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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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; include room or suite number (employer, if for a single-employer plan)
FABRIWELD CORPORATION

360 EAST PARK DRIVE
NORWALK, OH 44857

2b Employer Identification Number (EIN)
34-1148027

2c Plan 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.		
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b**	EIN
a	Sponsor's name	**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 unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	115
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	126
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	139
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	140
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	133
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 Characteristics 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 Characteristics 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) [X]	Trust	**(3)** [X]	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) [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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	20023	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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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	7062	225
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	258001	212072
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	330	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28770	160645
(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)	1325690	1376704
(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)	1381432	1604992
(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	3001285	3354638
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	770	1581
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	770	1581
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3000515	3353057

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)	212072	
(B) Participants	2a(1)(B)	166130	
(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)		378202
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	26714	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	49617	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		76331
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	438810	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	432941	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		5869
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-43787	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-43787

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		14347
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		430962
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	54005	
(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)		54005
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)	4242	
(3) Investment advisory and management fees	2i(3)	20023	
(4) Other	2i(4)	150	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		24415
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		78420
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		352542
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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	

			Yes	No	Amount
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		336000
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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): 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 lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2015 AND 2014

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTARY INFORMATION	
IRS/DOL Required Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)	11
Schedule H, Line 4i - Schedule of Assets (Acquired & Disposed of within Year)	13

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **Fabriweld Corporation 401(k) Profit Sharing Plan**, which comprise the statement of net asset available for benefits as of June 30, 2015, and the related statement of changes in net assets available for benefits for the then year ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2015 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements.

Basis for Disclaimer of Opinion on the 2015 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab Bank, the custodian of the Plan, except for comparing the information with the related information included in the 2015 financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended June 30, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion on the 2015 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2015 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2015 financial statements. Accordingly, we do not express an opinion on the 2015 financial statements.

Other Matters – Report on Supplemental Schedules and Report on 2014 Financial Statements

The supplemental schedules as listed in the table of contents as of and for the year ended June 30, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2015 Financial Statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

Carl E. McGookey ◆ Dennis C. Camp
David W. Brink ◆ Kevin D. Kieffer ◆ Michael K. Miller, Jr.
John D. Payne ◆ Allen R. Nickles
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

We have audited the accompanying statement of net assets available for benefits of **Fabriweld Corporation 401(k) Profit Sharing Plan** as of June 30, 2014, and in our report dated April 9, 2015, we expressed our opinion that such financial statement presents fairly, in all material respects, the net assets available for benefits of **Fabriweld Corporation 401(k) Profit Sharing Plan** as of June 30, 2014, and changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2015 Financial Statements

The form and content of the information included in the 2015 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Payne, Nickles & Company

Norwalk, Ohio
April 8, 2016

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
June 30

Assets	2015	2014
Investments, at fair value:		
Participant-directed investments:		
Mutual funds	$ **514,204**	$ 363,999
Interest bearing cash	**22,842**	733
Non-interest bearing cash	**-**	7,062
	537,046	371,794
Nonparticipant-directed investments:		
Mutual funds	**1,090,788**	1,017,433
Corporate equity securities	**1,376,704**	1,325,690
Interest bearing cash	**137,803**	28,037
Non-interest bearing cash	**225**	-
	2,605,520	2,371,160
Total investments	**3,142,566**	2,742,954
Receivables:		
Employer contribution receivable	**212,072**	258,001
Other employer contribution receivable	**-**	330
Total receivables	**212,072**	258,331
Total assets	**3,354,638**	3,001,285
Liabilities		
Accounts payable	**1,581**	770
Excess contribution payable	**14,278**	-
Total liabilites	**15,859**	770
Net assets available for benefits	$ **3,338,779**	$ 3,000,515

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, 2015

Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$	(23,571)
Dividends		76,331
		52,760
Employer contributions		212,072
Employee contributions		151,852
		363,924
Total additions		416,684
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants		54,005
Administrative expenses		24,415
Total deductions		78,420
Net increase in net assets available for benefits		338,264
Net assets available for benefits:		
Beginning of year		3,000,515
End of year	$	3,338,779

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

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Notes to Financial Statements
June 30, 2015 and 2014

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

Participants are vested immediately in their contributions plus actual earnings thereon. The Plan provides for vesting in the Company contributions 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 (losses), 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 $14,929 for the year ended June 30, 2015.

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.

Date of management's review

Subsequent events were evaluated through April 8, 2016, 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. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. *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 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. 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, 2015 and 2014 were measured using Level 1 inputs.

