

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1979
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) DUNLOP MANUFACTURING INC 170 INDUSTRIAL WAY BENICIA, CA 94510-0000
2b	Employer Identification Number (EIN) 94-2440675
2c	Plan Sponsor's telephone number 707-745-2722
2d	Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2026	JASMIN POWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 280
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) 237 6a(2) 231 6b 0 6c 40 6d 271 6e 0 6f 271 6g(1) 240 6g(2) 254 6h 9
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 Characteristic Codes in the instructions:

2A 2E 2H 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DUNLOP MANUFACTURING INC	D Employer Identification Number (EIN) 94-2440675	

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

(a) Name of insurance carrier MASSMUTUAL LIFE INSURANCE CO					
(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
04-1590850	65935	75795501	91	01/01/2025	12/31/2025

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	(b) Total amount of fees paid

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
--

(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	

(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	13450
5 Current value of plan's interest under this contract in separate accounts at year end	5	4604221

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

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

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

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

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

b Balance at the end of the previous year	7b	19359
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c Additions: (1) Contributions deposited during the year	7c(1)	1890	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	572	
(4) Transferred from separate account	7c(4)	2670	
(5) Other (specify below)	7c(5)	703	

▶ **LOAN PAYMENTS**

(6) Total additions	7c(6)	5835
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d Total of balance and additions (add lines 7b and 7c(6))	7d	25194
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10933	
(2) Administration charge made by carrier	7e(2)	73	
(3) Transferred to separate account	7e(3)	738	
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions	7e(5)	11744
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	13450
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DUNLOP MANUFACTURING INC	D Employer Identification Number (EIN) 94-2440675	

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)

EMPOWER

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
26 27 28	NONE	32411	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ASSOCIATED PENSION CONSULTANTS

PO BOX 1282
CHICO, CA 95927

94-2456320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	25806	Yes ☒ No ☐	Yes ☒ No ☐	1960	Yes ☐ No ☒

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

MANN URRUTIA NELSON CPAS & ASSOC

20-0276349

(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	15875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRIME CAPITAL ADVISORS L

6201 COLLEGE BLVD 7TH FL
OVERLAND PARK, KS 66211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	14016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CREATIVE PLANNING LLC

5454 W 110TH STREET
OVERLAND PARK, KS 66211

(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?
26 27 28	NONE	10924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASSOCIATED PENSION CONSULTANTS	13	1960

(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.
EMPOWER ANNUITY INSURANCE COMPANY COMPANY OF AMERICA 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DUNLOP MANUFACTURING INC	D Employer Identification Number (EIN) 94-2440675	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT SCI
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b Name of sponsor of entity listed in (a):	MASSMUTUAL
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c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4604221
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 DUNLOP MANUFACTURING INC	D Employer Identification Number (EIN) 94-2440675	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	132956	49805
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	125000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	16850	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	742106	1384156
(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)	1540656	1419264
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1111547	1144706
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1188561	1187072
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3624797	4604221
(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)	17080470	19229238
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	19359	13450
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	25582302	29031912

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2833	16832
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	2833	16832

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	25579469	29015080
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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)	1500000	
(B) Participants	2a(1)(B)	427911	
(C) Others (including rollovers)	2a(1)(C)	2734	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1930645
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	345665	
(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)	115641	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		461306
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	543175	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		543175
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1627057	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1497867	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		129190
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		304481
(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)		1786062
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5154859

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1603597	
(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)		1603597
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)	25806	
(3) Recordkeeping fees	2i(3)	32410	
(4) IQPA audit fees	2i(4)	15875	
(5) Investment advisory and investment management fees	2i(5)	48313	
(6) Bank or trust company trustee/custodial fees	2i(6)	547	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-7300	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		115651
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1719248

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3435611
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: **MUN CPAS LLP**

(2) EIN: **20-0276349**

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.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DUNLOP MANUFACTURING INC		D Employer Identification Number (EIN) 94-2440675
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): 33-6134835 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702490A.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN

**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITOR'S REPORT
AND SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2025 AND 2024

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2025 AND 2024**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan

Opinion

We have audited the accompanying financial statements of Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, 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 generally accepted auditing standards.

