

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 10/01/2024 and ending 09/30/2025

- 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: FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1971
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 85-0352455
2c Plan Sponsor's telephone number: 575-628-3627
2d Business code (see instructions): 441300

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

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

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	241
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)	193
	6a(2)	168
	6b	1
	6c	54
	6d	223
	6e	0
	6f	223
	6g(1)	162
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:
2E 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **10/01/2024** and ending **09/30/2025**

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

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	VP66198810	1	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid 204	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
204			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b** 10199

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 **10/01/2024** and ending **09/30/2025**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CARR, RIGGS & INGRAM, LLC

201 S. HALGUENO
CARLSBAD, NM 88220

75-1396621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	55960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBINSON BURDETTE MARTIN & SERIGHT

9816 SLIDE ROAD
SUITE 301
LUBBOCK, TX 79424

75-2489868

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRI TPA SERVICES

2633 CENTENNIAL BLVD, #200
TALLAHASSEE, FL 32308

83-4124826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	9425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 10/01/2024 and ending 09/30/2025	
A Name of plan FORREST TIRE COMPANY, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FORREST TIRE COMPANY, INC.	D Employer Identification Number (EIN) 85-0352455

Part I	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	899206	531615
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6230	7597
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3958	4158
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	210000	210000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	726093	732910
(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)	20790947	20280413
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	563819	616377

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	1515	15
f Total assets (add all amounts in lines 1a through 1e).....	1f	23201768	22383085
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	310162	258508
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	310162	258508
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	22891606	22124577

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)	323119	
(B) Participants.....	2a(1)(B)	381432	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		704551
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	43794	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43794
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1762251	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1762251
(3) Rents.....	2b(3)		17503
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	657109	
(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		31461
d Total income. Add all income amounts in column (b) and enter total	2d		3216669

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3526300	
(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)		3526300
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	89385	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	104722	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)	1000	
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	262291	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		457398
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3983698

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-767029
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **RBMS LLP**

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning **10/01/2024** and ending **09/30/2025**

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

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 85-6067608

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 Q702751A.

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Financial Statements
For the Years Ended:
September 30, 2025 and 2024

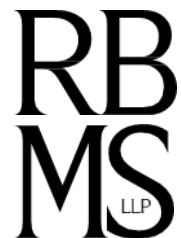


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Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the Forrest Tire Company, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.



Supplemental Schedule Required by ERISA (continued)

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

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

RBMS, LLP

Lubbock, Texas
March 2, 2026

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
September 30, 2025 and 2024

	2025	2024
Cash and cash equivalents	\$ 1,269,579	\$ 1,169,620
Receivables:		
Employer contributions	7,597	6,230
Notes receivable from participants	732,910	726,093
Accrued interest receivable	4,158	3,958
Other receivables	15	1,515
Total receivables	744,680	737,796
CSV of life insurance	616,377	563,819
Investments, at fair value	19,752,449	20,730,533
Total Assets	\$ 22,383,085	\$ 23,201,768
Accounts payable	\$ 9,714	\$ 12,374
Federal income tax payable	-	1,834
Deferred rental income	1,500	-
Accrued income tax	247,294	295,954
Total Liabilities	258,508	310,162
Net Assets Available for Benefits	\$ 22,124,577	\$ 22,891,606

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Net appreciation in fair value of investments	\$ 657,109	\$ 2,531,314
Interest and dividends	873,433	703,424
Unrelated business income	932,612	1,073,718
Rental income, net	17,503	10,673
Increase in CSV of life insurance	<u>31,461</u>	<u>24,668</u>
Investment income, net	<u>2,512,118</u>	<u>4,343,797</u>
Employer	323,119	322,501
Employees	<u>381,432</u>	<u>373,977</u>
Contributions	<u>704,551</u>	<u>696,478</u>
Additions to Net Assets	<u>3,216,669</u>	<u>5,040,275</u>
Benefits paid to participants	3,526,300	372,039
Administrative expenses	195,653	190,448
Income tax expense	<u>261,745</u>	<u>303,936</u>
Deductions from Net Assets	<u>3,983,698</u>	<u>866,423</u>
Net (Decrease) Increase During the Year	(767,029)	4,173,852
Net Assets Available for Benefits:		
Beginning of year	<u>22,891,606</u>	<u>18,717,754</u>
End of year	<u>\$ 22,124,577</u>	<u>\$ 22,891,606</u>

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2025 and 2024

Note 1: Plan Description

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

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

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

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

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

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

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

Forfeited Accounts. As permitted by the Plan, forfeitures of terminated participants' non-vested accounts may be used to pay plan expenses. There were no unallocated forfeitures at September 30, 2025 and 2024, and no forfeitures were used to pay plan expenses for the years then ended.

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

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

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2025 and 2024

Note 1: Plan Description (continued)

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

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

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

Note 2: Summary of Significant Accounting Policies

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

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

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

CSV of Life Insurance. Life insurance contracts are reported at cash surrender value (CSV). Any changes in the CSV are recorded in the statement of changes in net assets available for benefits as increases (decreases) in CSV of life insurance.

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

Payment of Benefits. Benefits are recorded when paid.

Administrative Expenses. Certain administrative services and the use of office fixtures and equipment are provided to the Plan by the Sponsor, with no provision for these costs included in the accompanying financial statements. These costs were not significant for the years ended September 30, 2025 and 2024. All other administrative expenses are recognized when incurred.

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

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2025 and 2024

Note 2: Summary of Significant Accounting Policies (continued)

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

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

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

The Plan did not engage in any prohibited transactions in the years ended September 30, 2025 and 2024.