Changes in unrealized appreciation (depreciation) of investments are reflected currently in net appreciation (depreciation) in fair 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 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.

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability, with a corresponding reduction to contributions. The Plan distributed the $14,278 excess contributions prior to September 15, 2015.

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. Information certified by Charles Schwab Bank

During July 2014, the Plan sponsor entered into an agreement with Charles Schwab Bank which established Charles Schwab Bank as the custodian of the participant-directed investments portion of the Plan. Effective September 4, 2014, the Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, as permitted under this election, no audit procedures were performed on the 2015 participant-directed portion (see the Statement of Net Assets Available for Benefits and Note 8) of the financial statements and accompanying supplementary information (other than with respect to contributions and benefits paid to participants) after September 4, 2014, except for comparing such information to the information certified by the custodian.

4. Net assets available for benefits

Net assets available for benefits at June 30, 2015 and 2014 include $91,614 and $119,669, 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.

5. Tax status

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. The Plan has been amended since Noble Davis Consulting, Inc. received the favorable advisory 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal taxing authorities. The Plan is subject to routine audits by the Internal Revenue Service; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended June 30, 2012.

6. Schedule of investments

The following table presents investments, all of which are nonparticipant-directed, which represent five percent or more of the Plan's net assets.

Issuer	Description	Number of Units 2015	Number of Units 2014	Fair Value June 30, 2015	Fair Value June 30, 2014
Charles Schwab	FPA New Income	38,015	31,195	$ 385,476	$ 321,618

7. Plan termination

Although they have 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.

8. Nonparticipant-directed and participant-directed investments

Information about the significant components of the changes in net assets relating to the nonparticipant-directed and participant-directed investments as of June 30, 2015 is as follows:

	Nonparticipant Directed	Participant Directed
Changes in net assets:		
Contributions received	$ 258,301	$ 166,160
Dividends	76,331	-
Net appreciation (depreciation):		
Mutual funds	(41,511)	14,348
Corporate equity securities	3,592	-
Administrative fees	(18,844)	(4,760)
Benefits paid to participants	(43,509)	(10,496)
	$ 234,360	$ 165,252

9. Risks and uncertainties

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

10. Transactions with parties-in-interest

Parties-in-interest transactions include the investment in the funds of the custodian, and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from being prohibited transactions.

11. 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, 2015, to Schedule H of Form 5500:

	Per Financial Statements	Reclassifications to Form 5500 Presentation	Per Form 5500
Net appreciation (depreciation) in fair value of investments	$ (23,571)	$ (20,216)	$ (43,787)
Net investment gain in mutual funds	-	14,347	14,347
Net gain on sale of assets	-	5,869	5,869
Dividends	76,331	-	76,331
	$ 52,760	$ -	$ 52,760

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

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

	June 30, 2015
Net assets available for benefits per the financial statements – at fair value	$ 3,338,779
Add: Excess contributions payable accrued in the financial statements	14,278
Net assets per Form 5500 – at fair value	$ 3,353,057

The following is a reconciliation of the net increase per the financials statements to the net income per the Form 5500:

	June 30, 2015
Net increase in net assets per the financial statements	$ 338,264
Add: Excess contributions payable accrued for financial statement purposes	14,278
Net income per Form 5500	$ 352,542