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

MUN CPAs, LLP

Sacramento, California
June 2, 2026

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Cash	\$ 47,259	\$ 132,956
Investments at Fair Value (Note 3):		
Interest-bearing cash	1,384,156	742,106
Common and preferred stocks	1,144,706	1,111,547
Corporate bonds	1,419,264	1,540,656
Mutual funds	19,229,238	17,080,470
Pooled separate accounts	<u>4,604,221</u>	<u>3,624,797</u>
Total investments at fair value	<u>27,781,585</u>	<u>24,099,576</u>
Investments at Contract Value (Note 4):		
Guaranteed investment contract	<u>13,450</u>	<u>19,359</u>
Total investments at contract value	<u>13,450</u>	<u>19,359</u>
Total investments	<u>27,795,035</u>	<u>24,118,935</u>
Receivables:		
Employer contributions	-	125,000
Other receivable	-	16,850
Notes receivable from participants	<u>1,175,990</u>	<u>1,188,561</u>
Total receivables	<u>1,175,990</u>	<u>1,330,411</u>
Total Assets	<u>29,018,284</u>	<u>25,582,302</u>
LIABILITIES		
Contributions received in advance (Note 6)	<u>3,204</u>	-
Total Liabilities	<u>3,204</u>	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 29,015,080</u>	<u>\$ 25,582,302</u>

See accompanying notes to the financial statements.

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025**

	<u>2025</u>
ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	\$ 2,219,733
Interest and dividends	<u>888,840</u>
Total investment income	<u>3,108,573</u>
Interest income on notes receivable from participants	<u>115,641</u>
Contributions:	
Employer profit sharing contributions	1,104,597
Employer safe harbor contributions	395,403
Participant contributions	427,911
Rollover contributions	<u>2,734</u>
Total contributions	<u>1,930,645</u>
Total additions	<u>5,154,859</u>
DEDUCTIONS	
Benefits paid to participants	1,606,430
Administrative expenses	<u>115,651</u>
Total deductions	<u>1,722,081</u>
NET INCREASE	3,432,778
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>25,582,302</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 29,015,080</u></u>

See accompanying notes to the financial statements.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1: DESCRIPTION OF PLAN

The following description of the Dunlop Manufacturing, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time eligible employees of Dunlop Manufacturing, Inc. (the "Company") as defined in the Plan document and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Under the terms of the Plan, a group of officers of the Company act as trustees. The Company has contracted with a third-party administrator, Empower Trust Company, LLC, who processes and maintains the records of participant data and acts as custodian of the participants' self-directed salary deferral and rollover accounts.

Eligibility

Employees are eligible to participate in the salary deferral provisions once they have attained age 18, and have completed 2 months of service. Employees that have attained age 18 are eligible to participate in the employer profit sharing contributions on the first day of the plan year in which they complete one year (at least 1,000 hours) of service. Employees that have attained age 18 are eligible to participate in the employer matching contribution on the date they complete one year (at least 1,000 hours) of service.

Participant Contributions

Each year, participants may contribute an amount of annual compensation, as defined by the Plan, subject to the annual maximum currently allowed under the provisions of the Internal Revenue Code. Participants can contribute pre-tax or after-tax salary deferrals and contributions are withheld from each participant's compensation and invested in accordance with the participant's instructions. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants who are age 60 to 63 may also contribute additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Employer Contributions

The Plan provides for discretionary profit sharing and matching contributions. The Company made profit sharing contributions of \$1,104,597 and \$1,124,934 for the years ended December 31, 2025 and 2024, respectively. The Company made no discretionary matching contributions during the years ended December 31, 2025 and 2024.

Annually, the Plan can be amended to make a safe harbor non-elective employer contribution of not less than 3% of eligible participants' compensation. For the years ended December 31, 2025 and 2024, the Company contributed safe harbor-contributions of 3% of participants' compensation totaling \$395,403 and \$375,066, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their voluntary contributions, contributions representing rollovers from other qualified plans, plus earnings thereon. Participants are also always 100% vested in any Company safe-harbor matching contributions. Participants vest in the discretionary Company matching and profit sharing contributions as follows:

<u>Years of service</u>	<u>Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

For vesting purposes, one year of service is a year in which a participant has worked at least 1,000 hours during a plan year. A participant is also fully vested upon reaching normal retirement age, upon death, or upon becoming disabled.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested balance. A participant may have up to four outstanding loans at any given time. Note terms for newly disbursed loans range from one to five years or for a greater period of time at the Plan Administrator's discretion if used to purchase the primary residence of the participant. The notes are secured by the balance in the participant's account and bear interest at a rate respective to the Plan rate of return commensurate with local prevailing rates as determined on the date of advance by the Plan administrator. Interest rates range from 5.25% to 10.50% at December 31, 2025.

