

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 6047(e), 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
		2010
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>06/30/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a single-employer plan; ☒ a multiple-employer plan; or ☐ 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)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>FABRIWELD CORPORATION PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>07/01/1982</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>FABRIWELD CORPORATION</u> <u>360 EASTPARK DRIVE</u> <u>NORWALK, OH 44857</u>	2b Employer Identification Number (EIN) <u>34-1148027</u> 2c Sponsor's telephone number <u>419-668-3358</u> 2d Business code (see instructions) <u>332900</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>02/03/2012</u>	<u>CHRISTOPHER PRICE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FABRIWELD CORPORATION 360 EASTPARK DRIVE NORWALK, OH 44857	3b Administrator's EIN 34-1148027 3c Administrator's telephone number 419-668-3358
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	89
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	99
b Retired or separated participants receiving benefits.....	6b	25
c Other retired or separated participants entitled to future benefits.....	6c	15
d Subtotal. Add lines 6a , 6b , and 6c	6d	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	136
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 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

b General Schedules

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011		
A Name of plan FABRIWELD CORPORATION PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FABRIWELD CORPORATION	D Employer Identification Number (EIN) 34-1148027	

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	505	598
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	57373	161638
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	99828	24777
(2) U.S. Government securities.....	1c(2)	54108	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	51469	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	725989	843472
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	834583	988259
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1823855	2018744

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1823855	2018744
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	161638	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		161638

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6	
(B) U.S. Government securities	2b(1)(B)	1025	
(C) Corporate debt instruments	2b(1)(C)	2625	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3656

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15512	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	28154	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43666

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	430894	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	376892	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		54002

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	313336	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		313336
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		576298

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	363071	
(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)		363071
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	18338	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18338
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		381409

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		194889
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) ☒ Unqualified **(2)** ☐ Qualified **(3)** ☐ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: PAYNE, NICKLES & COMPANY

(2) EIN: 34-1664586

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 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)

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

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 section 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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

A Name of plan <u>FABRIWELD CORPORATION PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FABRIWELD CORPORATION</u>	D Employer Identification Number (EIN) <u>34-1148027</u>

Part I	Distributions
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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
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): <u>34-1790974</u>	
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)
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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	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 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
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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(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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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 and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**FABRIWELD CORPORATION
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION**

JUNE 30, 2011 AND 2010



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Payne Nickles & Company

Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
of **Fabriweld Corporation**
Profit Sharing Plan
Norwalk, Ohio

We have audited the accompanying statements of net assets available for benefits of the **Fabriweld Corporation Profit Sharing Plan** as of June 30, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended June 30, 2011. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the **Fabriweld Corporation Profit Sharing Plan** as of June 30, 2011 and 2010, and the changes in its net assets available for benefits for the year ended June 30, 2011 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes at end of year referred to as "supplemental information", is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Payne, Nickles & Company

Norwalk, Ohio
January 23, 2012

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**FABRIWELD CORPORATION
PROFIT SHARING PLAN**

**Statements of Net Assets Available for Benefits
June 30**

Assets	<u>2011</u>	<u>2010</u>
Investments, at fair value:		
Mutual funds	\$ 988,259	\$ 834,583
Corporate equity securities	843,472	725,989
Corporate debt securities	-	51,469
Government securities	-	54,108
Interest bearing cash	<u>25,375</u>	<u>100,333</u>
Total investments	1,857,106	1,766,482
Employer contribution receivable	<u>161,638</u>	<u>57,373</u>
Total assets	<u>2,018,744</u>	<u>1,823,855</u>
 Net assets available for benefits	 <u><u>\$ 2,018,744</u></u>	 <u><u>\$ 1,823,855</u></u>

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



FABRIWELD CORPORATION
PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
For the year ended June 30, 2011

Additions:

Additions (deductions) to net assets attributed to:

Investment income:

Net appreciation in fair value
of investments

\$ 367,338

Dividends

43,666

Interest

3,656

414,660

Employer contributions

161,638

Total additions

576,298

Deductions:

Deductions from net assets

attributed to:

Benefits paid to participants

363,071

Administrative expenses

18,338

Total deductions

381,409

Net increase in net

assets available for benefits

194,889

Net assets available for benefits:

Beginning of year

1,823,855

End of year

\$ 2,018,744

The accompanying notes are an integral
part of this financial statement.