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
*	Cash	NON-INTEREST BEARING CASH	225	225
*	Money Market Fund	INTEREST BEARING CASH	137,803	137,803
	AMERICAN EXPRESS CO COM	COMMON STOCK	15,237	32,254
	APPLE INC COM	COMMON STOCK	22,188	34,492
	AUTONATION INC	COMMON STOCK	27,629	31,490
	BERKSHIRE HATHAWAY NEW CL B	COMMON STOCK	37,591	42,874
	CHICAGO BRIDGE & IRON F	COMMON STOCK	54,427	38,781
	COCA COLOA COMPANY	COMMON STOCK	25,792	25,499
	COMCAST CORP NEW CL A	COMMON STOCK	19,835	22,552
	CUMMINS INC	COMMON STOCK	23,711	22,958
	CVS/CAREMARK CORP	COMMON STOCK	9,967	33,037
	DAVITA HEALTHCARE PTNR	COMMON STOCK	13,708	15,894
	DEERE & CO	COMMON STOCK	37,725	43,672
	DISCOVER	COMMON STOCK	35,104	40,334
	EMC	COMMON STOCK	35,163	37,605
	EXXON MOBIL CORPORATION	COMMON STOCK	22,194	20,800
	FASTENAL CO	COMMON STOCK	31,661	31,635
	FORD MOTOR COMPANY NEW	COMMON STOCK	46,090	45,030
	FORTUNE BRANDS HM & SEC	COMMON STOCK	38,911	43,529
	HALLIBURTON CO HLDG	COMMON STOCK	30,753	34,887
	J P MORGAN CHASE & CO.	COMMON STOCK	28,292	54,208
	JOHNSON CTLS INC COM	COMMON STOCK	30,222	47,796
	KRAFT FOODS GROUP	COMMON STOCK	28,603	27,671
	LOWES COS INC COM	COMMON STOCK	10,946	26,788
	NESTLE SA REG B ADR F	COMMON STOCK	20,501	19,844
	NUCOR CORP COM	COMMON STOCK	28,985	34,154
	ORACLE CORPORATION	COMMON STOCK	38,320	44,330
	PACCAR	COMMON STOCK	15,903	15,953
	PRECISION CASTPARTS CORP	COMMON STOCK	47,721	42,972
	PRAXAIR	COMMON STOCK	19,612	17,933
	PRICE T ROWE GROUP INC COM	COMMON STOCK	26,807	38,865
	QUALCOMM INC	COMMON STOCK	43,015	36,639
	REPUBLIC SERVICES INC	COMMON STOCK	21,385	20,956
	SCHLUMBERGER LTD COM	COMMON STOCK	16,605	25,857
	SCRIPPS NTWK INTERACTIV	COMMON STOCK	46,014	42,491
	T J X COS INC	COMMON STOCK	31,498	36,394
	UNION PACIFIC CORP	COMMON STOCK	33,946	35,764
	THERMO FISHER SCIENTIFIC	COMMON STOCK	21,119	48,660
	U S BANKCORP DEL	COMMON STOCK	28,956	46,655
	VERIZON COMMUNICATIONS	COMMON STOCK	26,298	25,636
	VISA INC COM CL A	COMMON STOCK	9,722	33,575
	WELLS FARGO & CO NEW COM	COMMON STOCK	17,785	56,240
	VANGUARD SPECIALIZED DIV APP ETF (VIG)	REGISTERED INVESTMENT COMPANY	16,075	23,574
	FPA NEW INCOME INC COM	REGISTERED INVESTMENT COMPANY	398,270	385,476
	JP MORGAN CORE BOND FUND SELECT	REGISTERED INVESTMENT COMPANY	81,719	83,123
	TEMPLETON GLOBAL BOND ADV	REGISTERED INVESTMENT COMPANY	65,666	60,833

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
	ARTISAN FDS INC INTL FD	REGISTERED INVESTMENT COMPANY	94,974	128,525
	ARTISAN MID CAP	REGISTERED INVESTMENT COMPANY	69,103	88,174
	ARTISAN MID CAP VALUE FD	REGISTERED INVESTMENT COMPANY	12,500	12,806
	BROADVIEW OPPTY FD	REGISTERED INVESTMENT COMPANY	45,203	46,558
	FIDELTY ADV SM CAP VAL A	REGISTERED INVESTMENT COMPANY	43,037	45,463
	OAKMARK INTL FD I	REGISTERED INVESTMENT COMPANY	132,379	144,328
	OPPENHEIMER DEV MKTS A	REGISTERED INVESTMENT COMPANY	32,900	31,158
	WELLS FARGO ADVTG DISC FD INV	REGISTERED INVESTMENT COMPANY	37,843	40,770
	AMERICAN CENTURY GINNIE MAE INV	REGISTERED INVESTMENT COMPANY	**	6,925
	AMERICAN FD AMCAP FUND R5	REGISTERED INVESTMENT COMPANY	**	89,896
	AMERICAN FD BALANCED FD CL R5	REGISTERED INVESTMENT COMPANY	**	1,987
	AMERICAN FD WA MUTUAL INV FD CL R5	REGISTERED INVESTMENT COMPANY	**	57,183
	ARTISAN INTL FUND	REGISTERED INVESTMENT COMPANY	**	23,676
	ARTISAN MID CAP FUND	REGISTERED INVESTMENT COMPANY	**	19,445
	DIAMOND HILL SMALL MID CAP FD CL A	REGISTERED INVESTMENT COMPANY	**	10,273
	GOLDMAN SACHS GROWTH OPPTY A	REGISTERED INVESTMENT COMPANY	**	12,175
	JPMORGAN CORE BOND A	REGISTERED INVESTMENT COMPANY	**	13,524
	MANNING & NAPIER PRO BLEND CONSERV T	REGISTERED INVESTMENT COMPANY	**	4,746
	OAKMARK FUND	REGISTERED INVESTMENT COMPANY	**	53,466
	OAKMARK INTL FD CLASS I	REGISTERED INVESTMENT COMPANY	**	35,602
	OPPENHEIMER DEVELOPING MKTS FD CL A	REGISTERED INVESTMENT COMPANY	**	7,161
	PIMCO LOW DURATION FUND CL D	REGISTERED INVESTMENT COMPANY	**	86,640
	PIMCO TOTAL RETURN FUND CL D	REGISTERED INVESTMENT COMPANY	**	13,633
*	SCHWAB INVESTOR MONEY FD	INTEREST BEARING CASH	**	22,842
	T. ROWE PRICE BLUE CHIP GROWTH ADV	REGISTERED INVESTMENT COMPANY	**	53,666
	TEMPLETON GLOBAL BOND FUND CL A	REGISTERED INVESTMENT COMPANY	**	14,040
	WELLS FARGO ADVTG SPC MIDCAP VAL ADM	REGISTERED INVESTMENT COMPANY	**	10,166
	TOTAL			3,142,566

