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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u> |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                      |                                                                     |                                                                  |
| <b>1a</b> Name of plan<br><u>FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                           | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       |
|                                                                                                                                                                                                                                                                                                                                                             | <b>1c</b> Effective date of plan                                    | <u>07/01/1982</u>                                                |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>FABRIWELD CORPORATION</u><br><br><u>360 EAST PARK DRIVE</u><br><u>NORWALK, OH 44857</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-1148027</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>419-668-3358</u> |
|                                                                                                                                                                                                                                                                                                                                                             | <b>2d</b> Business code (see instructions)<br><u>332900</u>         |                                                                  |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 03/27/2017 | CHRISTOPHER PRICE                                            |
|                                                                                                 | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                  | <b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            | <b>5</b> 140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                             | <b>6a(1)</b> 126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  | <b>6a(2)</b> 133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        | <b>6d</b> 156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                          | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            | <b>6f</b> 156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                    | <b>6g</b> 156                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                        | <b>6h</b> 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2J 2K 2S 2T 3D 3H                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

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|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016 |                                                      |     |
| A Name of plan<br>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<br>FABRIWELD CORPORATION            | D Employer Identification Number (EIN)<br>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 |
|-----|--------------------------------------------------------------------------------------------------------|

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

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

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**(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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 27 28 51            | INVESTMENT ADVISOR                                                                                | 19494                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN</u>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FABRIWELD CORPORATION</u>                                                                                                                                                                            |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>34-1148027</u>                        |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       | 225                   | 494             |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    | 212072                | 182198          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 160645                | 150110          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> | 1376704               | 1202865         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 1604992               | 2033534         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3354638               | 3569201         |

**Liabilities**

|                                                                           |           |      |     |
|---------------------------------------------------------------------------|-----------|------|-----|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |     |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 1581 | 898 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |     |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |      |     |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 1581 | 898 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3353057 | 3568303 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 182198     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 186996     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1487       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 370681    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 33989      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 56028      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 90017     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 531935     |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 585622     |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -53687    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -102279    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -102279   |

|                                                                                                 |        | (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) |            | -5336     |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 299396    |

**Expenses**

|                                                                                      |       |       |       |
|--------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                  |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 46291 |       |
| (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) |       | 46291 |
| f Corrective distributions (see instructions) .....                                  | 2f    |       | 14278 |
| 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) | 3962  |       |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 19494 |       |
| (4) Other .....                                                                      | 2i(4) | 125   |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |       | 23581 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |       | 84150 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 215246 |
| 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                                  | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----|--------|
| <b>a</b> 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.) .....                 |     | <input checked="" type="checkbox"/> |     |        |
| <b>b</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.) ..... |     | <input checked="" type="checkbox"/> |     |        |

|                                                                                                                                                                                                                         | Yes | No | N/A | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                          |     | X  |     |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |     |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    |     | 357000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |     |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                    |     | X  |     |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                          |     | X  |     |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) |     | X  |     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |     |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |     |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     | X  |     |        |
| <b>n</b> 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.                                     |     | X  |     |        |
| <b>o</b> Did the plan trust incur unrelated business taxable income?                                                                                                                                                    |     |    |     |        |
| <b>p</b> Were in-service distributions made during the plan year?                                                                                                                                                       |     |    |     |        |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

|                                                                                               |                                                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FABRIWELD CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-1148027</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>42-1558009</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |  |

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

|                                                                                                                                                                                                                                                                             |                                                                                                                         |                             |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                        |                                                                                                                         |                             |                              |
| <b>5</b> 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. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                              | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                  | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> 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).....                                                                                                                             | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                               |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? ..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                  |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                        |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more  |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                 |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

**FABRIWELD CORPORATION  
401(K) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS  
WITH SUPPLEMENTARY INFORMATION**

**JUNE 30, 2016 AND 2015**



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## 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 statements of net assets available for benefits as of June 30, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended June 30, 2016, 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 these financial statements based on conducting the audits 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.

