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), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1982

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

FABRIWELD CORPORATION

360 EAST PARK DRIVE
NORWALK, OH 44857

2b Employer Identification Number (EIN)
34-1148027

2c Sponsor's telephone number
419-668-3358

2d Business code (see instructions)
332900

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.	04/12/2013	CHRISTOPHER PRICE
	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 (if same as plan sponsor, enter "Same")
FABRIWELD CORPORATION

360 EAST PARK DRIVE
NORWALK, OH 44857

3b Administrator's EIN
34-1148027

3c Administrator's telephone number
419-668-3358

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

5	Total number of participants at the beginning of the plan year	**5**	136
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**	112
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	15
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	127
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	127
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	120
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:
2E 2F 2H 2J 2K 2S 2T 3D 3H

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FABRIWELD CORPORATION

D Employer Identification Number (EIN)
34-1148027

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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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)

MIDWEST INVESTMENT MANAGEMENT

1301 E 9TH STREET, SUITE 1110
CLEVELAND, OH 44114

34-1909402

(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 51	INVESTMENT ADVISOR	12150	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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 [ ]

(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 [ ]

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)

(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 ☐

(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 ☐

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
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	598	2885
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	161638	195554
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24777	30512
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	843472	942930
(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)	988259	794072
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2018744	1965953
Liabilities			
g Benefit claims payable	1g		216
h Operating payables	1h		1196
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		1412
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2018744	1964541

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)	195554	
(B) Participants	2a(1)(B)	68018	
(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)		263572
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	24060	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	22548	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		46608
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1255374	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1333625	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-78251

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	57261	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		57261
(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)		69
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		289271
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	324139	
(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)		324139
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)	2473	
(3) Investment advisory and management fees	2i(3)	16862	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19335
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		343474
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-54203
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] 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.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		210000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? 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)

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FABRIWELD CORPORATION

D Employer Identification Number (EIN)
34-1148027

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**

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): 34-1790974 42-1558009

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2012 AND 2011

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Payne Nickles & Company
Certified Public Accountants and Business Advisors

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
of **Fabriweld Corporation**
401(k) Profit Sharing Plan
Norwalk, Ohio

We have audited the accompanying statements of net assets available for benefits of the **Fabriweld Corporation 401(k) Profit Sharing Plan** as of June 30, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended June 30, 2012. 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 401(k) Profit Sharing Plan** as of June 30, 2012 and 2011, and the changes in its net assets available for benefits for the year ended June 30, 2012 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 as a whole. The supplemental schedules of assets held for investment purposes at end of year and reportable transactions referred to as "supplemental information", are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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. Such information is the responsibility of the Plan's 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the

257 Benedict Ave., Building D
Norwalk, Ohio 44857
(419) 668-2552
(800) 860-0152
Fax: (419) 663-3637

John D. Payne ◆ Allen R. Nickles ◆ Carl E. McGookey
Dennis C. Camp ◆ David W. Brink ◆ Kevin D. Kieffer

Email: cpas@pncpa.biz
Website: www.pncpa.biz

422 West Market St.
Sandusky, Ohio 44870
(419) 625-4942
(866) 293-2727
Fax: (419) 625-7120

Members: American Institute of Certified Public Accountants and Ohio Society of Certified Public Accountants

financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Payne, Nichlas & Company

Norwalk, Ohio
April 10, 2013

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
June 30

Assets	2012	2011
Investments, at fair value:		
Participant-directed investments:		
Mutual funds	$ 53,711	$ -
Nonparticipant-directed investments:		
Mutual funds	740,361	988,259
Corporate equity securities	942,930	843,472
Interest bearing cash	20,577	25,375
	1,703,868	1,857,106
Total investments	1,757,579	1,857,106
Receivables:		
Employer contribution receivable	195,554	161,638
Employee contribution receivable	12,820	-
Total receivables	208,374	161,638
Total assets	1,965,953	2,018,744
Liabilities		
Accounts payable	1,096	-
Total liabilites	1,096	-
Net assets available for benefits	$ 1,964,857	$ 2,018,744