Note 3: Investments

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

	2025	2024
Common stock	\$ 7,169,590	\$ 7,348,176
Mutual funds	11,941,197	12,997,755
Certificate of deposit	19,812	20,113
Government bonds	24,916	24,636
Corporate bonds	386,934	129,853
Real estate	210,000	210,000
Investments, at fair value	\$ 19,752,449	\$ 20,730,533

During plan years 2025 and 2024, the Plan’s investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$657,109 and \$2,531,314, respectively.

Note 4: Fair Value Measurements

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

	2025		
	Level 1	Level 2	Total
Common stock	\$ 2,743,803	\$ 4,425,787	\$ 7,169,590
Mutual funds	11,941,197	–	11,941,197
Certificate of deposit	–	19,812	19,812
Government bonds	24,916	–	24,916
Corporate bonds	386,934	–	386,934
Real estate	–	210,000	210,000
Ending balance	\$ 15,096,850	\$ 4,655,599	\$ 19,752,449

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2025 and 2024

Note 4: Fair Value Measurements (continued)

	2024		
	Level 1	Level 2	Total
Common stock	\$ 3,388,762	\$ 3,959,414	\$ 7,348,176
Mutual funds	12,997,755	-	12,997,755
Certificate of deposit	-	20,113	20,113
Government bonds	24,636	-	24,636
Corporate bonds	129,853	-	129,853
Real estate	-	210,000	210,000
Ending balance	\$ 16,541,006	\$ 4,189,527	\$ 20,730,533

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

Level 1 Fair Value Measurements. The fair values of certain common stocks, mutual funds, and bonds are based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements. The fair values of certain common stocks, certificates of deposit, and real estate are based on inputs other than quoted prices included within Level 1 that are directly or indirectly observable, such as quoted prices for similar instruments in active markets.

Note 5: CSV of Life Insurance

The Plan is the policyowner on two life insurance policies, with Richard Forrest and Richard Forrest Jr. being the name insureds. At September 30, 2025 and 2024, the total cash surrender value of these policies totaled \$616,377 and \$563,819, respectively.

Note 6: Concentrations of Credit Risk

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

Note 7: Risks and Uncertainties

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

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Notes to Financial Statements
September 30, 2025 and 2024

Note 8: Reconciliation of Net Assets and Changes in Net Assets to Form 5500

The Form 5500 is a joint-agency form, developed by the IRS, the U.S. Department of Labor, and the Pension Benefit Guaranty Corporation, which may be used to satisfy the annual reporting requirements of the Code and Titles I and IV of ERISA. The Plan is required to file a Form 5500 annually with audited financial statements enclosed. There were no reconciling items between the Form 5500 and the accompanying financial statements for the years ended September 30, 2025 and 2024.

Note 9: Reclassifications

Certain reclassifications have been made to the 2024 financial statements to conform to the 2025 presentation. These reclassifications had no effect on the change in net assets available for benefits.

Note 10: Subsequent Events

Management has evaluated subsequent events through March 2, 2026, the date which the financial statements were available to be issued. No material subsequent events have occurred during this time which would require recognition in the financial statements or footnotes as of or for the year ended September 30, 2025.

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
Supplemental Schedule
September 30, 2025