### Basis for Disclaimer of Opinion

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 financial statements. 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 June 30, 2016 and 2015, and for the year ended June 30, 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

### Disclaimer of Opinion

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

### Other Matter

The supplemental schedules as listed in the table of contents as of and for the year ended June 30, 2016, 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 paragraph, we do not express an opinion on the supplemental schedules referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the 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

January 31, 2017



**FABRIWELD CORPORATION  
401(K) PROFIT SHARING PLAN**

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

| <b>Assets</b>                            | <b><u>2016</u></b>  | <b><u>2015</u></b>  |
|------------------------------------------|---------------------|---------------------|
| Investments, at fair value:              |                     |                     |
| Participant-directed investments:        |                     |                     |
| Mutual funds                             | \$ 658,414          | \$ 514,204          |
| Interest bearing cash                    | <u>24,809</u>       | <u>22,842</u>       |
|                                          | 683,223             | 537,046             |
| Nonparticipant-directed investments:     |                     |                     |
| Mutual funds                             | 1,375,120           | 1,090,788           |
| Corporate equity securities              | 1,202,865           | 1,376,704           |
| Interest bearing cash                    | 125,301             | 137,803             |
| Non-interest bearing cash                | <u>494</u>          | <u>225</u>          |
|                                          | <u>2,703,780</u>    | <u>2,605,520</u>    |
| Total investments                        | 3,387,003           | 3,142,566           |
| Employer contribution receivable         | <u>182,198</u>      | <u>212,072</u>      |
| <b>Total assets</b>                      | <u>3,569,201</u>    | <u>3,354,638</u>    |
| <b>Liabilities</b>                       |                     |                     |
| Accounts payable                         | 898                 | 1,581               |
| Excess contribution payable              | <u>4,776</u>        | <u>14,278</u>       |
| <b>Total liabilities</b>                 | <u>5,674</u>        | <u>15,859</u>       |
| <b>Net assets available for benefits</b> | <u>\$ 3,563,527</u> | <u>\$ 3,338,779</u> |

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, 2016**

**Additions:**

Additions to net assets attributed to:

Investment income:

Net appreciation (depreciation) in fair value of investments

\$ (161,302)

Dividends

90,017

(71,285)

Employer contributions

182,198

Employee contributions

183,707

365,905

**Total additions**

294,620

**Deductions:**

Deductions from net assets attributed to:

Benefits paid to participants

46,291

Administrative expenses

23,581

**Total deductions**

69,872

**Net increase in net assets available for benefits**

224,748

Net assets available for benefits:

Beginning of year

3,338,779

End of year

\$ 3,563,527

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



**FABRIWELD CORPORATION  
401(K) PROFIT SHARING PLAN**

**Notes to Financial Statements  
June 30, 2016 and 2015**

**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 \$5,242 for the year ended June 30, 2016.



## 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 January 31, 2017, 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, 2016 and 2015 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 \$4,776 excess contributions prior to September 15, 2016.

### 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

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. In connection with that agreement, 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, for that portion of the plan. Accordingly, as permitted under this election, no audit procedures were performed on the participant-directed investments 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), 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, 2016 and 2015 include \$144,537 and \$91,614, respectively, allocated to the accounts of persons who terminated employment as of or prior to those dates. The amount distributable to the former participants may be less than the above amount due to the Plan's vesting schedule.

### 5. Tax status

The Plan adopted a volume submitter profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, stating that the form of the plan, as then designed, was in compliance with the applicable requirements of the Code.

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, 2013.

### 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 |        | Fair Value June 30, |            |
|----------------|----------------|-----------------|--------|---------------------|------------|
|                |                | 2016            | 2015   | 2016                | 2015       |
| Charles Schwab | FPA New Income | 38,650          | 38,015 | \$ 388,042          | \$ 385,476 |

### 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, 2016 is as follows:

|                                  | Nonparticipant<br>Directed | Participant<br>Directed |
|----------------------------------|----------------------------|-------------------------|
| Changes in net assets:           |                            |                         |
| Contributions received           | \$ 212,072                 | \$ 188,483              |
| Dividends                        | 90,017                     | -                       |
| Net appreciation (depreciation): |                            |                         |
| Mutual funds                     | (99,481)                   | (5,329)                 |
| Corporate equity securities      | (56,492)                   | -                       |
| Administrative fees              | (16,648)                   | (7,616)                 |
| Benefits paid to participants    | (31,208)                   | (29,361)                |
|                                  | <u>\$ 98,260</u>           | <u>\$ 146,177</u>       |