Payment of Benefits

On termination of service due to death, disability, retirement or any other reason, a participant is entitled to receive a distribution equal to the value of the participant's vested interest in his or her account as a lump-sum distribution or a partial withdrawal of the account balance. If a terminated participant has an account balance of less than \$5,000 and does not request the account balance be rolled into another qualifying plan, they will automatically have their account balance rolled into an Individual Retirement Account established for the benefit of the participant. Terminated participants with account balances greater than \$5,000 may elect to leave their account in the Plan or roll their account balance into another qualified plan. As of December 31, 2025 and 2024 there were benefits payable to participants that have elected to withdraw from the Plan but have not yet been paid of \$3,204 and \$2,833, respectively.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Forfeitures

When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account, as defined by the Plan, represents a forfeiture. The Company may use forfeitures to pay Plan expenses, reduce Company matching contributions, or add to the profit sharing contributions. For the year ended December 31, 2025, there was \$10,845 of forfeitures used to pay Plan expenses or reduce employer contributions. At December 31, 2025 and 2024, forfeited nonvested accounts totaled \$19,620 and \$30,465, respectively.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual method of accounting and in accordance with accounting principles generally accepted in the United States of America.

Recently Adopted Accounting Pronouncements

In 2022, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2022-03, *Fair Value Measurement* (Topic 820): Fair Value Measurement of Equity Securities Subject to Contractual Sale Restrictions.

The amendments in this ASU clarify that a contractual restriction on the sale of an equity security is not considered part of the unit of account of the equity security and, therefore, is not considered in measuring fair value. The amendments also clarify that an entity cannot, as a separate unit of account, recognize and measure a contractual sale restriction. The amendments in this ASU also require the following disclosures for equity securities subject to contractual sale restrictions: (1) The fair value of equity securities subject to contractual sale restrictions reflected in the balance sheet; (2) The nature and remaining duration of the restriction(s); and (3) The circumstances that could cause a lapse in the restriction(s). There was no financial impact to the Plan as a result of implementation.

Investment Valuation and Income Recognition

The Plan's investments, other than fully benefit-responsive guaranteed investment contracts, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contract. See Note 3 for discussion of fair value measurements and a description of the methods and significant assumptions used to determine the fair value of investments.

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

Cash and Cash Equivalents

All highly liquid investments with a maturity of three months or less are considered to be cash equivalents.

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the plan document.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has evaluated subsequent events through June 2, 2026, the date on which the financial statements were available to be issued.

NOTE 3: FAIR VALUE MEASUREMENT

FASB Accounting Standards Codification 820, Fair Value Measurement and Disclosures, established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the assets or liability;• Inputs that are derived principally from or corroborated by observable market data correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

**DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024**

NOTE 3: FAIR VALUE MEASUREMENT (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Pooled Separate Accounts: Valued at unit value per share that is based on the net asset value ("NAV") of shares held at year end after deduction of applicable investment management, fund administration, and financial accounting charges. The unit value is not a publicly-quoted price in an active market.

Common and Preferred Stocks: The fair value of common and preferred stocks is based on the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, resulting in a Level 1 valuation.

Interest-Bearing Cash: Fair value approximates book value, resulting in a Level 2 valuation.