* DENOTES A PARTY-IN-INTEREST TO THE PLAN
** COST OMITTED FOR PARTICIPANT-DIRECTED INVESTMENTS

SCHEDULE H
FORM 5500 **2014**

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

Schedule H, line 4i—Schedule of Assets (Acquired & Disposed of within Year).

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispostions
INTERNATIONAL BUS MACH COM	COMMON STOCK	4,538	4,075
MACYS	COMMON STOCK	11,373	13,408
DELAFIELD FUND	REGISTERED INVESTMENT COMPANY	5,630	5,572

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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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; include room or suite number (employer, if for a single-employer plan)
Fabriweld Corporation

360 East Park Drive

Norwalk, OH 44857

2b Employer Identification Number (EIN)
34-1148027

2c Plan 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	[signature]	4-8-2016	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

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

SCHEDULE H
FORM 5500 **FINANCIAL SCHEDULES** **2014**

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
*	Cash	NON-INTEREST BEARING CASH	225	225
*	Money Market Fund	INTEREST BEARING CASH	137,803	137,803
	AMERICAN EXPRESS CO COM	COMMON STOCK	15,237	32,254
	APPLE INC COM	COMMON STOCK	22,188	34,492
	AUTONATION INC	COMMON STOCK	27,629	31,490
	BERKSHIRE HATHAWAY NEW CL B	COMMON STOCK	37,591	42,874
	CHICAGO BRIDGE & IRON F	COMMON STOCK	54,427	38,781
	COCA COLOA COMPANY	COMMON STOCK	25,792	25,499
	COMCAST CORP NEW CL A	COMMON STOCK	19,835	22,552
	CUMMINS INC	COMMON STOCK	23,711	22,958
	CVS/CAREMARK CORP	COMMON STOCK	9,967	33,037
	DAVITA HEALTHCARE PTNR	COMMON STOCK	13,708	15,894
	DEERE & CO	COMMON STOCK	37,725	43,672
	DISCOVER	COMMON STOCK	35,104	40,334
	EMC	COMMON STOCK	35,163	37,605
	EXXON MOBIL CORPORATION	COMMON STOCK	22,194	20,800
	FASTENAL CO	COMMON STOCK	31,661	31,635
	FORD MOTOR COMPANY NEW	COMMON STOCK	46,090	45,030
	FORTUNE BRANDS HM & SEC	COMMON STOCK	38,911	43,529
	HALLIBURTON CO HLDG	COMMON STOCK	30,753	34,887
	J P MORGAN CHASE & CO.	COMMON STOCK	28,292	54,208
	JOHNSON CTLS INC COM	COMMON STOCK	30,222	47,796
	KRAFT FOODS GROUP	COMMON STOCK	28,603	27,671
	LOWES COS INC COM	COMMON STOCK	10,946	26,788
	NESTLE SA REG B ADR F	COMMON STOCK	20,501	19,844
	NUCOR CORP COM	COMMON STOCK	28,985	34,154
	ORACLE CORPORATION	COMMON STOCK	38,320	44,330
	PACCAR	COMMON STOCK	15,903	15,953
	PRECISION CASTPARTS CORP	COMMON STOCK	47,721	42,972
	PRAXAIR	COMMON STOCK	19,612	17,933
	PRICE T ROWE GROUP INC COM	COMMON STOCK	26,807	38,865
	QUALCOMM INC	COMMON STOCK	43,015	36,639
	REPUBLIC SERVICES INC	COMMON STOCK	21,385	20,956
	SCHLUMBERGER LTD COM	COMMON STOCK	16,605	25,857
	SCRIPPS NTWK INTERACTIV	COMMON STOCK	46,014	42,491
	T J X COS INC	COMMON STOCK	31,498	36,394
	UNION PACIFIC CORP	COMMON STOCK	33,946	35,764
	THERMO FISHER SCIENTIFIC	COMMON STOCK	21,119	48,660
	U S BANKCORP DEL	COMMON STOCK	28,956	46,655
	VERIZON COMMUNICATIONS	COMMON STOCK	26,298	25,636
	VISA INC COM CL A	COMMON STOCK	9,722	33,575
	WELLS FARGO & CO NEW COM	COMMON STOCK	17,785	56,240
	VANGUARD SPECIALIZED DIV APP ETF (VIG)	REGISTERED INVESTMENT COMPANY	16,075	23,574
	FPA NEW INCOME INC COM	REGISTERED INVESTMENT COMPANY	398,270	385,476
	JP MORGAN CORE BOND FUND SELECT	REGISTERED INVESTMENT COMPANY	81,719	83,123
	TEMPLETON GLOBAL BOND ADV	REGISTERED INVESTMENT COMPANY	65,666	60,833