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	3M Company Common	54 shares, \$155.18 per share	\$ 9,347	\$ 8,380
	Abbott Laboratories	282 shares, \$133.55 per share	5,369	37,595
	Abbvie Inc	294 shares, \$220.61 per share	6,859	64,940
	Alphabet Inc Class A	694 shares, \$246.54 per share	8,656	171,099
	Alphabet Inc Class A Capital Stock	54 shares, \$243.10 per share	9,964	13,127
	Alphabet Inc Class C Capital Stock	687 shares, \$247.18 per share	8,541	169,813
	Amazon.com Inc	43 shares, \$219.57 per share	9,935	9,442
	Amgen Inc	62 shares, \$282.20 per share	9,982	17,496
	Apple Inc	1,264 shares, \$255.46 per share	23,852	322,937
	Apple Inc	42 shares, \$254.63 per share	9,911	10,694
	Automatic Data Processing Income Fund	32 shares, \$293.50 per share	9,791	9,392
	Bank of America Corp Dep Shs	867 shares, \$20.71 per share	16,329	17,956
	Bank of America Corporation	1,046 shares, \$52.21 per share	12,419	54,636
	Chevron Corporation	202 shares, \$155.29 per share	20,914	31,369
	Chubb Limited	76 shares, \$282.25 per share	10,938	21,451
	CIM Real Estate Finance Trust, Inc	26,739 shares, \$5.22 per share	240,026	139,580
	CNB Bankcorp	29,000 shares, \$152.61 per share	3,568,934	4,425,787
	Coca-Cola Co	665 shares, \$65.67 per share	16,761	43,643
	eBay Inc	335 shares, \$91.14 per share	4,257	30,532
	Ecolab Inc	61 shares, \$273.86 per share	10,833	16,705
	Exxon Mobil Corp	260 shares, \$112.75 per share	20,972	29,315
	Factset Research Systems Inc	45 shares, \$286.49 per share	10,925	12,892
	Fastenal Co Com	270 shares, \$49.04 per share	9,983	13,241
	FMC Corp Com New	272 shares, \$33.63 per share	10,055	9,147
	Gilead Sciences Inc	155 shares, \$111.00 per share	9,996	17,205
	HF Sinclair Corporation	441 shares, \$52.34 per share	10,531	23,082
	HF Sinclair Corporation	961 shares, \$53.26 per share	38,247	51,201
	Home Depot Inc	465 shares, \$410.09 per share	35,519	190,672
	Illinois Tool Wks Inc	39 shares, \$260.76 per share	9,984	10,170
	International Business Machines Corporation	72 shares, \$282.16 per share	10,602	20,316
	Johnson & Johnson	83 shares, \$185.42 per share	10,913	15,390
	Johnson & Johnson	335 shares, \$179.71 per share	23,635	60,167
	JP Morgan Chase & Co	128 shares, \$315.43 per share	11,008	40,375
	Kinder Morgan Inc	948 shares, \$28.21 per share	20,641	26,736
	Kyndryl Holdings Inc Common Stock	14 shares, \$30.03 per share	228	420
	LCI Industries	93 shares, \$93.15 per share	10,070	8,663
	Lilly Eli & Co	72 shares, \$763.00 per share	5,715	54,936
	Lockheed Martin Corp Common	28 shares, \$499.21 per share	9,940	13,978
	Marathon Petroleum Corp Common Fund	91 shares, \$192.74 per share	4,969	17,539
	McDonalds Corp	71 shares, \$303.89 per share	10,953	21,576
	McDonalds Corp	334 shares, \$305.24 per share	33,838	102,006
	Merck & Co Inc	115 shares, \$83.93 per share	9,916	9,652
	Microsoft Corp	308 shares, \$511.46 per share	16,285	157,771
	Mondelez International Inc	200 shares, \$63.36 per share	6,467	12,704
	Mondelez International Inc	166 shares, \$62.47 per share	10,004	10,370
	Netflix, Inc	14 shares, \$1,198.92 per share	14,310	16,785
	Packaging Corp America	83 shares, \$217.93 per share	11,075	18,088
	Paychex Inc	130 shares, \$126.76 per share	10,955	16,479
	Peakstone Realty Trust Class E	3,080 shares, \$13.12 per share	200,741	40,410
	PepsiCo Inc	200 shares, \$140.44 per share	13,767	28,140
	PepsiCo Inc	69 shares, \$140.44 per share	9,945	9,690
	Pfizer Inc	337 shares, \$25.48 per share	10,390	8,587
	PPG Industries Inc	87 shares, \$105.11 per share	9,995	9,145
	Procter & Gamble Co	404 shares, \$152.50 per share	30,517	61,680
	Qualcomm Inc	186 shares, \$166.36 per share	10,926	30,943

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Supplemental Schedule:

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

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Radian Group Inc	315 shares, \$36.22 per share	\$ 9,998	\$ 11,409
	Realty Income Corp	2,015 shares, \$60.32 per share	120,609	121,545
	Rowe T Price Group Inc	94 shares, \$102.64 per share	10,057	9,648
	Schlumberger Ltd	146 shares, \$34.37 per share	9,940	5,018
	Solventum Corp	14 shares, \$73.00 per share	1,759	986