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

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENT (CONTINUED)

The following table set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts*	\$ -	\$ -	\$ -	\$ 4,604,221
Mutual funds	19,229,238	-	-	19,229,238
Common and preferred stocks	1,144,706	-	-	1,144,706
Corporate bonds	-	1,419,264	-	1,419,264
Interest-bearing cash	-	<u>1,384,156</u>	-	<u>1,384,156</u>
	<u>\$ 20,373,944</u>	<u>\$ 2,803,420</u>	<u>\$ -</u>	<u>\$ 27,781,585</u>

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts*	\$ -	\$ -	\$ -	\$ 3,624,797
Mutual funds	17,080,470	-	-	17,080,470
Common and preferred stocks	1,111,547	-	-	1,111,547
Corporate bonds	-	1,540,656	-	1,540,656
Interest-bearing cash	-	<u>742,106</u>	-	<u>742,106</u>
	<u>\$ 18,192,017</u>	<u>\$ 2,282,762</u>	<u>\$ -</u>	<u>\$ 24,099,576</u>

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 4: INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment in a Fixed Account under the Group Annuity contract with Empower Annuity Insurance Company of America (Empower). Under the terms of the contract, the contributions are maintained in the general account of Empower. The account is credited with earnings based on the guaranteed interest rate and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value with no market value adjustments. The Fixed Account does not have a defined maturity date. The Fixed Account guarantees a minimum interest rate over the life of the contract and sets a minimum interest rate on a quarterly basis. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The value of the investment as of December 31, 2025 and 2024 is presented below:

	<u>2025</u>	<u>2024</u>
Fixed Account	\$ <u>13,450</u>	\$ <u>19,359</u>

Certain events limit the ability of the Plan to transact at contract value with the issuer. The plan administrator does not believe that the occurrence of any other such contract value events, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 5: INFORMATION CERTIFIED BY CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule were obtained from data that has been prepared and certified to as complete and accurate by Empower Trust Company, LLC as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Investments, at fair value:		
Pooled separate accounts	\$ 4,604,221	\$ 3,624,797
Investments, at contract value		
Guaranteed investment contract	\$ 13,450	\$ 19,359
Investment income	\$ 327,226	\$ 206,876
Interest from notes receivable from participants	\$ 4,664	\$ 3,737

NOTE 6: CONTRIBUTIONS RECEIVED IN ADVANCE

The Plan received certain participant contributions on December 31, 2025 related to payroll with a pay date of January 2, 2026. In accordance with accounting principles generally accepted in the United States of America, participant contributions are recognized in the period in which the related compensation is earned. Accordingly, these amounts have been recorded as a liability and are not included in participant contributions for the year ended December 31, 2025. Such amounts are recognized as contributions in the 2026 plan year.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 7: NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	<u>December 31, 2025</u>	<u>December 31, 2024</u>
Net assets available for benefits:		
Cash	\$ 47,259	\$ 132,956
Interest-bearing cash	1,384,156	742,106
Common and preferred stocks	1,144,706	1,111,547
Corporate bonds	1,419,264	1,540,656
Mutual funds	<u>19,229,238</u>	<u>17,080,470</u>
Total	<u><u>\$ 23,224,623</u></u>	<u><u>\$ 20,607,735</u></u>

Changes in net assets available for benefits for the year ended

	<u>December 31, 2025</u>
Employer profit sharing contributions	\$ 1,104,597
Employer safe harbor matching contributions	395,403
Interest and dividends	888,840
Net appreciation in fair value of investments	1,892,507
Benefits paid to participants	(1,577,610)
Interest income on notes receivable from participants	<u>110,977</u>
Total	<u><u>\$ 2,814,714</u></u>

NOTE 8: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 9: TAX STATUS

On June 30, 2020, the Internal Revenue Service issued a favorable determination letter on the documents adopted by the Plan, noting that the plan qualifies under Section 401(a) of the Internal Revenue Code (IRC). The Plan's administrator believes that the Plan's design and operations continue to comply with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 10: TRANSACTIONS WITH PARTIES-IN-INTEREST

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, a person who owns fifty percent or more of such an employer. Substantially all administrative expenses of the Plan are paid by the Plan Sponsor. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Plan holds pooled separate accounts and a guaranteed investment contract issued by affiliates of the custodian. Transactions with these investments reflect parties-in-interest transactions. Notes receivable from participants are also party-in-interest transactions.