## 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, 2016, to Schedule H of Form 5500:

|                                                                 | Per<br>Financial<br>Statements | Reclassifications<br>to Form 5500<br>Presentation | Per<br>Form<br>5500 |
|-----------------------------------------------------------------|--------------------------------|---------------------------------------------------|---------------------|
| Net appreciation (depreciation) of<br>fair value of investments | \$ (161,302)                   | \$ 59,023                                         | \$ (102,279)        |
| Net investment gain (loss) from mutual funds                    | -                              | (5,336)                                           | (5,336)             |
| Net gain (loss) on sale of assets                               | -                              | (53,687)                                          | (53,687)            |
| Dividends                                                       | <u>90,017</u>                  | <u>-</u>                                          | <u>90,017</u>       |
|                                                                 | <u>\$ (71,285)</u>             | <u>\$ -</u>                                       | <u>\$ (71,285)</u>  |



# **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:

|                                                                                | <u>June 30, 2016</u> |
|--------------------------------------------------------------------------------|----------------------|
| Net assets available for benefits per the financial statements – at fair value | \$ 3,563,527         |
| Add: Excess contributions payable accrued in the financial statements          | <u>4,776</u>         |
| Net assets per Form 5500 – at fair value                                       | <u>\$ 3,568,303</u>  |

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

|                                                                                  | <u>June 30, 2016</u> |
|----------------------------------------------------------------------------------|----------------------|
| Net increase in net assets per the financial statements                          | \$ 224,748           |
| Add: 2016 excess contribution payable accrued for financial statement purposes   | 4,776                |
| Less: 2015 excess contributions payable accrued for financial statement purposes | <u>(14,278)</u>      |
| Net income per Form 5500                                                         | <u>\$ 215,246</u>    |