	Sysco Corp	142 shares, \$82.34 per share	10,013	11,692
	Tesla Inc	200 shares, \$440.40 per share	55,924	88,080
	Valero Energy Corp Common	80 shares, \$170.26 per share	4,950	13,621
	Vanguard World Fund Energy ETF	225 shares, \$125.86 per share	19,910	28,319
	Wal Mart Stores Inc	408 shares, \$103.06 per share	10,999	42,048
	Watsco Inc	22 shares, \$404.30 per share	10,384	8,895
	WEC Energy Group Inc	91 shares, \$114.59 per share	5,936	10,428
	Xcel Energy Inc	402 shares, \$79.28 per share	11,478	31,856
		Total Common Stock	\$ 4,969,592	\$ 7,169,590
	American Funds Capital World Growth & Income Fund CI F-3	1,265 shares, \$74.68 per share	64,455	94,464
	American Funds Europacific Growth Fund CI F3	1,383 shares, \$64.12 per share	70,108	88,677
	American Funds Investment Company of America Class F-3 Fund	3,525 shares, \$66.42 per share	152,449	234,151
	American Funds The Bond Fund of America Class F-3	10,059 shares, \$11.44 per share	121,644	115,080
	American Funds The Growth Fund of America Class F-3	1,725 shares, \$87.68 per share	104,834	151,248
	American Funds The Income Fund of America Class F-3	3,377 shares, \$27.41 per share	77,291	92,568
	American Funds The New Economy Fund Class F-3	2,822 shares, \$74.07 per share	138,910	209,024
	American Funds New World Fund Class F-3	994 shares, \$94.18 per share	80,574	93,589
	American Funds Washington Mutual Investors Fund Class F-3	1,538 shares, \$66.76 per share	76,312	102,661
	Blackrock Advantage International Class K Fund	3,640 shares, \$22.76 per share	48,522	82,856
	Blackrock National Municipal Class K Fund	5,115 shares, \$9.96 per share	54,596	50,943
	Blackrock Total Return Class K Fund	11,579 shares, \$10.02 per share	116,841	116,017
	Capital Income Builder Class F-2 Fund	1,051 shares, \$78.96 per share	65,969	82,979
	Dimensional Core Fixed Income ETF	9,211 shares, \$42.76 per share	386,351	393,862
	Dimensional Emerging Markets Core Equity 2 ETF	7,781 shares, \$32.07 per share	197,715	249,536
	Dimensional International Core Equity 2 ETF	14,868 shares, \$32.79 per share	396,678	487,522
	Dimensional Short-Duration Fixed Income ETF	2,112 shares, \$48.19 per share	99,285	101,777
	Dimensional US Core Equity 1 ETF	11,921 shares, \$71.94 per share	695,829	857,597
	Dimensional US Core Equity 2 ETF	22,498 shares, \$38.57 per share	714,570	867,748
	Dodge & Cox Funds International Stock Fund	1,881 shares, \$65.80 per share	82,925	123,752
	Dodge & Cox Income Fund I	6,137 shares, \$12.82 per share	79,018	78,678
	Dodge & Cox Stock Fund	173 shares, \$278.52 per share	34,727	48,171
	Eaton Vance National Municipal Opportunities Trust Fund	13,293 shares, \$16.60 per share	225,891	220,664
	Fidelity Floating Rate High Income Fund	5,216 shares, \$9.16 per share	48,417	47,782
	Fidelity Capital Appreciation Fund	1,493 shares, \$48.21 per share	55,878	71,962
	Fidelity New Markets Income Fund	2,398 shares, \$13.48 per share	37,301	32,324
	Fidelity Merrimack Street Trust Term Bond ETF	193 shares, \$50.66 per share	9,999	9,777
	Fidelity Puritan Fund	568 shares, \$41.73 per share	27,570	23,721
	Fidelity Salem Street Trust Investment Grade Bond Fund	4,269 shares, \$7.32 per share	34,148	31,252
	Fidelity Salem Street Trust US Bond Index Fund	585 shares, \$10.55 per share	7,000	6,170
	Financial Select Sector SPDR Fund	1,076 shares, \$53.86 per share	34,493	57,953
	First Trust Capital Strength Exchange Traded Fund	1,930 shares, \$92.86 per share	172,665	179,210
	Harbor Capital Appreciation Fund Institutional	535 shares, \$128.49 per share	40,263	68,746
	Hartford Cap Appreciation Class F Fund	1,191 shares, \$46.29 per share	43,504	55,117
	Hartford Dividend & Growth Class F Fund	2,433 shares, \$36.09 per share	61,329	87,806
	Homestead Funds Short-Term Bond Fund	7,788 shares, \$5.00 per share	39,508	38,940
	Homestead Funds Value Fund	913 shares, \$55.47 per share	45,852	50,633
	Invesco QQQ Trust Series 1 Fund	323 shares, \$595.97 per share	56,544	192,376
	Invesco Value Opportunities Fund Class R6	5,138 shares, \$24.72 per share	88,284	127,008
	iShares Core Dividend Growth ETF Fund	3,609 shares, \$67.75 per share	134,250	244,535
	iShares Core S&P Mid Cap ETF	999 shares, \$65.34 per share	38,211	65,270

