various common stocks, government securities, bonds, and mutual funds as investment options for participants. Contributions are subject to certain statutory limitations.

Participant Accounts

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

Forfeited Accounts

At February 28, 2025 and February 29, 2024, there were \$0 and \$0 forfeited accounts, respectively. Forfeited accounts are used to reduce employer contributions.

Payment of Benefits

Benefits are recorded when paid. Distribution of vested value will occur in the case of termination of service, death or disability. The Plan will pay out accounts that have a balance of less than \$1,000. Accounts with a balance between \$1,000 - \$5,000 will be rolled over to an IRA in the participants name to MG Trust, LLC. Accounts with a balance over \$5,000 will be distributed upon receipt of instructions from the participant. Participants may elect to either receive a lump-sum amount equal to the value of the participant's vested value of their account or leave the value of the account on deposit until normal retirement (age 65). All accounts will be distributed as soon as administratively feasible. At February 28, 2025, and February 29, 2024, amounts allocated to withdrawing participants for benefit claims that have been processed and approved for payment, but not yet paid is \$0 and \$0, respectively.

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

1. DESCRIPTION OF PLAN (CONTINUED):

Termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Accounting Method

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States ("GAAP") requires the Plan to make estimates that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedule. Actual results could differ from these estimates.

Investments

As of February 28, 2025, and February 29, 2024, investments of the Plan are reported at fair value, and are classified as available-for-sale. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025, AND FEBRUARY 29, 2024

3. INVESTMENTS:

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

	Net Increase (Decrease) In Value	Fair Value
<u>February 28, 2025</u>		
Investments consisted of:		
Common stocks	\$ 1,539,420	\$ 9,749,317
Government bonds	40,595	1,737,134
Corporate bonds	24,354	938,263
Mutual funds	<u>8,366</u>	<u>368,482</u>
	1,612,735	12,793,196
 Cash & money funds, includes Union Bank, a party-in-interest	 <u>0</u>	 <u>2,235,062</u>
	<u>\$ 1,612,735</u>	<u>\$ 15,028,258</u>
 <u>February 29, 2024</u>		
Investments consisted of:		
Common stocks	\$ 2,380,290	\$ 9,560,232
Government bonds	22,451	1,511,256
Corporate bonds	8,610	813,183
Mutual funds	<u>3,139</u>	<u>321,233</u>
	2,414,490	12,205,904
 Cash & money funds, includes Union Bank, a party-in-interest	 <u>0</u>	 <u>1,971,932</u>
	<u>\$ 2,414,490</u>	<u>\$ 14,177,836</u>

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

3. INVESTMENTS (CONTINUED):

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

	<u>2025</u>	<u>2024</u>
Money market – Morgan Stanley	\$ <u>1,581,243</u>	\$ <u>1,612,712</u>
	\$ <u>1,581,243</u>	\$ <u>1,612,712</u>

4. FAIR VALUE MEASUREMENTS:

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

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

Level 1 Fair Value Measurements: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Fair Value Measurements: Inputs to the valuation methodology include:

1. quoted prices for similar assets or liabilities in active markets;
2. quoted prices for identical or similar assets or liabilities in inactive markets;
3. inputs other than quoted prices that are observable for the asset or liability;
4. inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements: Fair values are based on inputs other than quoted prices included within Level 1 that are unobservable and significant to the fair value measurements.

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

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

4. FAIR VALUE MEASUREMENTS (CONTINUED):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at February 28, 2025, and February 29, 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

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

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

	<u>Fair Value</u>	<u>Fair Value Measurements Using:</u>	
		<u>Quoted Prices in Active Markets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
<u>February 28, 2025</u>			
Common stocks	\$ 9,749,317	\$ 9,749,317	\$ 0
Government bonds	1,737,134	0	1,737,134
Corporate bonds	938,263	0	938,263
Mutual funds	<u>368,482</u>	<u>368,482</u>	<u>0</u>
Total	\$ <u>12,793,196</u>	\$ <u>10,117,799</u>	\$ <u>2,675,397</u>

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

4. FAIR VALUE MEASUREMENTS (CONTINUED):

	<u>Fair Value</u>	<u>Fair Value Measurements Using:</u>	
		<u>Quoted Prices Active Markets (Level 1)</u>	<u>Significant in Other Observable Inputs (Level 2)</u>
<u>February 29, 2024</u>			
Common stocks	\$ 9,560,232	\$ 9,560,232	\$ 0
Government bonds	1,511,256	0	1,511,256
Corporate bonds	813,183	0	813,183
Mutual funds	<u>321,233</u>	<u>321,233</u>	<u>0</u>
Total	<u>\$ 12,205,904</u>	<u>\$ 9,881,465</u>	<u>\$ 2,324,439</u>

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

At February 28, 2025 and February 29, 2024, there were no differences between assets available for benefits per the financial statements and the assets available per Schedule H, Form 5500. Also, there were no differences in benefits paid to participants per the financial statements and Schedule H, Form 5500.

6. INCOME TAXES:

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

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

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

6. INCOME TAXES (CONTINUED):

GAAP requires plan management to evaluate tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of February 28, 2025 and February 29, 2024 there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS:

Party-in-interest transactions include fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

Certain Plan investments are shares of mutual funds managed by Morgan Stanley. Fees paid by the Plan for the investment management services amounted to \$108,845 and \$107,397 for the years ended February 28, 2025 and February 29, 2024, respectively.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

8. RISKS AND UNCERTAINTIES:

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

9. SUBSEQUENT EVENTS:

The Other receivable is from a distribution overpayment. The participant returned the overpayment check in July 2025.