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

NOTE 11: 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 12: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 29,015,080	\$ 25,582,302
Benefits payable	<u>-</u>	<u>(2,833)</u>
Net assets available for benefits per Form 5500	<u>\$ 29,015,080</u>	<u>\$ 25,579,469</u>

The following is a reconciliation of net change in net assets for benefits per the financial statements to the Form 5500:

	<u>2025</u>
Change in net assets available for benefits per the financial statements	\$ 3,432,778
Benefits payable	<u>2,833</u>
Net income per Form 5500	<u>\$ 3,435,611</u>

SUPPLEMENTARY INFORMATION

DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER: 94-2440675
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issues, 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
		Interest-bearing cash		
	West America	West America 6	**	\$ 571,914
	TD Ameritrade	Money market funds	**	<u>812,242</u>
		Total interest-bearing cash		<u>1,384,156</u>
		Mutual funds		
	AQR Funds	AQR Funds INTL Momentum Style	**	43,423
	Avantis	Avantis Emerging Markets	**	43,516
	Cion Ares	Cion Ares Diversified Credit F	**	195,710
	Dimensional	Dimensional Emerging Market	**	33
	Dimensional	Dimensional FD ADV EMRG MKTS C	**	48,535
	Dimensional	Dimensional FD ADV INTL HI REL	**	93,237
	Dimensional	Dimensional FD ADV INTL Value	**	102,974
	Dimensional	Dimensional FD ADV Small Cap	**	144,171
	Dimensional	Dimensional FD ADV US HI RELAT	**	225,740
	Dimensional	Dimensional FD ADV US LG CAP V	**	233,561
	Dimensional	Dimensional Trust EMERG Core E	**	30,518
	Dimensional	Dimensional Trust INTL Core EQ	**	175,649
	Dimensional	Dimensional Trust US Core EQUI	**	629,046
	Dimensional	Dimensional Trust INTL	**	98,073
	Dimensional	Dimensional Trust INTL	**	86,667
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	Dimensional	Dimensional Trust US HI PROF	**	180,985
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	IShares	IShares Trust Core US	**	1,354,073
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	Osterweis	Osterweis Strategic Income	**	672,585
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	SPDR	SPDR Series Trust Port S&P 150	**	338,879
	SPDR	SPDR Series Trust Port Bloomberg 1-3 Month	**	94,167
	Sprott Physical	Sprott Physical Gold and Silver	**	229,000
	TD Ameritrade	American Century Investments A	**	97,332
	TD Ameritrade	Digital Reality Trust	**	131,504
	TD Ameritrade	Real Estate Select SCTR	**	17,673
	Vanguard	Vanguard Balanced Index	**	6,878,103
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	Vanguard	Vanguard Short Term Bond	**	439,760
	Vanguard	Vanguard Small Cap	**	92,088

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	Vanguard	Vanguard Emerging Markets	**	119,078
	Vanguard	Vanguard Total Stock Market	**	111
	Vanguard	Vanguard Total Bond Market	**	391,307
	Vanguard	Vanguard Total Int Bond	**	178,446
	Vanguard	Vanguard Total World Bond	**	473,276
	Virtus	Virtus FD Seix Floating Rate H	**	696,250
		Total mutual funds		<u>19,229,238</u>
		Common and Preferred Stocks		
	AES Corp	AES Corp	**	21,510
	Apple Inc	Apple Inc	**	203,894
	AT&T Inc.	AT&T Inc.	**	99,360
	Carrier Global Corp.	Carrier Global Corp.	**	52,840
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	Pepsico Inc.	Pepsico Inc.	**	57,408
	Prologis Inc.	Prologis Inc.	**	159,575
	Verizon Communication	Verizon Communication	**	61,095
	Waste Management	Waste Management	**	54,928
		Total common and preferred stocks		<u>1,144,706</u>
		Corporate Bonds		
	Abbvie Inc.	Abbvie Inc. 3.2%	**	4,988
	Amer Honda Finance Corp	Amer Honda Finance Corp 1.3%	**	17,670
	Amer Honda Finance Corp	Amer Honda Finance Corp 5.85%	**	20,157
	American Express	American Express 2.55%	**	22,662
	Amgen Inc. 5.25%	Amgen Inc. 5.25%	**	20,769
	Bank of America Corporation	Bank of America Corporation 3.3%	**	31,828
	Bank of America Corporation	Bank of America Corporation 4%	**	35,045
	Bank of Montreal	Bank of Montreal 5.3%	**	40,198
	BAT Capital Corp	BAT Capital Corp 6.343%	**	20,500
	BHP Billiton	BHP Billiton 1%	**	20,569
	Blackrock Inc.	Blackrock Inc. 5.0%	**	20,641
	Boeing Co	Boeing Co 2.196%	**	23,951
	Bunge LTD Finance Corp	Bunge LTD Finance Corp 3.25	**	19,893
	Cigna Corporation	Cigna Corporation Note 3.4%	**	31,800
	Citigroup Inc.	Citigroup Inc. 4.412%	**	19,982
	Comcast Corp	Comcast Corp 4.55%	**	19,276
	Crown Castle Inc	Crown Castle Inc 2.5%	**	17,905
	CVS Health Corporation	CVS Health Corporation 3.25%	**	38,504
	CVS Health Corporation	CVS Health Corporation 5.3%	**	16,463
	Elevance Health Inc.	Elevance Health Inc. 3.65%	**	19,895
	Energy Transfer Operating	Energy Transfer Operating LP 6.55%	**	15,359
	Enterprise Product	Enterprise Product 3.125%	**	24,206
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc. 2.615%	**	32,750
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc. 3.8%	**	9,833
	Ingersoll Rand	Ingersoll Rand 5.7%	**	20,125