See accompanying Independent Auditor's Report.

EIN: 85-0352455
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Supplemental Schedule:

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

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	iShares Core S&P Small Cap ETF	430 shares, \$118.47 per share	\$ 34,022	\$ 50,936
	iShares MSCI EAFE Minimum Volatility Fund	691 shares, \$84.28 per share	49,262	58,220
	iShares MSCI USA Minimum Volatility Factor ETF	1,294 shares, \$94.54 per share	110,568	122,335
	iShares Preferred and Income Securities ETF	6,681 shares, \$31.79 per share	200,748	212,379
	JPMorgan Core Bond Fund Class R6	11,027 shares, \$10.42 per share	113,705	114,899
	Long Term Investment Grade Trust Series 15 Fund	14 shares, \$900.45 per share	11,069	12,606
	Lord Abbett Bond Debenture Fund Class F3	43,278 shares, \$7.24 per share	307,792	313,330
	Mainstay Epoch US Equity Yield Class A 1522 Fund	28,421 shares, \$23.17 per share	469,401	658,525
	Mainstay Epoch US Equity Yield Class A Fund	6,856 shares, \$23.17 per share	113,238	158,863
	Mainstay Mackay Convertible Fund A	44,955 shares, \$20.61 per share	729,446	926,525
	Mainstay Mackay High Yield Corp Bond A Fund	188,847 shares, \$5.24 per share	1,067,440	989,558
	Mainstay Mackay US Small Cap Fund Class A	4,163 shares, \$26.94 per share	75,158	112,160
	Meeder Conservative Allocation Fund Institutional Class	1,230 shares, \$24.55 per share	29,054	30,188
	Meeder Moderate Allocation Fund Institutional Class	11,647 shares, \$13.11 per share	144,819	152,690
	Meeder Muirfield Fund Institutional Class	4,546 shares, \$10.38 per share	43,197	47,184
	Meeder Tactical Income Fund Institutional Class	4,018 shares, \$9.62 per share	37,857	38,655
	Meeder Balanced Fund Institutional Class	2,240 shares, \$13.79 per share	28,839	30,891
	MFS International Value Fund Class R6	3,272 shares, \$45.17 per share	131,831	147,793
	MFS Value Fund Class R6	1,110 shares, \$52.67 per share	54,710	58,458
	T. Rowe Price Blue Chip Growth Fund	163 shares, \$216.78 per share	17,492	35,233
	T. Rowe Price Dividend Growth Fund	401 shares, \$84.94 per share	15,254	34,040
	T. Rowe Price Institutional Floating Rate Fund	5,462 shares, \$9.43 per share	51,156	51,506
	T. Rowe Price Mid Cap Value Fund	673 shares, \$33.38 per share	20,226	22,465
	T. Rowe Price New Income Fund	14,280 shares, \$8.04 per share	114,224	114,810
	Target Portfolio Trust PGIM Quant Solutions Small Cap Class Z Fund	911 shares, \$18.45 per share	17,570	16,810
	Trust for Professional Managers Mairs	432 shares, \$185.99 per share	55,263	80,361
	Tweedy Browne International Value Fund	2,443 shares, \$30.35 per share	67,393	74,132
	USAA Intermediate Term Bond Fund	3,983 shares, \$9.32 per share	39,757	37,121
	Van Kampen Build America Bond Inc Trust Monthly Cash Fund	36 shares, \$171.44 per share	10,648	6,172
	Vanguard Explorer Fund Inc	122 shares, \$120.90 per share	12,522	14,709
	Vanguard Fixed Income Securities F GNMA Adm Fund	1,163 shares, \$9.43 per share	11,387	10,967
	Vanguard Fixed Income Securities F Short Term Fed Pt Fund	3,714 shares, \$10.33 per share	38,777	38,366
	Vanguard Growth Index Fund Admiral Shares	247 shares, \$247.03 per share	37,505	61,112
	Vanguard Horizon Fund Inc Strategic Equity	604 shares, \$40.63 per share	20,623	24,537
	Vanguard Index 500 Fund Admiral Shares	85 shares, \$617.29 per share	37,486	52,613
	Vanguard Emerging Markets Stock Index Fund	522 shares, \$44.86 per share	17,989	23,416
	Vanguard Municipal Bond Fund Inc Intr Te Adml	2,774 shares, \$13.69 per share	38,651	37,971
	Vanguard Short-Term Investment Grade Fund	5,663 shares, \$10.52 per share	59,127	59,577
	Victory Munder Mid-Cap Core Growth Fund Class R6	12,771 shares, \$15.11 per share	173,110	192,969
	Victory Sycamore Established Value Fund Class R6	3,883 shares, \$46.95 per share	191,162	182,310
	Victory Sycamore Small Company Opportunity Fund R6	3,997 shares, \$47.53 per share	186,350	189,986
	Wasatch Small Cap Growth Fund	248 shares, \$38.95 per share	10,807	9,673
		Total Mutual Funds	\$ 10,057,345	\$ 11,941,197
	Toronto Dominion Bank CD	5.25%, due 7/31/29	20,000	19,812
		Total Certificates of Deposit	\$ 20,000	\$ 19,812
	New Mexico State University Revocable Tax	3.15%, due 4/1/26	25,092	24,916
		Total Government Bonds	\$ 25,092	\$ 24,916
	Bank America Corp	5.20%, due 2/26/30	100,256	100,613
	Canadian Imperial Bank Comm Toro	5.30%, due 2/28/28	20,000	20,054
	Deutsche Bank AG	5.14%, due 7/31/29	20,000	20,078
	JPMorgan Chase & Co	4.90%, due 5/30/30	50,000	50,470
	JPMorgan Chase & Co	4.65%, due 7/31/30	20,000	20,157
	Royal Bank CDA	5.25%, due 3/15/29	25,000	25,026
	Royal Bank CDA	4.75%, due 3/14/30	50,000	50,658

See accompanying Independent Auditor's Report.

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Supplemental Schedule:

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	US Bancorp	5.20%, due 12/26/29	\$ 100,257	\$ 99,878
		Total Corporate Bonds	\$ 385,513	\$ 386,934
	Commercial rental building	Commercial rental building	\$ 210,000	\$ 210,000
		Total Real Estate	\$ 210,000	\$ 210,000
*	Pacific Life	Individual policy	[1]	262,974
*	Pacific Life Annuity	Individual policy	[1]	353,403
		Total Life Insurance Policies	\$ [1]	\$ 616,377
*	Notes Receivable From Participants	5 years, 6.00% each [2]	-	732,910
		Total Notes Receivable From Participants	-	732,910
			\$ 15,667,542	\$ 21,101,736

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

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

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

<p>Form 5500</p> <p>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 10/01/2024 and ending 09/30/2025

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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here: ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan Forrest Tire Company, Inc. 401(k) Profit Sharing Plan</p>	<p>1b Three-digit plan number (PN) ▶ 001</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) Forrest Tire Company, Inc. P.O. Box 1778 Carlsbad NM 88221</p>	<p>1c Effective date of plan 10/01/1971</p> <p>2b Employer Identification Number (EIN) 85-0352455</p> <p>2c Plan Sponsor's telephone number 575-628-3627</p> <p>2d Business code (see instructions) 441300</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		3-4-26	RICHARD J. FORREST, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>																						
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">241</td> </tr> </table>	5	241																				
5	241																						
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="background-color: #cccccc;"></td> </tr> <tr> <td>6a(1)</td> <td style="text-align: right;">193</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">168</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">1</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">54</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">223</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">223</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">162</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">154</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>			6a(1)	193	6a(2)	168	6b	1	6c	54	6d	223	6e	0	6f	223	6g(1)	162	6g(2)	154	6h	0
6a(1)	193																						
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6b	1																						
6c	54																						
6d	223																						
6e	0																						
6f	223																						
6g(1)	162																						
6g(2)	154																						
6h	0																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;"></td> </tr> </table>	7																					
7																							