Management has evaluated subsequent events through July 8, 2025, the date at which the financial statements were available to be issued. No significant subsequent events were discovered by management.

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
	INVESTMENTS AT FAIR VALUE			
*	U.S. Bank	Cash	\$ 20,419	\$ 20,419
*	U.S. Bank	Money Market	340,211	340,211
	<u>Morgan Stanley</u>			
*		Bank Deposit	293,189	293,189
*	US Govt Money Market	Money Market	1,581,243	1,581,243
*	Treasury Securities	US Govt Sec. 3.750% - 12/31/30	155,067	153,241
*	Treasury Securities	US Govt Sec. 3.125% - 8/31/27	122,316	123,426
*	Treasury Securities	US Govt Sec. 4.0% -10/31/29	90,308	93,055
*	Treasury Securities	US Govt Sec. 3.375% - 5/15/33	122,300	123,067
*	Treasury Securities	US Govt Sec. 2.25% - 2/15/27	179,299	185,885
*	Treasury Securities	US Govt Sec. 1.375% - 12/31/28	127,651	125,458
*	Treasury Securities	US Govt Sec.1. 250% - 5/31/28	89,420	93,852
*	Treasury Securities	US Govt Sec. 4.0% - 7/31/30	121,770	122,982
*	Treasury Securities	US Govt Sec. 4.0% - 2/28/30	155,495	157,784
*	Treasury Securities	US Govt Sec. 4.0% - 2/29/28	152,488	153,024
*	Treasury Securities	US Govt Sec. 2.375% - 3/31/29	150,180	156,448
*	Treasury Securities	US Govt Sec. 3.875% - 12/31/29	154,118	156,845
*	Treasury Securities	US Govt Sec. 4.5% - 11/15/33	92,628	92,067
*	AT&T Inc	Corp Bond 1.65% - 2/1/28	89,751	94,177
*	Bank of America Corp	Corp Bond 3.974% - 2/7/30	90,698	92,396
*	CVS Health Corp	Corp Bond 4.3% - 3/25/28	91,422	94,286
*	Goldman Sachs Grp Inc	Corp Bond 4.482% - 8/23/28	88,176	92,696
*	JP Morgan Chase & Co	Corp Bond 4.565% - 6/14/30	89,842	94,104
*	Northrop Grumann Corp	Corp Bond 3.25% - 1/15/28	90,021	93,071
*	Truist Financial Corp	Corp Bond 1.125% - 8/3/27	99,145	95,234
*	Walmart Inc	Corp Bond 1.5% - 9/22/28	90,996	93,629
*	Waste Management Inc	Corp Bond 4.875% - 2/15/29	90,395	92,714
*	Wells Fargo & Co	Corp Bond 4.478% - 4/4/31	92,774	95,956
*	Surgutneftgas PJSC Sp Adr Prf	Preferred Stock	29,844	0
*	Abbvie Inc Comm	Common Stock	40,114	95,109

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Alibaba Group Hldg Ltd	Common Stock	28,532	47,306
*	Alphabet Inc Cl A	Common Stock	69,905	99,273
*	Alphabet Inc Cl C	Common Stock	13,127	155,859
*	Amazon Com Inc	Common Stock	44,596	292,946
*	Ambev SA Sponsored Adr	Common Stock	28,055	25,529
*	Amer Intl Gp Inc New	Common Stock	36,156	97,372
*	America Movil Sab Adr	Common Stock	23,377	19,538
*	American Homes 4 Rent	Common Stock	14,074	32,347
*	American Tower Corp	Common Stock	63,250	66,415
*	Apple Inc	Common Stock	10,422	474,248
*	Applied Ind Tech Inc	Common Stock	0	37,587
*	Applovin Corp	Common Stock	20,953	20,939
*	Argenx SE ADR	Common Stock	53,731	52,735
*	Arista Networks Inc	Common Stock	16,334	47,642
*	Astellas Pharma Inc Adr	Common Stock	30,129	24,518
*	Astrazeneca Plc Adr	Common Stock	18,253	24,616
*	Atlas Energy Solutions Inc	Common Stock	14,237	16,531
*	Atlassian Corp	Common Stock	21,321	20,913
*	Axon Enterprise Inc.	Common Stock	10,293	30,711
*	Bank of America Corp	Common Stock	113,327	135,811
*	Barclays Plc Adr	Common Stock	2,749	10,945
*	Bellring Brands Inc	Common Stock	22,015	26,967
*	Bic Sa Unspn Adr	Common Stock	13,001	13,983
*	Block Inc Cl A	Common Stock	58,480	58,378
*	BNP Paribas Adr	Common Stock	13,124	30,272
*	Bridgestone Cp Adr	Common Stock	20,114	20,958
*	Broadcom Inc	Common Stock	42,365	148,176
*	CAE Inc	Common Stock	18,760	23,449
*	Canadian Pacific Kansas City	Common Stock	42,209	41,999
*	Capital One Financial Corp	Common Stock	36,634	67,786
*	Carrefour Sa Sponsored Adr	Common Stock	34,924	29,690
*	Cemex Sab De Cv	Common Stock	17,103	23,157
*	Charles Schwab New	Common Stock	59,661	61,954
*	China Res Beer Hldg Co Ltd	Common Stock	20,768	19,558
*	Clean Harbors	Common Stock	42,403	54,242