**FABRIWELD CORPORATION
PROFIT SHARING PLAN**

**Notes to Financial Statements
June 30, 2011 and 2010**

1. Description of the plan

The following description of the Fabriweld Corporation Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Effective July 1, 2001, the Fabriweld Corporation Retirement Plan and Trust was renamed the Fabriweld Corporation Profit Sharing Plan. At that same date the Plan was amended, restated and a non-standardized profit sharing plan was adopted to bring the Plan in compliance with GUST and Economic Growth Tax Relief and Reconciliation Act of 2001. The following companies are adopting employers of the Plan (the Companies): Fabriweld Corporation, David Price Metal Services, Inc., NLM Excavating and Contracting, Inc. and Pinnacle Powder Coatings, Inc. Effective February 17, 2009, NLM Excavating and Contracting, Inc. was purchased by David Price Metal Services, Inc. and employees of NLM Excavating and Contracting, Inc. became employees of David Price Metal Services, Inc.

The Plan is a defined contribution plan covering all employees of the Companies who are at least 18 years of age. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for annual contributions in such amounts as the Companies shall determine, but not to exceed limitations imposed by the Internal Revenue Code. All contributions to the Plan are nonparticipant-directed.

Vesting

The Plan provides for vesting with the participants at the rate of 20% after a year of service, increasing 20% per year thereafter.

Participant accounts

Each participant's account is credited with an allocation of (a) the Companies' contributions, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. 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 account.



1. Description of the plan - continued

Payment of benefits

On termination of service or upon reaching normal retirement age, a participant may elect to receive either a lump-sum amount equal to the vested balance of his or her account, or annual installments over a period of life expectancy.

Forfeitures

Forfeitures are allocated to all participants eligible to share in the allocation in the same proportion that each participant's compensation for the Plan year bears to the compensation of all participants for such year. Forfeitures of terminated participants' nonvested accounts amounted to \$ -0- for the year ended June 30, 2011.

2. Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan and the annual return/report are presented under the accrual method of accounting.

Subsequent events

Subsequent events were evaluated through January 23, 2012, which is the date the financial statements were available to be issued.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Investments

Investments are reported in the statement of net assets available for plan benefits at fair value. *FASB ASC 820, Fair Value Measurements (formerly SFAS 157)*, established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. The fair values of all investments at June 30, 2011 and 2010 were measured using Level 1 inputs.



2. Summary of significant accounting policies - continued

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

Changes in unrealized appreciation (depreciation) of investments are reflected currently in net appreciation (depreciation) in fair market value of investments in the accompanying statement of changes in net assets available for benefits. Realized gains and losses are determined based on the original cost of the assets and are also included in net appreciation (depreciation) in fair market value of investments in the accompanying statement of changes in net assets available for benefits.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Administrative expenses

Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Certain administrative expenses are paid directly by the Companies.

Payment of benefits

Benefits are recorded when paid.

Financial instruments - concentration of credit risk

The Plan places its investments in accounts which may not be insured or in amounts which may exceed the federally insured deposit limits.

3. Net assets available for benefits

Net assets available for benefits at June 30, 2011 and 2010 include \$161,932 and \$492,020, respectively, allocated to the accounts of persons who terminated employment as of or prior to that date. The amount distributable to the former participants may be less than the above amount due to the Plan's vesting schedule.



4. Tax status

The Plan adopted a non-standardized prototype profit sharing plan from its former third party administrator, CMC Pension Services, Inc. As a prototype plan, CMC Pension Services, Inc. obtained a favorable determination letter dated August 7, 2001 in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since CMC Pension Services, Inc. received the favorable determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5. Schedule of investments

The following table presents investments, all of which are non-participant-directed, which represent five percent or more of the Plan's net assets available for benefits at the beginning of their respective year-ends.

<u>Issuer</u>	<u>Description</u>	<u>No. of Units</u>	<u>Fair Value</u> <u>June 30,</u>	
			<u>2011</u>	<u>2010</u>
Charles Schwab	Midcap SPDR Fund	815	\$144,622	\$ -
Charles Schwab	Midcap SPDR Fund	1,115	-	118,181
Ishares	Barclays Bond Fund	695	-	80,154
Vanguard	GNMA Fund	8,101	-	89,115

6. Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts and each participant or beneficiary will be paid the amount of their account balance in the Plan in a lump sum.



7. Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of the classifications of investment income, expenses, gains and losses as presented in the accompanying financial statements for the year ended June 30, 2011, to Schedule H of Form 5500:

	Per Financial Statements	Reclassifi- cations to Form 5500 Presentation	Per Form 5500
Net appreciation in the fair value of investments	\$ 367,338	\$ (54,002)	\$ 313,336
Net gain on sale of assets	-	54,002	54,002
Dividends	43,666	-	43,666
Interest	3,656	-	3,656
Other income	-	-	-
	<u>\$ 414,660</u>	<u>\$ -</u>	<u>\$ 414,660</u>



SUPPLEMENTARY INFORMATION



**SCHEDULE H
FORM 5500**

FINANCIAL SCHEDULES

2010

Plan: **FABRIWELD CORPORATION PROFIT SHARING PLAN**

Plan # **001**

Sponsor: **FABRIWELD CORPORATION**

Employer ID # **34-1148027**

Schedule H, Line 4I - Schedule of Assets Held for Investment Purposes At End of Year

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	CHARLES SCHWAB	PIMCO EMERGING LOCAL BOND FUND 1,589 SHARES	16,297	17,508
	CHARLES SCHWAB	SSGA HIGH YIELD BOND FUND 3,987 SHARES	31,835	33,288
	CHARLES SCHWAB	VANGUARD GNMA FUND INVESTOR SHARE 8,101 SHARES	85,000	88,467
	CHARLES SCHWAB	VANGUARD INT - TERM INVESTMENT GRADE FUND 6,703 SHARES	65,700	66,559
	CHARLES SCHWAB	DRIEHAUS EMERGING MARKETS 1,288 SHARES	35,831	42,058
	CHARLES SCHWAB	ISHARES MSCI CANADA INDEX FUND 955 SHARES	24,467	30,245
	CHARLES SCHWAB	ISHARES MSCI EMU INDEX FUND 670 SHARES	26,992	26,016
	CHARLES SCHWAB	ISHARES MSCI GERMANY INDEX FUND 750 SHARES	19,486	20,168
	CHARLES SCHWAB	ISHARES MSCI PACIFIC EX JAPAN INDEX FUND 830 SHARES	25,825	39,516
	CHARLES SCHWAB	ISHARES MSCI UNITED KINGDOM 2,135 SHARES	32,375	38,024
	CHARLES SCHWAB	ISHARES S&P MIDCAP 400 FUND 675 UNITS	51,366	74,891
	CHARLES SCHWAB	ISHARES TR BARCLAYS 3-7 FUND 695 SHARES	75,790	81,385
	CHARLES SCHWAB	ISHARES COHEN & STEER FUND 540 SHARES	45,011	39,155
	CHARLES SCHWAB	ISHARES RUSSELL 2000 VALUE INDEX FUND 840 SHARES	59,366	61,664
	CHARLES SCHWAB	ISHARES TR S&P SMALCAP 600 INDEX FUND 885 SHARES	53,565	64,888
	CHARLES SCHWAB	POWERSHARES DB COMMODITY INDEX 1,655 SHARES	40,183	47,929
	CHARLES SCHWAB	SPDR S&P MIDCAP 400 ETF 815 SHARES	114,816	144,622
	CHARLES SCHWAB	VANGUARD FTSE ETF 295 SHARES	28,816	30,305
	CHARLES SCHWAB	VANGUARD EMERGING MARKETS ETF 855 SHARES	19,804	41,571
	CHARLES SCHWAB	AT&T INC. NEW 715 SHARES	25,280	22,458
	CHARLES SCHWAB	ABBOTT LABORATORIES 440 SHARES	18,641	23,153
	CHARLES SCHWAB	AIR PRODUCTS & CHEMICALS INC. 315 SHARES	15,387	30,108
	CHARLES SCHWAB	AMERICAN EXPRESS COMPANY 415 SHARES	15,237	21,456
	CHARLES SCHWAB	APACHE CORPORATION 215 SHARES	8,039	26,529
	CHARLES SCHWAB	APPLE INC. 45 SHARES	15,446	15,105