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	Intel Corporation	Intel Corporation 5.2%	**	30,578
	Intuit Inc.	Intuit Inc. 5.2%	**	16,711
	Invesco	PNC Final SVXS Gro Var	**	22,514
	JP Morgan Chase & Co	JP Morgan Chase & Co 3.625%	**	39,787
	Kraft Heinz Foods Company	Kraft Heinz Foods Company 3.87%	**	21,934
	Lowe's Companies Inc.	Lowe's Companies Inc. 3.1%	**	22,735
	Marriott Intern	Marriott Intern 4.625%	**	34,479
	Morgan Stanley	Morgan Stanley 5.123%	**	37,764
	MPLX LP	MPLX LP 4.125%	**	19,011
	National Rural Utilities Coope	National Rural Utilities Coope 2.4%	**	23,318
	Northern Trust	Northern Trust 6.125%	**	32,678
	Oracle Corp	Oracle Corp 2.95%	**	32,279
	Oracle Corp	Oracle Corp 4.9%	**	19,256
	Pfizer	Pfizer Invt Ent 4.75%	**	35,361
	Progressive Corp	Progressive Corp (Ohio) 3%	**	18,433
	Realty Income Corp	Realty Income Corp 4.125%	**	20,006
	Royal Bank of Canada	Royal Bank of Canada 6%	**	21,799
	Royal Bank of Canada	Royal Bank of Canada 4.65%	**	40,000
	RTX Corp	RTX Corp 4.125%	**	51,180
	RTX Corp	RTX Corp 6%	**	20,468
	T Mobile USA Inc.	T Mobile USA Inc. 3.5%	**	23,899
	The J M Smucker	The J M Smucker 5.9%	**	23,035
	The Williams Comp	The Williams Comp 2.6%	**	31,953
	Toyota Motor Credit Corp	Toyota Motor Credit Corp 3.05%	**	19,826
	Trust Final Corporation	Trust Final Corporation	**	21,689
	UnitedHealth Group	UnitedHealth Group 4.2%	**	36,495
	US Bancorp	US Bancorp Var	**	18,692
	Verizon Communications	Verizon Communications 2.55%	**	22,791
	VMWare Inc.	VMWare Inc. 2.2%	**	22,244
	Wells Fargo & Company	Wells Fargo & Company 2.879%	**	33,248
	Wells Fargo & Company	Wells Fargo & Company 4.3%	**	40,132
		Total corporate bonds		<u>1,419,264</u>
		Guaranteed Investment Contract		
*	Massachusetts Mutual Life Insurance Company	Fixed Account	**	<u>13,450</u>
		Total guaranteed investment contract		<u>13,450</u>
		Pooled Separate Accounts		
	American Funds	American Funds AMCAP Fund Class R6	**	64,453
	American Funds	American Funds EuroPacific Growth Fund Class R6	**	171,689
	Franklin Templeton	Franklin Small Cap Value R6	**	38,138
	Invesco	Invesco Small Cap Growth R6	**	6,269
*	Empower Trust Company, LLC	MFS Value R6	**	72,235
*	Empower Trust Company, LLC	MFS Mid Cap Value R6	**	22,742
*	Empower Trust Company, LLC	Empower S&P Mid Cap 400 Index	**	197,219
*	Empower Trust Company, LLC	Mass Mutual Mid Cap Growth I	**	3,254
	Invesco	Invesco International Diversified Fund Class R6	**	56,822
	Vanguard	Vanguard Total Bond Mkt Index Fd Adm Shares	**	95,707
	American Funds	American Funds Target Date 2060 R6	**	37,765