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Cloudflare Inc Cl A	Common Stock	21,829	27,171
*	Commvault Systems Inc	Common Stock	15,160	15,989
*	Compagnie Fin Richemontag	Common Stock	6,665	14,399
*	Conocophillips	Common Stock	70,244	64,547
*	Constellation Brands	Common Stock	67,777	47,034
*	Corebridge Finl Inc	Common Stock	68,828	97,069
*	Corteva Inc	Common Stock	32,814	60,083
*	Costco Wholesale Corp New	Common Stock	11,067	77,354
*	Coty Inc Com Cl A	Common Stock	1,778	1,317
*	Crowdstrike Hldgs Inc Cl A	Common Stock	21,899	22,449
*	CVS Health Corp Com	Common Stock	58,541	77,812
*	Cyberbark Software Ltd	Common Stock	20,817	23,497
*	Danone Sponsored Adr	Common Stock	19,168	21,900
*	Deutsche Post Ag Adr	Common Stock	27,227	25,675
*	Draftkings Inc Cl A	Common Stock	36,795	42,062
*	Eastman Chemical Company	Common Stock	49,548	51,469
*	Ecolab Inc	Common Stock	14,792	54,878
*	Eli Lilly & Co	Common Stock	17,684	200,697
*	Embraer S A Adr	Common Stock	4,899	34,117
*	Enel Chile SA SPD Adr	Common Stock	11,835	16,224
*	Engie Spons Adr	Common Stock	13,734	17,428
*	Eni Spa Amer Dep Rept	Common Stock	10,078	16,339
*	EOG Resources	Common Stock	17,424	20,818
*	Epam Systems	Common Stock	2,170	14,124
*	EQT Corporation Com New	Common Stock	24,647	91,860
*	Equinix Inc	Common Stock	21,030	26,986
*	Erste Group Bank Ag Spons Adr	Common Stock	10,021	24,672
*	Exl service Hldgs	Common Stock	32,749	47,772
*	Fairfax Fin Hldg Sub VTG	Common Stock	33,631	126,326
*	First Horizon Corporation	Common Stock	54,968	72,310
*	First Pac Ltd Sp Adr	Common Stock	11,893	14,762
*	Fiserv Inc Com	Common Stock	30,189	73,064
*	Fortinet Inc	Common Stock	1,917	29,595
*	Fortune Brands Innovations Inc	Common Stock	46,275	34,560
*	Freeport-Memoran Cl B	Common Stock	43,298	51,379

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Genuine Parts Co	Common Stock	44,885	47,454
*	Gilead Science	Common Stock	65,544	108,366
*	Global Payment Inc	Common Stock	54,773	54,956
*	Grifols SA Adr	Common Stock	44,755	25,953
*	GSK PLC Adr	Common Stock	37,571	39,657
*	GXO Logistics Incorporated	Common Stock	62,503	50,812
*	Heidelberg Materials Ag Adr	Common Stock	4,702	17,940
*	Heineken Holding Adr	Common Stock	41,197	40,559
*	Henkel Ag & Co Kгаа	Common Stock	29,806	30,389
*	Hess Corporation	Common Stock	58,764	67,321
*	Honda Motor Co Ltd Adr	Common Stock	22,063	22,037
*	Icon Plc	Common Stock	58,598	38,194
*	Infineon Technologies Ag	Common Stock	14,175	16,360
*	Inspire Medical Systems Inc	Common Stock	6,483	16,542
*	Intercontinental Exchange Grp	Common Stock	4,189	31,008
*	Intesa Sanpaolo Spa Adr	Common Stock	9,999	23,834
*	Intuit Inc	Common Stock	17,226	37,732
*	Intuitive Surgical Inc	Common Stock	34,596	41,722
*	J Sainsbury Plc Spon Adr New	Common Stock	18,888	21,387
*	Johnson & Johnson	Common Stock	63,884	127,230
*	Johnson Ctls Intl Plc	Common Stock	42,638	53,709
*	Jones Lang Lasalle Inc	Common Stock	44,071	42,959
*	Kering SA Adr	Common Stock	33,995	22,612
*	Kimberly Clark Spon Adr	Common Stock	13,441	14,267
*	Kingfisher Plc Spons Adr New	Common Stock	13,970	17,222
*	KLA Corporation	Common Stock	6,834	43,419
*	Koninklijke Phil EL SP Adr	Common Stock	11,350	20,460
*	Kubota Cp Adr	Common Stock	20,963	18,481
*	M&T Bank Corp	Common Stock	32,462	41,603
*	Makita Corp Ltd	Common Stock	12,717	16,932
*	Marsh & McLennan Cos Inc	Common Stock	13,815	29,492
*	Marubeni Corp Adr	Common Stock	28,486	30,065
*	Marvell Technology Inc	Common Stock	15,043	11,202
*	Mastercard Inc Cl A	Common Stock	38,295	82,412
*	Medtronic Plc	Common Stock	52,035	53,004