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

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
For the year ended June 30, 2012

Additions:	
Additions (deductions) to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (20,921)
Dividends	46,608
Interest	12
	25,699
Employer contributions	195,554
Employee contributions	68,018
	263,572
Total additions	289,271
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	323,923
Administrative expenses	19,235
Total deductions	343,158
Net decrease in net assets available for benefits	(53,887)
Net assets available for benefits:	
Beginning of year	2,018,744
End of year	$ 1,964,857

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

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Notes to Financial Statements
June 30, 2012 and 2011

1. Description of the plan

The following description of the Fabriweld Corporation 401(k) 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 January 1, 2012, the Fabriweld Profit Sharing Plan was renamed the Fabriweld Corporation 401(k) Profit Sharing Plan. At that same date the Plan was amended, restated and a volume submitter 401(k) profit sharing plan was adopted to allow participants to make deferred salary contributions to the Plan. The following companies are adopting employers of the Plan (the Companies): Fabriweld Corporation, David Price Metal Services, Inc., and Pinnacle Powder Coatings, 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 Company contributions in such amounts as the Companies shall determine, but not to exceed limitations imposed by the Internal Revenue Code as of the beginning of the Plan year.

Beginning January 1, 2012, participants may elect to make deferred salary contributions to the Plan in amounts up to the maximum percentage allowed by the Internal Revenue Code of their total pretax compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

Vesting

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

1. Description of the plan - continued

Participant accounts

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

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 partial withdrawals.

Forfeitures

Forfeitures are allocated to administrative expenses of the Plan and then to reduce employer contributions to the Plan. Forfeitures of terminated participants' nonvested accounts amounted to $19,817 for the year ended June 30, 2012.

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 April 10, 2013, 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*, 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

2. Summary of significant accounting policies - continued

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, 2012 and 2011 were measured using Level 1 inputs.

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, 2012 and 2011 include $105,053 and $161,932, 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

Prior to January 1, 2012, the Plan had 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.

Effective January 1, 2012, the Plan adopted a volume submitter 401(k) plan from its third party administrator, Noble Davis Consulting, Inc. (NDC). As a volume submitter, NDC has obtained an advisory letter dated March 31, 2008 in which the Internal Revenue Service stated that the plan, as then designed, was acceptable under the applicable requirements of the Internal Revenue Code.

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.

Issuer	Description	No. of Units	Fair Value June 30, 2012	Fair Value June 30, 2011
Charles Schwab	Midcap SPDR Fund	815	$ -	$144,622
Charles Schwab	FPA New Income	9,462	101,056	-

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. Nonparticipant-directed investments

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

	Year ended June 30, 2012
Changes in net assets:	
Contributions	$ 195,554
Dividends and interest	46,620
Net depreciation	(20,921)
Administrative fees	(18,441)
Benefits paid to participants	(323,230)
	$ (120,418)

8. 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, 2012, to Schedule H of Form 5500:

	Per Financial Statements	Reclassifications to Form 5500 Presentation	Per Form 5500
Net depreciation in the fair value of investments	$ (20,921)	$ 78,251	$ 57,330
Net loss on sale of assets	-	(78,251)	(78,251)
Dividends	46,608	-	46,608
Interest	12	-	12
	$ 25,699	$ -	$ 25,699

The following is a reconciliation of the classification of total assets, liabilities and net asset as presented in the accompanying financial statements as of June 30, 2012, to schedule H of Form 5500:

8. **Reconciliation of financial statements to Schedule H of Form 5500 - continued**

	Per Financial Statements	Reclassifications to Form 5500 Presentation	Per Form 5500
Assets, liabilities and net assets			
Noninterest-bearing cash	$ -	$ 2,885	$ 2,885
Interest-bearing cash	20,577	9,935	30,512
Participant contributions receivable	12,820	(12,820)	-
Benefit claims payable	-	216	216
Operating payables	1,096	100	1,196
Net assets	1,964,857	(316)	1,964,541

SUPPLEMENTARY INFORMATION

Plan: **Fabriweld Corporation 401(k) Profit Sharing Plan** 001
Sponsor: **Fabriweld Corporation** 34-1148027

Schedule H, line 4i—Schedule of Assets (Held At End of Year).