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2J 2K 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" 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 checked="" 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	3M Company Common	54 shares, \$155.18 per share	\$ 9,347	\$ 8,380
	Abbott Laboratories	282 shares, \$133.55 per share	5,369	37,595
	Abbvie Inc	294 shares, \$220.61 per share	6,859	64,940
	Alphabet Inc Class A	694 shares, \$246.54 per share	8,656	171,099
	Alphabet Inc Class A Capital Stock	54 shares, \$243.10 per share	9,964	13,127
	Alphabet Inc Class C Capital Stock	687 shares, \$247.18 per share	8,541	169,813
	Amazon.com Inc	43 shares, \$219.57 per share	9,935	9,442
	Amgen Inc	62 shares, \$282.20 per share	9,982	17,496
	Apple Inc	1,264 shares, \$255.46 per share	23,852	322,937
	Apple Inc	42 shares, \$254.63 per share	9,911	10,694
	Automatic Data Processing Income Fund	32 shares, \$293.50 per share	9,791	9,392
	Bank of America Corp Dep Shs	867 shares, \$20.71 per share	16,329	17,956
	Bank of America Corporation	1,046 shares, \$52.21 per share	12,419	54,636
	Chevron Corporation	202 shares, \$155.29 per share	20,914	31,369
	Chubb Limited	76 shares, \$282.25 per share	10,938	21,451
	CIM Real Estate Finance Trust, Inc	26,739 shares, \$5.22 per share	240,026	139,580
	CNB Bankcorp	29,000 shares, \$152.61 per share	3,568,934	4,425,787
	Coca-Cola Co	665 shares, \$65.67 per share	16,761	43,643
	eBay Inc	335 shares, \$91.14 per share	4,257	30,532
	Ecolab Inc	61 shares, \$273.86 per share	10,833	16,705
	Exxon Mobil Corp	260 shares, \$112.75 per share	20,972	29,315
	Factset Research Systems Inc	45 shares, \$286.49 per share	10,925	12,892
	Fastenal Co Com	270 shares, \$49.04 per share	9,983	13,241
	FMC Corp Com New	272 shares, \$33.63 per share	10,055	9,147
	Gilead Sciences Inc	155 shares, \$111.00 per share	9,996	17,205
	HF Sinclair Corporation	441 shares, \$52.34 per share	10,531	23,082
	HF Sinclair Corporation	961 shares, \$53.26 per share	38,247	51,201
	Home Depot Inc	465 shares, \$410.09 per share	35,519	190,672
	Illinois Tool Wks Inc	39 shares, \$260.76 per share	9,984	10,170
	International Business Machines Corporation	72 shares, \$282.16 per share	10,602	20,316
	Johnson & Johnson	83 shares, \$185.42 per share	10,913	15,390
	Johnson & Johnson	335 shares, \$179.71 per share	23,635	60,167
	JP Morgan Chase & Co	128 shares, \$315.43 per share	11,008	40,375
	Kinder Morgan Inc	948 shares, \$28.21 per share	20,641	26,736
	Kyndryl Holdings Inc Common Stock	14 shares, \$30.03 per share	228	420
	LCI Industries	93 shares, \$93.15 per share	10,070	8,663
	Lilly Eli & Co	72 shares, \$763.00 per share	5,715	54,936
	Lockheed Martin Corp Common	28 shares, \$499.21 per share	9,940	13,978
	Marathon Petroleum Corp Common Fund	91 shares, \$192.74 per share	4,969	17,539
	McDonalds Corp	71 shares, \$303.89 per share	10,953	21,576
	McDonalds Corp	334 shares, \$305.24 per share	33,838	102,006
	Merck & Co Inc	115 shares, \$83.93 per share	9,916	9,652
	Microsoft Corp	308 shares, \$511.46 per share	16,285	157,771
	Mondelez International Inc	200 shares, \$63.36 per share	6,467	12,704
	Mondelez International Inc	166 shares, \$62.47 per share	10,004	10,370
	Netflix, Inc	14 shares, \$1,198.92 per share	14,310	16,785
	Packaging Corp America	83 shares, \$217.93 per share	11,075	18,088
	Paychex Inc	130 shares, \$126.76 per share	10,955	16,479
	Peakstone Realty Trust Class E	3,080 shares, \$13.12 per share	200,741	40,410
	PepsiCo Inc	200 shares, \$140.44 per share	13,767	28,140
	PepsiCo Inc	69 shares, \$140.44 per share	9,945	9,690
	Pfizer Inc	337 shares, \$25.48 per share	10,390	8,587
	PPG Industries Inc	87 shares, \$105.11 per share	9,995	9,145
	Procter & Gamble Co	404 shares, \$152.50 per share	30,517	61,680
	Qualcomm Inc	186 shares, \$166.36 per share	10,926	30,943

EIN: 85-0352455
 PN: 001

Supplemental Schedule:

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Radian Group Inc	315 shares, \$36.22 per share	\$ 9,998	\$ 11,409
	Realty Income Corp	2,015 shares, \$60.32 per share	120,609	121,545
	Rowe T Price Group Inc	94 shares, \$102.64 per share	10,057	9,648
	Schlumberger Ltd	146 shares, \$34.37 per share	9,940	5,018
	Solventum Corp	14 shares, \$73.00 per share	1,759	986
	Sysco Corp	142 shares, \$82.34 per share	10,013	11,692
	Tesla Inc	200 shares, \$440.40 per share	55,924	88,080
	Valero Energy Corp Common	80 shares, \$170.26 per share	4,950	13,621
	Vanguard World Fund Energy ETF	225 shares, \$125.86 per share	19,910	28,319
	Wal Mart Stores Inc	408 shares, \$103.06 per share	10,999	42,048
	Watsco Inc	22 shares, \$404.30 per share	10,384	8,895
	WEC Energy Group Inc	91 shares, \$114.59 per share	5,936	10,428
	Xcel Energy Inc	402 shares, \$79.28 per share	11,478	31,856
		Total Common Stock	\$ 4,969,592	\$ 7,169,590
	American Funds Capital World Growth & Income Fund CI F-3	1,265 shares, \$74.68 per share	64,455	94,464
	American Funds Europacific Growth Fund CI F3	1,383 shares, \$64.12 per share	70,108	88,677
	American Funds Investment Company of America Class F-3 Fund	3,525 shares, \$66.42 per share	152,449	234,151
	American Funds The Bond Fund of America Class F-3	10,059 shares, \$11.44 per share	121,644	115,080
	American Funds The Growth Fund of America Class F-3	1,725 shares, \$87.68 per share	104,834	151,248
	American Funds The Income Fund of America Class F-3	3,377 shares, \$27.41 per share	77,291	92,568
	American Funds The New Economy Fund Class F-3	2,822 shares, \$74.07 per share	138,910	209,024
	American Funds New World Fund Class F-3	994 shares, \$94.18 per share	80,574	93,589
	American Funds Washington Mutual Investors Fund Class F-3	1,538 shares, \$66.76 per share	76,312	102,661
	Blackrock Advantage International Class K Fund	3,640 shares, \$22.76 per share	48,522	82,856
	Blackrock National Municipal Class K Fund	5,115 shares, \$9.96 per share	54,596	50,943
	Blackrock Total Return Class K Fund	11,579 shares, \$10.02 per share	116,841	116,017
	Capital Income Builder Class F-2 Fund	1,051 shares, \$78.96 per share	65,969	82,979
	Dimensional Core Fixed Income ETF	9,211 shares, \$42.76 per share	386,351	393,862
	Dimensional Emerging Markets Core Equity 2 ETF	7,781 shares, \$32.07 per share	197,715	249,536
	Dimensional International Core Equity 2 ETF	14,868 shares, \$32.79 per share	396,678	487,522
	Dimensional Short-Duration Fixed Income ETF	2,112 shares, \$48.19 per share	99,285	101,777
	Dimensional US Core Equity 1 ETF	11,921 shares, \$71.94 per share	695,829	857,597
	Dimensional US Core Equity 2 ETF	22,498 shares, \$38.57 per share	714,570	867,748
	Dodge & Cox Funds International Stock Fund	1,881 shares, \$65.80 per share	82,925	123,752
	Dodge & Cox Income Fund I	6,137 shares, \$12.82 per share	79,018	78,678
	Dodge & Cox Stock Fund	173 shares, \$278.52 per share	34,727	48,171
	Eaton Vance National Municipal Opportunities Trust Fund	13,293 shares, \$16.60 per share	225,891	220,664
	Fidelity Floating Rate High Income Fund	5,216 shares, \$9.16 per share	48,417	47,782
	Fidelity Capital Appreciation Fund	1,493 shares, \$48.21 per share	55,878	71,962
	Fidelity New Markets Income Fund	2,398 shares, \$13.48 per share	37,301	32,324
	Fidelity Merrimack Street Trust Term Bond ETF	193 shares, \$50.66 per share	9,999	9,777
	Fidelity Puritan Fund	568 shares, \$41.73 per share	27,570	23,721
	Fidelity Salem Street Trust Investment Grade Bond Fund	4,269 shares, \$7.32 per share	34,148	31,252
	Fidelity Salem Street Trust US Bond Index Fund	585 shares, \$10.55 per share	7,000	6,170
	Financial Select Sector SPDR Fund	1,076 shares, \$53.86 per share	34,493	57,953
	First Trust Capital Strength Exchange Traded Fund	1,930 shares, \$92.86 per share	172,665	179,210
	Harbor Capital Appreciation Fund Institutional	535 shares, \$128.49 per share	40,263	68,746
	Hartford Cap Appreciation Class F Fund	1,191 shares, \$46.29 per share	43,504	55,117
	Hartford Dividend & Growth Class F Fund	2,433 shares, \$36.09 per share	61,329	87,806
	Homestead Funds Short-Term Bond Fund	7,788 shares, \$5.00 per share	39,508	38,940
	Homestead Funds Value Fund	913 shares, \$55.47 per share	45,852	50,633
	Invesco QQQ Trust Series 1 Fund	323 shares, \$595.97 per share	56,544	192,376
	Invesco Value Opportunities Fund Class R6	5,138 shares, \$24.72 per share	88,284	127,008
	iShares Core Dividend Growth ETF Fund	3,609 shares, \$67.75 per share	134,250	244,535
	iShares Core S&P Mid Cap ETF	999 shares, \$65.34 per share	38,211	65,270

See accompanying Independent Auditor's Report.