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Meta Platforms Inc Cl A	Common Stock	67,733	253,248
*	Meta Platforms Inc Cl A	Common Stock	13,588	65,100
*	Mgic Invt Corp	Common Stock	22,478	63,715
*	Microchip Technology Inc	Common Stock	44,980	44,851
*	Micron Tech Inc	Common Stock	49,168	74,529
*	Microsoft Corp	Common Stock	57,778	435,101
*	Mitsubishi UFJ Fincl Grp Ads	Common Stock	3,383	10,362
*	Mobile Telesystems Pub Jr Adr	Common Stock	10,321	0
*	Murphy USA Inc Com	Common Stock	4,776	39,967
*	Nestle Spon Adr Rep Reg	Common Stock	93,710	92,504
*	Netflix Inc	Common Stock	40,318	80,573
*	Noble Corp New A	Common Stock	94,558	60,062
*	Novartis Ag Adr	Common Stock	16,329	21,374
*	Novo Nordisk A/S Adr	Common Stock	72,627	56,022
*	Nutrien Ltd	Common Stock	6,329	6,912
*	Nvidia Corporation	Common Stock	18,802	426,727
*	O'Reilly Automotive Inc New	Common Stock	31,286	65,796
*	Onemain Holdings Inc	Common Stock	42,180	72,764
*	Open Text Corp	Common Stock	18,837	17,041
*	Oracle Corp	Common Stock	31,123	27,234
*	Oracle Corp	Common Stock	9,970	43,010
*	Orange Adr	Common Stock	24,183	25,323
*	Palantir Technologies Inc Cl A	Common Stock	21,618	25,646
*	Paypal Hldgs Inc Com	Common Stock	61,021	59,611
*	Pepsico Inc Nc	Common Stock	16,517	16,575
*	Performance Food Group Co	Common Stock	28,373	39,164
*	Pernod Ricard Sa Adr	Common Stock	16,177	16,579
*	Petroleo Brasileiro SA Adr	Common Stock	10,250	24,591
*	PG&E Corp	Common Stock	68,713	58,481
*	Plains Gp Hldg LP Partn Int	Common Stock	65,345	65,556
*	PPL Corporation	Common Stock	58,270	67,216
*	Publicis Groupe SA Adr	Common Stock	6,858	19,541
*	Quanta Services Inc	Common Stock	22,304	20,550
*	Reckitt Benckiser Plc Spns Adr	Common Stock	21,491	25,811
*	Reddit Inc Cl A	Common Stock	14,506	16,502

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Rolls Royce Holdings PLC	Common Stock	1,788	20,675
*	Ryan Specialty Holdings Inc	Common Stock	42,475	44,094
*	Saia Inc	Common Stock	12,342	22,430
*	Sanofi Adr	Common Stock	26,087	34,697
*	SAP Ag	Common Stock	4,979	16,177
*	Schlumberger Ltd	Common Stock	67,431	64,573
*	Seagate Technology Hldngs Plc	Common Stock	33,702	40,662
*	Servicenow Inc	Common Stock	13,229	42,618
*	Shell PLC Adr	Common Stock	12,395	16,595
*	Shinhan Financial Group Co Ltd	Common Stock	12,113	12,460
*	Siemens Aktiengesellschaft	Common Stock	63,547	71,162
*	Silgan Holdings Inc	Common Stock	20,506	22,376
*	Smith & Nephew Plc Adr	Common Stock	21,199	25,977
*	Spotify Technology SA	Common Stock	24,161	30,806
*	Stmicroelectronics NV	Common Stock	31,151	30,072
*	Stryker Corp	Common Stock	16,592	45,957
*	Sumitomo Mitsui Tr Grp Inc Adr	Common Stock	17,460	26,258
*	Swatch Group Ag Adr the Unsp	Common Stock	36,756	30,006
*	T-Mobile US Inc Com	Common Stock	29,097	61,759
*	T-Mobile US Inc Com	Common Stock	28,310	58,253
*	Taiwan SMCNDCR Mfg Co Ltd	Common Stock	4,576	10,614
*	Takeda Pharmaceutical Co Ltd	Common Stock	46,733	41,256
*	Talen Energy Corp	Common Stock	37,084	42,838
*	Target Corporation	Common Stock	47,981	39,633
*	Teck Resources Ltd	Common Stock	64,203	56,301
*	Telefonica Brasil Sa Adr	Common Stock	17,487	16,781
*	Tesco Plc Adr	Common Stock	11,007	19,748
*	Tesla Inc	Common Stock	115,688	92,289
*	Totalenergies Se Sponsored Ads	Common Stock	14,457	19,454
*	Transdigm Group Inc	Common Stock	1,845	46,873
*	Uber Technologies Inc	Common Stock	57,480	66,737
*	UBS Group Ag Shs	Common Stock	10,592	29,627
*	UCB Sa Unspn Adr	Common Stock	42,687	41,350
*	United Rentals Inc	Common Stock	11,283	19,953
*	UnitedHealth Gp Inc	Common Stock	19,364	78,368

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	UnitedHealth Gp Inc	Common Stock	123,514	102,591
*	Venture Global Inc Cl A	Common Stock	50,968	39,641
*	Verisk Analytics Inc Com	Common Stock	11,248	49,584
*	Vertiv Holdings LLC Cl A	Common Stock	14,648	11,040
*	VISA Inc CL A	Common Stock	5,637	106,274
*	Vistra Corp	Common Stock	5,357	29,673
*	Walmart Inc	Common Stock	20,315	18,994
*	Walt Disney Co Hldg Co	Common Stock	48,281	49,048
*	Wesco Intl Inc	Common Stock	45,161	45,478
*	Willscot Hldgs Corp Cl A	Common Stock	44,800	38,552
*	Wilmar Intl Ltd Unspn Adr	Common Stock	13,820	14,137
*	WPP Plc Spon New Adr	Common Stock	32,047	22,349
*	PIA BBB Bond Fd- Comp Sh	Mutual Fund	304,716	276,832
*	PIA BBB Bond Fd- Comp Sh	Mutual Fund	92,242	91,650
*	Participant loans	Int rate 4.25 to 9.5%		301,093
				<u>\$ 15,329,351</u>