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Charles Schwab & Co.	3 M (MINNESOTA MNG & MFG CO COM 275SHS	20,377	24,640
	Charles Schwab & Co.	ABBOTT LABS COM 220SHS	9,321	14,183
	Charles Schwab & Co.	AIR PRODS & CHEMS INC COM 315SHS	15,387	25,430
	Charles Schwab & Co.	AMERICAN EXPRESS CO COM 415SHS	15,237	24,157
	Charles Schwab & Co.	APACHE CORP COM 215SHS	8,039	18,896
	Charles Schwab & Co.	APPLE INC COM 25SHS	14,276	14,600
	Charles Schwab & Co.	AUTOMATIC DATA PROCESS COM 500SHS	17,924	27,830
	Charles Schwab & Co.	BANK OF NEW YORK MELLON CORP 950SHS	32,093	20,853
	Charles Schwab & Co.	BECTON DICKINSON & CO COM 300SHS	21,637	22,425
	Charles Schwab & Co.	CA, INC. 525SHS	14,244	14,222
	Charles Schwab & Co.	CATERPILLAR INC DEL COM 325SHS	30,724	27,596
	Charles Schwab & Co.	CISCO SYS INC COM 1550SHS	26,886	26,614
	Charles Schwab & Co.	CVS/CAREMARK CORP 700SHS	22,149	32,711
	Charles Schwab & Co.	EATON CORP COM 400SHS	15,783	15,852
	Charles Schwab & Co.	EATON CORP COM 200SHS	7,907	7,926
	Charles Schwab & Co.	EATON CORP COM 50SHS	2,206	1,982
	Charles Schwab & Co.	EXXON MOBIL CORP COM 340SHS	21,341	29,094
	Charles Schwab & Co.	GENERAL ELEC CO COM 1650SHS	28,818	34,386
	Charles Schwab & Co.	INTEL CORP COM 875SHS	17,884	23,319
	Charles Schwab & Co.	INTERNATIONAL BUS MACH COM 160SHS	13,321	31,293
	Charles Schwab & Co.	XYLEM INC COM 600SHS	15,750	15,102
	Charles Schwab & Co.	XYLEM INC COM 450SHS	10,809	11,327
	Charles Schwab & Co.	J P MORGAN CHASE & CO. 800SHS	28,292	28,584
	Charles Schwab & Co.	JOHNSON CTLS INC COM 965SHS	30,222	26,740
	Charles Schwab & Co.	LOWES COS INC COM 1150SHS	23,523	32,706
	Charles Schwab & Co.	MEDTRONIC INC COM 400SHS	14,009	15,492
	Charles Schwab & Co.	MICROSOFT INC COM 1000SHS	27,309	30,590
	Charles Schwab & Co.	NORFOLK SOUTHERN CORP COM 425SHS	27,548	30,502
	Charles Schwab & Co.	NUCOR CORP COM 775SHS	28,985	29,373
	Charles Schwab & Co.	PEPSICO INC COM 300SHS	18,194	21,198
	Charles Schwab & Co.	PRICE T ROWE GROUP INC COM 500SHS	26,807	31,480
	Charles Schwab & Co.	PROCTER & GAMBLE CO COM 500SHS	27,674	30,625
	Charles Schwab & Co.	SCHLUMBERGER LTD COM 425SHS	23,524	27,587
	Charles Schwab & Co.	STRYKER CORP COM 275SHS	17,560	15,153
	Charles Schwab & Co.	TARGET CORP COM 575SHS	28,666	33,459
	Charles Schwab & Co.	TEXAS INSTRS INC COM 650SHS	17,571	18,649
	Charles Schwab & Co.	U S BANKCORP DEL 825SHS	19,106	26,532
	Charles Schwab & Co.	UNITED PARCEL SERVICE CL B 275SHS	19,120	21,659
	Charles Schwab & Co.	VISA INC COM CL A 200SHS	15,556	24,726
	Charles Schwab & Co.	WELLS FARGO & CO NEW COM 1000SHS	17,785	33,440
	Charles Schwab & Co.	S&P 400 MIDCAP GROWTH ISHARES ETF 270SHS	20,546	28,582
	Charles Schwab & Co.	VANGUARD INTL EQ EMERGING MARKET ETF 855SH	19,804	34,140
	Charles Schwab & Co.	VANUGUARD SPECIALIZED DIV APP ETF 950SHS	50,905	53,856
	Charles Schwab & Co.	FPA NEW INCOME INC COM 9462.131SHS	101,703	101,056
	Charles Schwab & Co.	JP MORGAN CORE BOND FUND SELECT 7400.577SH	87,508	88,733
	Charles Schwab & Co.	PIMCO FDS PAC INVT MGM TOTAL RETURN D 3345.5	36,018	37,804