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DECEMBER 31, 2025

(a)	(b) Identity of Issues, 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
	American Funds	American Funds Target Date 2055 R6	**	11,754
	American Funds	American Funds Target Date 2050 R6	**	93,612
	American Funds	American Funds Target Date 2045 R6	**	311,056
	American Funds	American Funds Target Date 2040 R6	**	259,966
	American Funds	American Funds Target Date 2035 R6	**	979,858
	American Funds	American Funds Target Date 2030 R6	**	960,250
	American Funds	American Funds Target Date 2025 R6	**	361,789
	American Funds	American Funds Target Date 2020 R6	**	216,142
	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	491,164
	Fidelity	Fidelity Advisor Total Bond Fund Class Z	**	<u>152,337</u>
		Total pooled separate accounts		<u>4,604,221</u>
		Notes Receivable From Participants		
*	Notes Receivable from Participants	Interest rates range 5.25% - 10.50%	**	<u>1,175,990</u>
				<u>\$ 28,971,025</u>

*Party-in-interest

**Cost information is not
required

The independent auditor's report should be read in connection with this supplemental schedule.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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					
1a Name of plan DUNLOP MANUFACTURING INC 401K PROFIT SHARING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1979</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/1979	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 07/01/1979					
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) DUNLOP MANUFACTURING INC 170 INDUSTRIAL WAY BENICIA CA 94510-0000	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 94-2440675</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 707-745-2722</td> </tr> <tr> <td>2d Business code (see instructions) 339900</td> </tr> </table>	2b Employer Identification Number (EIN) 94-2440675	2c Plan Sponsor's telephone number 707-745-2722	2d Business code (see instructions) 339900	
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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		7/13/26		Sign and Date Here
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator	
SIGN HERE		7/13/26		Sign and Date Here
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	
SIGN HERE				
	Signature of DFE	Date	Enter name of individual signing as DFE	

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

3a Plan administrator's name and address ☒ 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	5 280
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) 237 6a(2) 231 6b 0 6c 40 6d 271 6e 0 6f 271 6g(1) 240 6g(2) 254 6h 9
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 Characteristic Codes in the instructions: 2A 2E 2H 2J 2K 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) - Number Attached <u>1</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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	Bank of America Corporation	Bank of America Corporation 4%	**	35,045
	Bank of Montreal	Bank of Montreal 5.3%	**	40,198
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	Boeing Co	Boeing Co 2.196%	**	23,951
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	Cigna Corporation	Cigna Corporation Note 3.4%	**	31,800
	Citigroup Inc.	Citigroup Inc. 4.412%	**	19,982
	Comcast Corp	Comcast Corp 4.55%	**	19,276
	Crown Castle Inc	Crown Castle Inc 2.5%	**	17,905
	CVS Health Corporation	CVS Health Corporation 3.25%	**	38,504
	CVS Health Corporation	CVS Health Corporation 5.3%	**	16,463
	Elevance Health Inc.	Elevance Health Inc. 3.65%	**	19,895
	Energy Transfer Operating	Energy Transfer Operating LP 6.55%	**	15,359
	Enterprise Product	Enterprise Product 3.125%	**	24,206
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc. 2.615%	**	32,750
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc. 3.8%	**	9,833
	Ingersoll Rand	Ingersoll Rand 5.7%	**	20,125