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
	ARTISAN FDS INC INTL FD	REGISTERED INVESTMENT COMPANY	94,974	128,525
	ARTISAN MID CAP	REGISTERED INVESTMENT COMPANY	69,103	88,174
	ARTISAN MID CAP VALUE FD	REGISTERED INVESTMENT COMPANY	12,500	12,806
	BROADVIEW OPPTY FD	REGISTERED INVESTMENT COMPANY	45,203	46,558
	FIDELTY ADV SM CAP VAL A	REGISTERED INVESTMENT COMPANY	43,037	45,463
	OAKMARK INTL FD I	REGISTERED INVESTMENT COMPANY	132,379	144,328
	OPPENHEIMER DEV MKTS A	REGISTERED INVESTMENT COMPANY	32,900	31,158
	WELLS FARGO ADVTG DISC FD INV	REGISTERED INVESTMENT COMPANY	37,843	40,770
	AMERICAN CENTURY GINNIE MAE INV	REGISTERED INVESTMENT COMPANY	**	6,925
	AMERICAN FD AMCAP FUND R5	REGISTERED INVESTMENT COMPANY	**	89,896
	AMERICAN FD BALANCED FD CL R5	REGISTERED INVESTMENT COMPANY	**	1,987
	AMERICAN FD WA MUTUAL INV FD CL R5	REGISTERED INVESTMENT COMPANY	**	57,183
	ARTISAN INTL FUND	REGISTERED INVESTMENT COMPANY	**	23,676
	ARTISAN MID CAP FUND	REGISTERED INVESTMENT COMPANY	**	19,445
	DIAMOND HILL SMALL MID CAP FD CL A	REGISTERED INVESTMENT COMPANY	**	10,273
	GOLDMAN SACHS GROWTH OPPTY A	REGISTERED INVESTMENT COMPANY	**	12,175
	JPMORGAN CORE BOND A	REGISTERED INVESTMENT COMPANY	**	13,524
	MANNING & NAPIER PRO BLEND CONSERV T	REGISTERED INVESTMENT COMPANY	**	4,746
	OAKMARK FUND	REGISTERED INVESTMENT COMPANY	**	53,466
	OAKMARK INTL FD CLASS I	REGISTERED INVESTMENT COMPANY	**	35,602
	OPPENHEIMER DEVELOPING MKTS FD CL A	REGISTERED INVESTMENT COMPANY	**	7,161
	PIMCO LOW DURATION FUND CL D	REGISTERED INVESTMENT COMPANY	**	86,640
	PIMCO TOTAL RETURN FUND CL D	REGISTERED INVESTMENT COMPANY	**	13,633
*	SCHWAB INVESTOR MONEY FD	INTEREST BEARING CASH	**	22,842
	T. ROWE PRICE BLUE CHIP GROWTH ADV	REGISTERED INVESTMENT COMPANY	**	53,666
	TEMPLETON GLOBAL BOND FUND CL A	REGISTERED INVESTMENT COMPANY	**	14,040
	WELLS FARGO ADVTG SPC MIDCAP VAL ADM	REGISTERED INVESTMENT COMPANY	**	10,166

TOTAL 3,142,566

* DENOTES A PARTY-IN-INTEREST TO THE PLAN
** COST OMITTED FOR PARTICIPANT-DIRECTED INVESTMENTS