Plan: Fabriweld Corporation 401(k) Profit Sharing Plan 001
Sponsor: Fabriweld Corporation 34-1148027

Schedule H, line 4i—Schedule of Assets (Held At End of Year).

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Charles Schwab & Co.	TEMPLETON GLOBAL BOND ADV 1751.292SHS	23,834	22,434
	Charles Schwab & Co.	VANGUARD FXD INC SECS GNMA INV 8101.329SHS	85,000	89,520
	Charles Schwab & Co.	ARTISAN FDS INC INTL FD 2779.487SHS	58,181	60,843
	Charles Schwab & Co.	ARTISAN MID CAP 753.693SHS	25,000	27,698
	Charles Schwab & Co.	Am Fds CAPITAL WORLD GRW&INCM CL F 1787.347S	58,496	60,412
	Charles Schwab & Co.	DRIEHAUS MUT FDS EMERG MKT GRW 1288.159SHS	35,831	34,548
	Charles Schwab & Co.	GOLDMAN SACHS TR GRW OPPT A 1244.4SHS	25,000	28,696
	Charles Schwab & Co.	JANUS PERKINS MID CAP VALUE INV 1717.989SHS	37,087	36,009
	Charles Schwab & Co.	ROYCE FD TOTAL RETURN 2768.024SHS	35,220	36,344
	Charles Schwab & Co.	SCHWAB INVESTOR MONEY FD 18553SHS	18,533	18,533
	Charles Schwab & Co.	AMERICAN CENTURY GINNIE MAE INV 289.306SHS	3,251	3,249
	Charles Schwab & Co.	JPMORGAN CORE BOND A 272.514SHS	3,251	3,270
	Charles Schwab & Co.	PIMCO LOW DURATION FUND CL D 564.142SHS	5,883	5,912
	Charles Schwab & Co.	PIMCO TOTAL RETURN FUND CL D 153.441SHS	1,712	1,734
	Charles Schwab & Co.	TEMPLETON GLOBAL BOND FUND CL A 98.86SHS	1,276	1,270
	Charles Schwab & Co.	AMERICAN FD AMCAP FUND R5 505.501SHS	10,416	10,307
	Charles Schwab & Co.	AMERICAN FD BALANCED FD CL R5 1.137SHS	22	22
	Charles Schwab & Co.	AMERICAN FD CAP WORLD GWTH & INCM R5 81.603S	2,788	2,764
	Charles Schwab & Co.	AMERICAN FD WA MUTUAL INV FD CL R5 193.979SH	5,757	5,835
	Charles Schwab & Co.	ARTISAN INTL FUND 130.298SHS	2,851	2,852
	Charles Schwab & Co.	ARTISAN MID CAP FUND 39.964SHS	1,517	1,469
	Charles Schwab & Co.	GOLDMAN SACHS GROWTH OPPTY A 63.634SHS	1,472	1,467
	Charles Schwab & Co.	MANNING & NAPIER PRO BLEND CONSERV T 46.529S	607	616
	Charles Schwab & Co.	OAKMARK FUND 118.421SHS	5,427	5,454
	Charles Schwab & Co.	PERKINS MID CAP VALUE FD CL T 60.334SHS	1,286	1,265
	Charles Schwab & Co.	ROYCE TOTAL RETURN FUND SERVICE CL 98.141SH	1,308	1,293
	Charles Schwab & Co.	WELLS FARGO ADVTG GWTH FD INV 121.615SHS	4,697	4,618
	Charles Schwab & Co.	SCHWAB INVESTOR MONEY FD 11976.05SHS	11,976	11,976