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

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	iShares Core S&P Small Cap ETF	430 shares, \$118.47 per share	\$ 34,022	\$ 50,936
	iShares MSCI EAFE Minimum Volatility Fund	691 shares, \$84.28 per share	49,262	58,220
	iShares MSCI USA Minimum Volatility Factor ETF	1,294 shares, \$94.54 per share	110,568	122,335
	iShares Preferred and Income Securities ETF	6,681 shares, \$31.79 per share	200,748	212,379
	JPMorgan Core Bond Fund Class R6	11,027 shares, \$10.42 per share	113,705	114,899
	Long Term Investment Grade Trust Series 15 Fund	14 shares, \$900.45 per share	11,069	12,606
	Lord Abbett Bond Debenture Fund Class F3	43,278 shares, \$7.24 per share	307,792	313,330
	Mainstay Epoch US Equity Yield Class A 1522 Fund	28,421 shares, \$23.17 per share	469,401	658,525
	Mainstay Epoch US Equity Yield Class A Fund	6,856 shares, \$23.17 per share	113,238	158,863
	Mainstay Mackay Convertible Fund A	44,955 shares, \$20.61 per share	729,446	926,525
	Mainstay Mackay High Yield Corp Bond A Fund	188,847 shares, \$5.24 per share	1,067,440	989,558
	Mainstay Mackay US Small Cap Fund Class A	4,163 shares, \$26.94 per share	75,158	112,160
	Meeder Conservative Allocation Fund Institutional Class	1,230 shares, \$24.55 per share	29,054	30,188
	Meeder Moderate Allocation Fund Institutional Class	11,647 shares, \$13.11 per share	144,819	152,690
	Meeder Muirfield Fund Institutional Class	4,546 shares, \$10.38 per share	43,197	47,184
	Meeder Tactical Income Fund Institutional Class	4,018 shares, \$9.62 per share	37,857	38,655
	Meeder Balanced Fund Institutional Class	2,240 shares, \$13.79 per share	28,839	30,891
	MFS International Value Fund Class R6	3,272 shares, \$45.17 per share	131,831	147,793
	MFS Value Fund Class R6	1,110 shares, \$52.67 per share	54,710	58,458
	T. Rowe Price Blue Chip Growth Fund	163 shares, \$216.78 per share	17,492	35,233
	T. Rowe Price Dividend Growth Fund	401 shares, \$84.94 per share	15,254	34,040
	T. Rowe Price Institutional Floating Rate Fund	5,462 shares, \$9.43 per share	51,156	51,506
	T. Rowe Price Mid Cap Value Fund	673 shares, \$33.38 per share	20,226	22,465
	T. Rowe Price New Income Fund	14,280 shares, \$8.04 per share	114,224	114,810
	Target Portfolio Trust PGIM Quant Solutions Small Cap Class Z Fund	911 shares, \$18.45 per share	17,570	16,810
	Trust for Professional Managers Mairs	432 shares, \$185.99 per share	55,263	80,361
	Tweedy Browne International Value Fund	2,443 shares, \$30.35 per share	67,393	74,132
	USAA Intermediate Term Bond Fund	3,983 shares, \$9.32 per share	39,757	37,121
	Van Kampen Build America Bond Inc Trust Monthly Cash Fund	36 shares, \$171.44 per share	10,648	6,172
	Vanguard Explorer Fund Inc	122 shares, \$120.90 per share	12,522	14,709
	Vanguard Fixed Income Securities F GNMA Adm Fund	1,163 shares, \$9.43 per share	11,387	10,967
	Vanguard Fixed Income Securities F Short Term Fed Pt Fund	3,714 shares, \$10.33 per share	38,777	38,366
	Vanguard Growth Index Fund Admiral Shares	247 shares, \$247.03 per share	37,505	61,112
	Vanguard Horizon Fund Inc Strategic Equity	604 shares, \$40.63 per share	20,623	24,537
	Vanguard Index 500 Fund Admiral Shares	85 shares, \$617.29 per share	37,486	52,613
	Vanguard Emerging Markets Stock Index Fund	522 shares, \$44.86 per share	17,989	23,416
	Vanguard Municipal Bond Fund Inc Intr Te Adml	2,774 shares, \$13.69 per share	38,651	37,971
	Vanguard Short-Term Investment Grade Fund	5,663 shares, \$10.52 per share	59,127	59,577
	Victory Munder Mid-Cap Core Growth Fund Class R6	12,771 shares, \$15.11 per share	173,110	192,969
	Victory Sycamore Established Value Fund Class R6	3,883 shares, \$46.95 per share	191,162	182,310
	Victory Sycamore Small Company Opportunity Fund R6	3,997 shares, \$47.53 per share	186,350	189,986
	Wasatch Small Cap Growth Fund	248 shares, \$38.95 per share	10,807	9,673
		Total Mutual Funds	\$ 10,057,345	\$ 11,941,197
	Toronto Dominion Bank CD	5.25%, due 7/31/29	20,000	19,812
		Total Certificates of Deposit	\$ 20,000	\$ 19,812
	New Mexico State University Revocable Tax	3.15%, due 4/1/26	25,092	24,916
		Total Government Bonds	\$ 25,092	\$ 24,916
	Bank America Corp	5.20%, due 2/26/30	100,256	100,613
	Canadian Imperial Bank Comm Toro	5.30%, due 2/28/28	20,000	20,054
	Deutsche Bank AG	5.14%, due 7/31/29	20,000	20,078
	JPMorgan Chase & Co	4.90%, due 5/30/30	50,000	50,470
	JPMorgan Chase & Co	4.65%, due 7/31/30	20,000	20,157
	Royal Bank CDA	5.25%, due 3/15/29	25,000	25,026
	Royal Bank CDA	4.75%, due 3/14/30	50,000	50,658

EIN: 85-0352455
 PN: 001

Supplemental Schedule:

Forrest Tire Company, Inc.
401(k) Profit Sharing Plan
 Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
 September 30, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	US Bancorp	5.20%, due 12/26/29	\$ 100,257	\$ 99,878
		Total Corporate Bonds	\$ 385,513	\$ 386,934
	Commercial rental building	Commercial rental building	\$ 210,000	\$ 210,000
		Total Real Estate	\$ 210,000	\$ 210,000
*	Pacific Life	Individual policy	[1]	262,974
*	Pacific Life Annuity	Individual policy	[1]	353,403
		Total Life Insurance Policies	\$ [1]	\$ 616,377
*	Notes Receivable From Participants	5 years, 6.00% each [2]	-	732,910
		Total Notes Receivable From Participants	-	732,910
			\$ 15,667,542	\$ 21,101,736

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

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

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