* Party-in-interest, see footnote 3

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
	INVESTMENTS AT FAIR VALUE			
*	U.S. Bank	Cash	\$ 20,419	\$ 20,419
*	U.S. Bank	Money Market	340,211	340,211
	<u>Morgan Stanley</u>			
*		Bank Deposit	293,189	293,189
*	US Govt Money Market	Money Market	1,581,243	1,581,243
*	Treasury Securities	US Govt Sec. 3.750% - 12/31/30	155,067	153,241
*	Treasury Securities	US Govt Sec. 3.125% - 8/31/27	122,316	123,426
*	Treasury Securities	US Govt Sec. 4.0% - 10/31/29	90,308	93,055
*	Treasury Securities	US Govt Sec. 3.375% - 5/15/33	122,300	123,067
*	Treasury Securities	US Govt Sec. 2.25% - 2/15/27	179,299	185,885
*	Treasury Securities	US Govt Sec. 1.375% - 12/31/28	127,651	125,458
*	Treasury Securities	US Govt Sec. 1.250% - 5/31/28	89,420	93,852
*	Treasury Securities	US Govt Sec. 4.0% - 7/31/30	121,770	122,982
*	Treasury Securities	US Govt Sec. 4.0% - 2/28/30	155,495	157,784
*	Treasury Securities	US Govt Sec. 4.0% - 2/29/28	152,488	153,024
*	Treasury Securities	US Govt Sec. 2.375% - 3/31/29	150,180	156,448
*	Treasury Securities	US Govt Sec. 3.875% - 12/31/29	154,118	156,845
*	Treasury Securities	US Govt Sec. 4.5% - 11/15/33	92,628	92,067
*	AT&T Inc	Corp Bond 1.65% - 2/1/28	89,751	94,177
*	Bank of America Corp	Corp Bond 3.974% - 2/7/30	90,698	92,396
*	CVS Health Corp	Corp Bond 4.3% - 3/25/28	91,422	94,286
*	Goldman Sachs Grp Inc	Corp Bond 4.482% - 8/23/28	88,176	92,696
*	JP Morgan Chase & Co	Corp Bond 4.565% - 6/14/30	89,842	94,104
*	Northrop Grumann Corp	Corp Bond 3.25% - 1/15/28	90,021	93,071
*	Truist Financial Corp	Corp Bond 1.125% - 8/3/27	99,145	95,234
*	Walmart Inc	Corp Bond 1.5% - 9/22/28	90,996	93,629
*	Waste Management Inc	Corp Bond 4.875% - 2/15/29	90,395	92,714
*	Wells Fargo & Co	Corp Bond 4.478% - 4/4/31	92,774	95,956
*	Surgutneftegas PJSC Sp Adr Prf	Preferred Stock	29,844	0
*	Abbvie Inc Comm	Common Stock	40,114	95,109

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Alibaba Group Hldg Ltd	Common Stock	28,532	47,306
*	Alphabet Inc Cl A	Common Stock	69,905	99,273
*	Alphabet Inc Cl C	Common Stock	13,127	155,859
*	Amazon Com Inc	Common Stock	44,596	292,946
*	Ambev SA Sponsored Adr	Common Stock	28,055	25,529
*	Amer Intl Gp Inc New	Common Stock	36,156	97,372
*	America Movil Sab Adr	Common Stock	23,377	19,538
*	American Homes 4 Rent	Common Stock	14,074	32,347
*	American Tower Corp	Common Stock	63,250	66,415
*	Apple Inc	Common Stock	10,422	474,248
*	Applied Ind Tech Inc	Common Stock	0	37,587
*	Applovin Corp	Common Stock	20,953	20,939
*	Argenx SE ADR	Common Stock	53,731	52,735
*	Arista Networks Inc	Common Stock	16,334	47,642
*	Astellas Pharma Inc Adr	Common Stock	30,129	24,518
*	Astrazeneca Plc Adr	Common Stock	18,253	24,616
*	Atlas Energy Solutions Inc	Common Stock	14,237	16,531
*	Atlassian Corp	Common Stock	21,321	20,913
*	Axon Enterprise Inc.	Common Stock	10,293	30,711
*	Bank of America Corp	Common Stock	113,327	135,811
*	Barclays Plc Adr	Common Stock	2,749	10,945
*	Bellring Brands Inc	Common Stock	22,015	26,967
*	Bic Sa Unspn Adr	Common Stock	13,001	13,983
*	Block Inc Cl A	Common Stock	58,480	58,378
*	BNP Paribas Adr	Common Stock	13,124	30,272
*	Bridgestone Cp Adr	Common Stock	20,114	20,958
*	Broadcom Inc	Common Stock	42,365	148,176
*	CAE Inc	Common Stock	18,760	23,449
*	Canadian Pacific Kansas City	Common Stock	42,209	41,999
*	Capital One Financial Corp	Common Stock	36,634	67,786
*	Carrefour Sa Sponsored Adr	Common Stock	34,924	29,690
*	Cemex Sab De Cv	Common Stock	17,103	23,157
*	Charles Schwab New	Common Stock	59,661	61,954
*	China Res Beer Hldg Co Ltd	Common Stock	20,768	19,558
*	Clean Harbors	Common Stock	42,403	54,242