Plan:	Fabriweld Corporation 401(k) Profit Sharing Plan	001
Sponsor:	Fabriweld Corporation	34-1148027

Schedule H, line 4j – Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (includeinterest rate and maturity in case of a loan)	(c)Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or(loss)
Charles Schwab & Co.	S&P 400 MIDCAP SPDR ETF	114,816	132,091			114,816	132,091	17,275
Charles Schwab & Co.	FPA NEW INCOME INC COM	101,703				101,703	101,056	(648)

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), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1982

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

FABRIWELD CORPORATION

360 EAST PARK DRIVE
NORWALK OH 44857

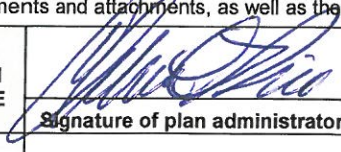
2b Employer Identification Number (EIN) 34-1148027

2c Sponsor's telephone number 419-668-3358

2d Business code (see instructions) 332900

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		4/12/13	CHRISTOPHER PRICE
	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 (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN **3c** Administrator's telephone number
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

5 Total number of participants at the beginning of the plan year	**5**	136
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**	112
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	15
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	127
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	120
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:
2E 2F 2H 2J 2K 2S 2T 3D 3H

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

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)

Plan:	**Fabriweld Corporation 401(k) Profit Sharing Plan**	**001**
Sponsor:	**Fabriweld Corporation**	**34-1148027**

Schedule H, line 4j – Schedule of Reportable Transactions

(a) Identity of party involved	**(b)** Description of asset (includeinterest rate and maturity in case of a loan)	**(c)**Purchase price	**(d)** Selling price	**(e)** Lease rental	**(f)** Expense incurred with transaction	**(g)** Cost of asset	**(h)** Current value of asset on transaction date	**(i)** Net gain or(loss)
Charles Schwab & Co.	S&P 400 MIDCAP SPDR ETF	114,816	132,091			114,816	132,091	17,275
Charles Schwab & Co.	FPA NEW INCOME INC COM	101,703				101,703	101,056	(648)

SCHEDULE H
FORM 5500 **FINANCIAL SCHEDULES** **2011**

Plan:	**Fabriweld Corporation 401(k) Profit Sharing Plan**	**001**
Sponsor:	**Fabriweld Corporation**	**34-1148027**

Schedule H, line 4i—Schedule of Assets (Held At End of Year).