**SCHEDULE H
FORM 5500**

FINANCIAL SCHEDULES

2010

Plan. **FABRIWELD CORPORATION PROFIT SHARING PLAN**

Plan # **001**

Sponsor: **FABRIWELD CORPORATION**

Employer ID # **34-1148027**

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes At End of Year

(a)	(b) identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	CHARLES SCHWAB	AUTOMATIC DATA PROCESSING INC. 500 SHARES	17,924	26,340
	CHARLES SCHWAB	BANK OF NEW YORK MELLON CORPORATION 700 SHARES	25,920	17,934
	CHARLES SCHWAB	BAXTER INTERNATIONAL INC. 260 SHARES	7,791	15,519
	CHARLES SCHWAB	CARDINAL HEALTH INCORPORATED 350 SHARES	12,721	15,896
	CHARLES SCHWAB	CISCO SYSTEMS INCORPORATED 750 SHARES	13,807	11,707
	CHARLES SCHWAB	CLOROX CO 240 SHARES	15,385	16,185
	CHARLES SCHWAB	COCA-COLA COMPANY 450 SHARES	18,656	30,280
	CHARLES SCHWAB	CORNING INCORPORATED 1,225 SHARES	24,650	22,233
	CHARLES SCHWAB	DANAHER CORPORATION 415 SHARES	13,423	21,991
	CHARLES SCHWAB	DEERE & CO 220 SHARES	10,639	18,139
	CHARLES SCHWAB	EQUIFAX INC. 715 SHARES	24,955	24,825
	CHARLES SCHWAB	EMC CORPORATION 1,115 SHARES	16,372	30,718
	CHARLES SCHWAB	EXPRESS SCRIPTS INCORPORATED 500 SHARES	9,709	26,990
	CHARLES SCHWAB	EXXON MOBILE CORPORATION 340 SHARES	21,341	27,669
	CHARLES SCHWAB	FRANKLIN RESOURCES INC. 160 SHARES	18,798	21,006
	CHARLES SCHWAB	GAMESTOP CORPORATION 450 SHARES	12,763	12,002
	CHARLES SCHWAB	GOOGLE INC. 37 SHARES	14,568	18,736
	CHARLES SCHWAB	HOME DEPOT INC. 225 SHARES	7,928	8,150
	CHARLES SCHWAB	INTERNATIONAL BUSINESS MACHINES 160 SHARES	13,321	27,448
	CHARLES SCHWAB	KIMBERLY-CLARK CORP 250 SHARES	15,522	16,540
	CHARLES SCHWAB	MCDONALDS CORPORATION 265 SHARES	13,880	22,345
	CHARLES SCHWAB	MICROSOFT CORPORATION 600 SHARES	16,504	15,600
	CHARLES SCHWAB	NIKE INCORPORATED 175 SHARES	10,938	15,747
	CHARLES SCHWAB	NORFOLK SOUTHERN CORP 285 SHARES	17,643	21,355
	CHARLES SCHWAB	OMNICOM GROUP INCORPORATED 400 SHARES	16,073	19,264



**SCHEDULE H
FORM 5500**

FINANCIAL SCHEDULES

2010

Plan: **FABRIWELD CORPORATION PROFIT SHARING PLAN**

Plan # **001**

Sponsor: **FABRIWELD CORPORATION**

Employer ID # **34-1148027**

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes At End of Year

(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
	CHARLES SCHWAB	PEABODY ENERGY CORPORATION 525 SHARES	17,547	30,928
	CHARLES SCHWAB	PROCTER & GAMBLE COMPANY 340 SHARES	18,372	21,614
	CHARLES SCHWAB	SCHLUMBERGER LIMITED 275 SHARES	13,419	23,760
	CHARLES SCHWAB	SHERWIN WILLIAMS COMPANY 250 SHARES	13,282	20,968
	CHARLES SCHWAB	SNAP ON INC. 140 SHARES	7,454	8,747
	CHARLES SCHWAB	STRYKER CORPORATION 275 SHARES	17,560	16,140
	CHARLES SCHWAB	SYSCO CORPORATION 565 SHARES	18,410	17,617
	CHARLES SCHWAB	UNITED PARCEL SERVICE 275 SHARES	19,120	20,056
	CHARLES SCHWAB	WELLS FARGO & COMPANY 500 SHARES	4,338	14,030
	CHARLES SCHWAB	3M COMPANY 275 SHARES	20,377	26,084