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Cloudflare Inc Cl A	Common Stock	21,829	27,171
*	Commvault Systems Inc	Common Stock	15,160	15,989
*	Compagnie Fin Richemontag	Common Stock	6,665	14,399
*	Conocophillips	Common Stock	70,244	64,547
*	Constellation Brands	Common Stock	67,777	47,034
*	Corebridge Finl Inc	Common Stock	68,828	97,069
*	Corteva Inc	Common Stock	32,814	60,083
*	Costco Wholesale Corp New	Common Stock	11,067	77,354
*	Coty Inc Com Cl A	Common Stock	1,778	1,317
*	Crowdstrike Hldgs Inc Cl A	Common Stock	21,899	22,449
*	CVS Health Corp Com	Common Stock	58,541	77,812
*	Cyberbark Software Ltd	Common Stock	20,817	23,497
*	Danone Sponsored Adr	Common Stock	19,168	21,900
*	Deutsche Post Ag Adr	Common Stock	27,227	25,675
*	Draftkings Inc Cl A	Common Stock	36,795	42,062
*	Eastman Chemical Company	Common Stock	49,548	51,469
*	Ecolab Inc	Common Stock	14,792	54,878
*	Eli Lilly & Co	Common Stock	17,684	200,697
*	Embraer S A Adr	Common Stock	4,899	34,117
*	Enel Chile SA SPD Adr	Common Stock	11,835	16,224
*	Engie Spons Adr	Common Stock	13,734	17,428
*	Eni Spa Amer Dep Rept	Common Stock	10,078	16,339
*	EOG Resources	Common Stock	17,424	20,818
*	Epam Systems	Common Stock	2,170	14,124
*	EQT Corporation Com New	Common Stock	24,647	91,860
*	Equinix Inc	Common Stock	21,030	26,986
*	Erste Group Bank Ag Spons Adr	Common Stock	10,021	24,672
*	Exl service Hldgs	Common Stock	32,749	47,772
*	Fairfax Fin Hldg Sub VTG	Common Stock	33,631	126,326
*	First Horizon Corporation	Common Stock	54,968	72,310
*	First Pac Ltd Sp Adr	Common Stock	11,893	14,762
*	Fiserv Inc Com	Common Stock	30,189	73,064
*	Fortinet Inc	Common Stock	1,917	29,595
*	Fortune Brands Innovations Inc	Common Stock	46,275	34,560
*	Freeport-Mcmoran Cl B	Common Stock	43,298	51,379

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Genuine Parts Co	Common Stock	44,885	47,454
*	Gilead Science	Common Stock	65,544	108,366
*	Global Payment Inc	Common Stock	54,773	54,956
*	Grifols SA Adr	Common Stock	44,755	25,953
*	GSK PLC Adr	Common Stock	37,571	39,657
*	GXO Logistics Incorporated	Common Stock	62,503	50,812
*	Heidelberg Materials Ag Adr	Common Stock	4,702	17,940
*	Heineken Holding Adr	Common Stock	41,197	40,559
*	Henkel Ag & Co Kгаа	Common Stock	29,806	30,389
*	Hess Corporation	Common Stock	58,764	67,321
*	Honda Motor Co Ltd Adr	Common Stock	22,063	22,037
*	Icon Plc	Common Stock	58,598	38,194
*	Infineon Technologies Ag	Common Stock	14,175	16,360
*	Inspire Medical Systems Inc	Common Stock	6,483	16,542
*	Intercontinental Exchange Grp	Common Stock	4,189	31,008
*	Intesa Sanpaolo Spa Adr	Common Stock	9,999	23,834
*	Intuit Inc	Common Stock	17,226	37,732
*	Intuitive Surgical Inc	Common Stock	34,596	41,722
*	J Sainsbury Plc Spon Adr New	Common Stock	18,888	21,387
*	Johnson & Johnson	Common Stock	63,884	127,230
*	Johnson Ctls Intl Plc	Common Stock	42,638	53,709
*	Jones Lang Lasalle Inc	Common Stock	44,071	42,959
*	Kering SA Adr	Common Stock	33,995	22,612
*	Kimberly Clark Spon Adr	Common Stock	13,441	14,267
*	Kingfisher Plc Spons Adr New	Common Stock	13,970	17,222
*	KLA Corporation	Common Stock	6,834	43,419
*	Koninklijke Phil EL SP Adr	Common Stock	11,350	20,460
*	Kubota Cp Adr	Common Stock	20,963	18,481
*	M&T Bank Corp	Common Stock	32,462	41,603
*	Makita Corp Ltd	Common Stock	12,717	16,932
*	Marsh & McLennan Cos Inc	Common Stock	13,815	29,492
*	Marubeni Corp Adr	Common Stock	28,486	30,065
*	Marvell Technology Inc	Common Stock	15,043	11,202
*	Mastercard Inc Cl A	Common Stock	38,295	82,412
*	Medtronic Plc	Common Stock	52,035	53,004