(a)	**(b)** Identity of issue, borrower, lessor, or similar party	**(c)** Description of investment including maturity date, rate of interest, collateral, par, or maturity value	**(d)** Cost	**(e)** Current value
	Charles Schwab & Co.	3 M (MINNESOTA MNG & MFG CO COM 275SHS	20,377	24,640
	Charles Schwab & Co.	ABBOTT LABS COM 220SHS	9,321	14,183
	Charles Schwab & Co.	AIR PRODS & CHEMS INC COM 315SHS	15,387	25,430
	Charles Schwab & Co.	AMERICAN EXPRESS CO COM 415SHS	15,237	24,157
	Charles Schwab & Co.	APACHE CORP COM 215SHS	8,039	18,896
	Charles Schwab & Co.	APPLE INC COM 25SHS	14,276	14,600
	Charles Schwab & Co.	AUTOMATIC DATA PROCESS COM 500SHS	17,924	27,830
	Charles Schwab & Co.	BANK OF NEW YORK MELLON CORP 950SHS	32,093	20,853
	Charles Schwab & Co.	BECTON DICKINSON & CO COM 300SHS	21,637	22,425
	Charles Schwab & Co.	CA, INC. 525SHS	14,244	14,222
	Charles Schwab & Co.	CATERPILLAR INC DEL COM 325SHS	30,724	27,596
	Charles Schwab & Co.	CISCO SYS INC COM 1550SHS	26,886	26,614
	Charles Schwab & Co.	CVS/CAREMARK CORP 700SHS	22,149	32,711
	Charles Schwab & Co.	EATON CORP COM 400SHS	15,783	15,852
	Charles Schwab & Co.	EATON CORP COM 200SHS	7,907	7,926
	Charles Schwab & Co.	EATON CORP COM 50SHS	2,206	1,982
	Charles Schwab & Co.	EXXON MOBIL CORP COM 340SHS	21,341	29,094
	Charles Schwab & Co.	GENERAL ELEC CO COM 1650SHS	28,818	34,386
	Charles Schwab & Co.	INTEL CORP COM 875SHS	17,884	23,319
	Charles Schwab & Co.	INTERNATIONAL BUS MACH COM 160SHS	13,321	31,293
	Charles Schwab & Co.	XYLEM INC COM 600SHS	15,750	15,102
	Charles Schwab & Co.	XYLEM INC COM 450SHS	10,809	11,327
	Charles Schwab & Co.	J P MORGAN CHASE & CO. 800SHS	28,292	28,584
	Charles Schwab & Co.	JOHNSON CTLS INC COM 965SHS	30,222	26,740
	Charles Schwab & Co.	LOWES COS INC COM 1150SHS	23,523	32,706
	Charles Schwab & Co.	MEDTRONIC INC COM 400SHS	14,009	15,492
	Charles Schwab & Co.	MICROSOFT INC COM 1000SHS	27,309	30,590
	Charles Schwab & Co.	NORFOLK SOUTHERN CORP COM 425SHS	27,548	30,502
	Charles Schwab & Co.	NUCOR CORP COM 775SHS	28,985	29,373
	Charles Schwab & Co.	PEPSICO INC COM 300SHS	18,194	21,198
	Charles Schwab & Co.	PRICE T ROWE GROUP INC COM 500SHS	26,807	31,480
	Charles Schwab & Co.	PROCTER & GAMBLE CO COM 500SHS	27,674	30,625
	Charles Schwab & Co.	SCHLUMBERGER LTD COM 425SHS	23,524	27,587
	Charles Schwab & Co.	STRYKER CORP COM 275SHS	17,560	15,153
	Charles Schwab & Co.	TARGET CORP COM 575SHS	28,666	33,459
	Charles Schwab & Co.	TEXAS INSTRS INC COM 650SHS	17,571	18,649
	Charles Schwab & Co.	U S BANKCORP DEL 825SHS	19,106	26,532
	Charles Schwab & Co.	UNITED PARCEL SERVICE CL B 275SHS	19,120	21,659
	Charles Schwab & Co.	VISA INC COM CL A 200SHS	15,556	24,726
	Charles Schwab & Co.	WELLS FARGO & CO NEW COM 1000SHS	17,785	33,440
	Charles Schwab & Co.	S&P 400 MIDCAP GROWTH ISHARES ETF 270SHS	20,546	28,582
	Charles Schwab & Co.	VANGUARD INTL EQ EMERGING MARKET ETF 855SH	19,804	34,140
	Charles Schwab & Co.	VANUGUARD SPECIALIZED DIV APP ETF 950SHS	50,905	53,856
	Charles Schwab & Co.	FPA NEW INCOME INC COM 9462.131SHS	101,703	101,056
	Charles Schwab & Co.	JP MORGAN CORE BOND FUND SELECT 7400.577SH	87,508	88,733
	Charles Schwab & Co.	PIMCO FDS PAC INVT MGM TOTAL RETURN D 3345.5	36,018	37,804

Plan: **Fabriweld Corporation 401(k) Profit Sharing Plan** **001**
Sponsor: **Fabriweld Corporation** **34-1148027**

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