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DUNLOP MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN
EMPLOYER IDENTIFICATION NUMBER: 94-2440675
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issues, 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
	Intel Corporation	Intel Corporation 5.2%	**	30,578
	Intuit Inc.	Intuit Inc. 5.2%	**	16,711
	Invesco	PNC Final SVXS Gro Var	**	22,514
	JP Morgan Chase & Co	JP Morgan Chase & Co 3.625%	**	39,787
	Kraft Heinz Foods Company	Kraft Heinz Foods Company 3.87%	**	21,934
	Lowe's Companies Inc.	Lowe's Companies Inc. 3.1%	**	22,735
	Marriott Intern	Marriott Intern 4.625%	**	34,479
	Morgan Stanley	Morgan Stanley 5.123%	**	37,764
	MPLX LP	MPLX LP 4.125%	**	19,011
	National Rural Utilities Coope	National Rural Utilities Coope 2.4%	**	23,318
	Northern Trust	Northern Trust 6.125%	**	32,678
	Oracle Corp	Oracle Corp 2.95%	**	32,279
	Oracle Corp	Oracle Corp 4.9%	**	19,256
	Pfizer	Pfizer Invt Ent 4.75%	**	35,361
	Progressive Corp	Progressive Corp (Ohio) 3%	**	18,433
	Realty Income Corp	Realty Income Corp 4.125%	**	20,006
	Royal Bank of Canada	Royal Bank of Canada 6%	**	21,799
	Royal Bank of Canada	Royal Bank of Canada 4.65%	**	40,000
	RTX Corp	RTX Corp 4.125%	**	51,180
	RTX Corp	RTX Corp 6%	**	20,468
	T Mobile USA Inc.	T Mobile USA Inc. 3.5%	**	23,899
	The J M Smucker	The J M Smucker 5.9%	**	23,035
	The Williams Comp	The Williams Comp 2.6%	**	31,953
	Toyota Motor Credit Corp	Toyota Motor Credit Corp 3.05%	**	19,826
	Trust Final Corporation	Trust Final Corporation	**	21,689
	UnitedHealth Group	UnitedHealth Group 4.2%	**	36,495
	US Bancorp	US Bancorp Var	**	18,692
	Verizon Communications	Verizon Communications 2.55%	**	22,791
	VMWare Inc.	VMWare Inc. 2.2%	**	22,244
	Wells Fargo & Company	Wells Fargo & Company 2.879%	**	33,248
	Wells Fargo & Company	Wells Fargo & Company 4.3%	**	40,132
		Total corporate bonds		<u>1,419,264</u>
		Guaranteed Investment Contract		
*	Massachusetts Mutual Life Insurance Company	Fixed Account	**	<u>13,450</u>
		Total guaranteed investment contract		<u>13,450</u>
		Pooled Separate Accounts		
	American Funds	American Funds AMCAP Fund Class R6	**	64,453
	American Funds	American Funds EuroPacific Growth Fund Class R6	**	171,689
	Franklin Templeton	Franklin Small Cap Value R6	**	38,138
	Invesco	Invesco Small Cap Growth R6	**	6,269
*	Empower Trust Company, LLC	MFS Value R6	**	72,235
*	Empower Trust Company, LLC	MFS Mid Cap Value R6	**	22,742
*	Empower Trust Company, LLC	Empower S&P Mid Cap 400 Index	**	197,219
*	Empower Trust Company, LLC	Mass Mutual Mid Cap Growth I	**	3,254
	Invesco	Invesco International Diversified Fund Class R6	**	56,822
	Vanguard	Vanguard Total Bond Mkt Index Fd Adm Shares	**	95,707
	American Funds	American Funds Target Date 2060 R6	**	37,765

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EMPLOYER IDENTIFICATION NUMBER: 94-2440675
PLAN NUMBER: 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issues, 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
	American Funds	American Funds Target Date 2055 R6	**	11,754
	American Funds	American Funds Target Date 2050 R6	**	93,612
	American Funds	American Funds Target Date 2045 R6	**	311,056
	American Funds	American Funds Target Date 2040 R6	**	259,966
	American Funds	American Funds Target Date 2035 R6	**	979,858
	American Funds	American Funds Target Date 2030 R6	**	960,250
	American Funds	American Funds Target Date 2025 R6	**	361,789
	American Funds	American Funds Target Date 2020 R6	**	216,142
	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	491,164
	Fidelity	Fidelity Advisor Total Bond Fund Class Z	**	<u>152,337</u>
		Total pooled separate accounts		<u>4,604,221</u>
		Notes Receivable From Participants		
*	Notes Receivable from Participants	Interest rates range 5.25% - 10.50%	**	<u>1,175,990</u>
				<u>\$ 28,971,025</u>

*Party-in-interest

**Cost information is not
required

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