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Meta Platforms Inc Cl A	Common Stock	67,733	253,248
*	Meta Platforms Inc Cl A	Common Stock	13,588	65,100
*	Mgic Invt Corp	Common Stock	22,478	63,715
*	Microchip Technology Inc	Common Stock	44,980	44,851
*	Micron Tech Inc	Common Stock	49,168	74,529
*	Microsoft Corp	Common Stock	57,778	435,101
*	Mitsubishi UFJ Fincl Grp Ads	Common Stock	3,383	10,362
*	Mobile Telesystems Pub Jr Adr	Common Stock	10,321	0
*	Murphy USA Inc Com	Common Stock	4,776	39,967
*	Nestle Spon Adr Rep Reg	Common Stock	93,710	92,504
*	Netflix Inc	Common Stock	40,318	80,573
*	Noble Corp New A	Common Stock	94,558	60,062
*	Novartis Ag Adr	Common Stock	16,329	21,374
*	Novo Nordisk A/S Adr	Common Stock	72,627	56,022
*	Nutrien Ltd	Common Stock	6,329	6,912
*	Nvidia Corporation	Common Stock	18,802	426,727
*	O'Reilly Automotive Inc New	Common Stock	31,286	65,796
*	Onemain Holdings Inc	Common Stock	42,180	72,764
*	Open Text Corp	Common Stock	18,837	17,041
*	Oracle Corp	Common Stock	31,123	27,234
*	Oracle Corp	Common Stock	9,970	43,010
*	Orange Adr	Common Stock	24,183	25,323
*	Palantir Technologies Inc Cl A	Common Stock	21,618	25,646
*	Paypal Hldgs Inc Com	Common Stock	61,021	59,611
*	Pepsico Inc Nc	Common Stock	16,517	16,575
*	Performance Food Group Co	Common Stock	28,373	39,164
*	Pernod Ricard Sa Adr	Common Stock	16,177	16,579
*	Petroleo Brasileiro SA Adr	Common Stock	10,250	24,591
*	PG&E Corp	Common Stock	68,713	58,481
*	Plains Gp Hldg LP Partn Int	Common Stock	65,345	65,556
*	PPL Corporation	Common Stock	58,270	67,216
*	Publicis Groupe SA Adr	Common Stock	6,858	19,541
*	Quanta Services Inc	Common Stock	22,304	20,550
*	Reckitt Benckiser Plc Spns Adr	Common Stock	21,491	25,811
*	Reddit Inc Cl A	Common Stock	14,506	16,502

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	Rolls Royce Holdings PLC	Common Stock	1,788	20,675
*	Ryan Specialty Holdings Inc	Common Stock	42,475	44,094
*	Saia Inc	Common Stock	12,342	22,430
*	Sanofi Adr	Common Stock	26,087	34,697
*	SAP Ag	Common Stock	4,979	16,177
*	Schlumberger Ltd	Common Stock	67,431	64,573
*	Seagate Technology Hldngs Plc	Common Stock	33,702	40,662
*	Servicenow Inc	Common Stock	13,229	42,618
*	Shell PLC Adr	Common Stock	12,395	16,595
*	Shinhan Financial Group Co Ltd	Common Stock	12,113	12,460
*	Siemens Aktiengesellschaft	Common Stock	63,547	71,162
*	Silgan Holdings Inc	Common Stock	20,506	22,376
*	Smith & Nephew Plc Adr	Common Stock	21,199	25,977
*	Spotify Technology SA	Common Stock	24,161	30,806
*	Stmicroelectronics NV	Common Stock	31,151	30,072
*	Stryker Corp	Common Stock	16,592	45,957
*	Sumitomo Mitsui Tr Grp Inc Adr	Common Stock	17,460	26,258
*	Swatch Group Ag Adr the Unsp	Common Stock	36,756	30,006
*	T-Mobile US Inc Com	Common Stock	29,097	61,759
*	T-Mobile US Inc Com	Common Stock	28,310	58,253
*	Taiwan SMCNDCTR Mfg Co Ltd	Common Stock	4,576	10,614
*	Takeda Pharmaceutical Co Ltd	Common Stock	46,733	41,256
*	Talen Energy Corp	Common Stock	37,084	42,838
*	Target Corporation	Common Stock	47,981	39,633
*	Teck Resources Ltd	Common Stock	64,203	56,301
*	Telefonica Brasil Sa Adr	Common Stock	17,487	16,781
*	Tesco Plc Adr	Common Stock	11,007	19,748
*	Tesla Inc	Common Stock	115,688	92,289
*	Totalenergies Se Sponsored Ads	Common Stock	14,457	19,454
*	Transdigm Group Inc	Common Stock	1,845	46,873
*	Uber Technologies Inc	Common Stock	57,480	66,737
*	UBS Group Ag Shs	Common Stock	10,592	29,627
*	UCB Sa Unspn Adr	Common Stock	42,687	41,350
*	United Rentals Inc	Common Stock	11,283	19,953
*	UnitedHealth Gp Inc	Common Stock	19,364	78,368

CALIFORNIA INDUSTRIAL RUBBER CO, INC.
401(K) PROFIT SHARING PLAN #001 94-1426954
SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) CONTINUED
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)
	Identify of Issue, Borrower Lessor or Similar Party	Description of Investment	Cost	Current Value
*	UnitedHealth Gp Inc	Common Stock	123,514	102,591
*	Venture Global Inc Cl A	Common Stock	50,968	39,641
*	Verisk Analytics Inc Com	Common Stock	11,248	49,584
*	Vertiv Holdings LLC Cl A	Common Stock	14,648	11,040
*	VISA Inc CL A	Common Stock	5,637	106,274
*	Vistra Corp	Common Stock	5,357	29,673
*	Walmart Inc	Common Stock	20,315	18,994
*	Walt Disney Co Hldg Co	Common Stock	48,281	49,048
*	Wesco Intl Inc	Common Stock	45,161	45,478
*	Willscot Hldgs Corp Cl A	Common Stock	44,800	38,552
*	Wilmar Intl Ltd Unspn Adr	Common Stock	13,820	14,137
*	WPP Plc Spon New Adr	Common Stock	32,047	22,349
*	PIA BBB Bond Fd- Comp Sh	Mutual Fund	304,716	276,832
*	PIA BBB Bond Fd- Comp Sh	Mutual Fund	92,242	91,650
*	Participant loans	Int rate 4.25 to 9.5%		301,093
				<u>\$ 15,329,351</u>

* Party-in-interest, see footnote 3

E-SIGNATURE AUTHORIZATION

for

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

94-1426954/001

For Plan Year 03/01/2024 through 02/28/2025

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Hicks Pension Services to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500 that has been provided must be returned to Hicks Pension Services before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- Hicks Pension Services will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500 prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500 showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Hicks Pension Services will maintain a copy of this written authorization in its records.
- Hicks Pension Services will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Hicks Pension Services shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500 for the plan year listed

above.



Plan Administrator

7-16-25

Date

Plan Sponsor

Date

<p>Form 5500 Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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.)

B This return/report is: a single-employer plan a DFE (specify) _____

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

<p>1a Name of plan <u>California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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)</p> <p><u>California Industrial Rubber Co., Inc.</u></p> <p><u>2732 S Cherry Ave</u></p> <p><u>US Fresno CA 93706</u></p>	<p>1c Effective date of plan <u>02/28/1972</u></p> <p>2b Employer Identification Number (EIN) <u>94-1426954</u></p> <p>2c Plan Sponsor's telephone number <u>(559) 485-1487</u></p> <p>2d Business code (see instructions) <u>326200</u></p>

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		<u>7/16/25</u>	<u>Tiffany Holman</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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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 and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	154
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)	128
a(2) Total number of active participants at the end of the plan year	6a(2)	122
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	32
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	154
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	154
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)	144
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)	154
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefit Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 California Industrial Rubber Co., Inc.	D Employer Identification Number (EIN) 94-1426954

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

Morgan Stanley Advisors Fund	36-3145972
5250 N Palm Ave Suite 321	
US Fresno CA 93704	

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

Morgan Stanley Bank	36-3707380
5250 N Palm Ave Suite 321	
US Fresno CA 93704	

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

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

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

Morgan Stanley Smith Barney **20-8764829**
5250 N Palm Ave
Suite 321
US Fresno CA 93704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 49 50 71 72 99	Investment Company	108,845	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

Hills, Renaut, Homen & Hughes **94-2463125**
7040 N Marks
Suite 111
US Fresno CA 93711

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	Auditor	10,050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

Newport Group **27-2037969**
1350 Treat Blvd.
Suite 300
US Walnut Creek CA 94597

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	Contract Administrator	6,415	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Morgan Stanley	49 99	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
Morgan Stanley Advisors Funds MS 36-3145972 5250 N Palm Ave Suite 321 US Fresno CA 93704	Annual rate of up to 0.18% of the average quarter-end assets invested by eligible Morgan Stanley clients in equity and fixed income funds (applicable to non-advisory accounts only).	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H
(Form 5500)

Financial Information

OMB No. 1210-0110

2024

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), and section 6058(a) of the Internal Revenue Code (the Code).

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

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 California Industrial Rubber Co., Inc.	D Employer Identification Number (EIN) 94-1426954

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	18,398	20,419
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	305,800	312,691
(2) Participant contributions	1b(2)	31,041	0
(3) Other	1b(3)	6,121	144,853
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1,953,534	2,214,643
(2) U.S. Government securities	1c(2)	1,511,256	1,737,134
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	813,183	938,263
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9,560,232	9,749,317
(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)	313,510	301,093
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	321,233	368,482
(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	14,834,308
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14,834,308

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	312,691
	(B) Participants	2a(1)(B)	436,699
	(C) Others (including rollovers)	2a(1)(C)	0
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	749,390
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3,857
	(B) U.S. Government securities	2b(1)(B)	50,490
	(C) Corporate debt instruments	2b(1)(C)	29,877
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	19,387
	(F) Other	2b(1)(F)	75,634
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	179,245
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	158,609
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	13,782
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	172,391
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6,262,108
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5,743,708
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	518,400
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0
	(B) Other	2b(5)(B)	1,094,335
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1,094,335

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2,713,761

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,634,101	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1,634,101
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)	10,050	
(2) Contract administrator fees	2i(2)	8,178	
(3) Recordkeeping fees	2i(3)	108,845	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		127,073
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1,761,174

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		952,587
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **Hills, Renaut, Homen & Hughes**

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

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

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

Part IV Compliance Questions

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

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.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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.)

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.)

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.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

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?

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?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

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.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

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.

	Yes	No	Amount
4a		<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>	
4d		<input checked="" type="checkbox"/>	
4e	<input checked="" type="checkbox"/>		500,000
4f		<input checked="" type="checkbox"/>	
4g		<input checked="" type="checkbox"/>	
4h		<input checked="" type="checkbox"/>	
4i	<input checked="" type="checkbox"/>		
4j		<input checked="" type="checkbox"/>	
4k		<input checked="" type="checkbox"/>	
4l		<input checked="" type="checkbox"/>	
4m		<input checked="" type="checkbox"/>	
4n			

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

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

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

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

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

**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Retirement Plan Information

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

► **File as an Attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan California Industrial Rubber Co., Inc. 401(k) Profit Sharing Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 California Industrial Rubber Co., Inc.		D Employer Identification Number (EIN) 94-1426954	

Part I Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): **94-1426954**

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

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

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

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

Part III Amendments

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

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

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

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

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

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

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	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 Q703806a.