## SUPPLEMENTARY INFORMATION



**SCHEDULE H  
FORM 5500**

**FINANCIAL SCHEDULES**

**2015**

**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                                                                                   | 494      | 494               |
|     | * Money Market Fund                                       | INTEREST BEARING CASH                                                                                       | 125,301  | 125,301           |
|     | AMERICAN EXPRESS CO COM                                   | COMMON STOCK                                                                                                | 15,237   | 25,215            |
|     | AMETEK, INC                                               | COMMON STOCK                                                                                                | 29,101   | 27,738            |
|     | APPLE INC COM                                             | COMMON STOCK                                                                                                | 22,188   | 26,290            |
|     | AUTONATION INC                                            | COMMON STOCK                                                                                                | 41,664   | 36,879            |
|     | BERKSHIRE HATHAWAY NEW CL B                               | COMMON STOCK                                                                                                | 37,591   | 65,155            |
|     | COMCAST CORP NEW CL A                                     | COMMON STOCK                                                                                                | 19,835   | 24,446            |
|     | CUMMINS INC                                               | COMMON STOCK                                                                                                | 31,285   | 26,986            |
|     | CVS/CAREMARK CORP                                         | COMMON STOCK                                                                                                | 9,967    | 30,158            |
|     | DAVITA HEALTHCARE PTNR                                    | COMMON STOCK                                                                                                | 13,708   | 15,464            |
|     | DEERE & CO                                                | COMMON STOCK                                                                                                | 37,725   | 36,468            |
|     | DISCOVER                                                  | COMMON STOCK                                                                                                | 35,104   | 37,513            |
|     | FASTENAL CO                                               | COMMON STOCK                                                                                                | 31,661   | 33,292            |
|     | FORTUNE BRANDS HM & SEC                                   | COMMON STOCK                                                                                                | 27,647   | 39,130            |
|     | J P MORGAN CHASE & CO.                                    | COMMON STOCK                                                                                                | 28,292   | 49,712            |
|     | KRAFT HEINZ COMPANY                                       | COMMON STOCK                                                                                                | 46,729   | 50,876            |
|     | LOWES COS INC COM                                         | COMMON STOCK                                                                                                | 10,946   | 31,668            |
|     | M & T BANK CORP                                           | COMMON STOCK                                                                                                | 27,156   | 27,784            |
|     | NESTLE SA REG B ADR F                                     | COMMON STOCK                                                                                                | 20,501   | 21,260            |
|     | ORACLE CORPORATION                                        | COMMON STOCK                                                                                                | 15,677   | 18,419            |
|     | PACCAR                                                    | COMMON STOCK                                                                                                | 35,347   | 31,122            |
|     | PARKER-HANNIFIN CORP                                      | COMMON STOCK                                                                                                | 21,115   | 22,691            |
|     | PHILLIPS 66                                               | COMMON STOCK                                                                                                | 44,566   | 43,240            |
|     | PRAXAIR                                                   | COMMON STOCK                                                                                                | 19,612   | 28,098            |
|     | PRICE T ROWE GROUP INC COM                                | COMMON STOCK                                                                                                | 26,807   | 36,485            |
|     | REPUBLIC SERVICES INC                                     | COMMON STOCK                                                                                                | 21,385   | 36,430            |
|     | SCHLUMBERGER LTD COM                                      | COMMON STOCK                                                                                                | 40,604   | 51,797            |
|     | TE CONNECTIVITY LTD                                       | COMMON STOCK                                                                                                | 29,741   | 28,555            |
|     | T J X COS INC                                             | COMMON STOCK                                                                                                | 31,498   | 42,477            |
|     | UNION PACIFIC CORP                                        | COMMON STOCK                                                                                                | 46,141   | 43,625            |
|     | THERMO FISHER SCIENTIFIC                                  | COMMON STOCK                                                                                                | 21,119   | 55,410            |
|     | U S BANKCORP DEL                                          | COMMON STOCK                                                                                                | 28,956   | 43,355            |
|     | VERIZON COMMUNICATIONS                                    | COMMON STOCK                                                                                                | 26,298   | 30,712            |
|     | VISA INC COM CL A                                         | COMMON STOCK                                                                                                | 9,722    | 37,085            |
|     | WELLS FARGO & CO NEW COM                                  | COMMON STOCK                                                                                                | 17,785   | 47,330            |
|     | FPA NEW INCOME INC COM                                    | REGISTERED INVESTMENT COMPANY                                                                               | 404,619  | 388,042           |
|     | JP MORGAN CORE BOND FUND SELECT                           | REGISTERED INVESTMENT COMPANY                                                                               | 93,854   | 87,764            |
|     | TEMPLETON GLOBAL BOND ADV                                 | REGISTERED INVESTMENT COMPANY                                                                               | 48,523   | 58,243            |
|     | ARTISAN FDS INC INTL FD                                   | REGISTERED INVESTMENT COMPANY                                                                               | 95,504   | 113,268           |
|     | ARTISAN MID CAP                                           | REGISTERED INVESTMENT COMPANY                                                                               | 81,163   | 83,423            |
|     | BROADVIEW OPPTY FD                                        | REGISTERED INVESTMENT COMPANY                                                                               | 64,934   | 57,721            |
|     | FIDELTY ADV SM CAP VAL A                                  | REGISTERED INVESTMENT COMPANY                                                                               | 42,658   | 45,838            |
|     | FMI LARGE CAP FUND                                        | REGISTERED INVESTMENT COMPANY                                                                               | 101,898  | 101,420           |



**SCHEDULE H**  
**FORM 5500**

**FINANCIAL SCHEDULES**

**2015**

**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 |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | OAKMARK INTL FD I                                         | REGISTERED INVESTMENT COMPANY                                                                               | 164,872  | 139,350           |
|     | OAKMARK FUND                                              | REGISTERED INVESTMENT COMPANY                                                                               | 70,986   | 70,570            |
|     | OPPENHEIMER DEV MKTS A                                    | REGISTERED INVESTMENT COMPANY                                                                               | 33,014   | 27,929            |
|     | T. ROWE PRICE BLUE CHIP GROWTH                            | REGISTERED INVESTMENT COMPANY                                                                               | 25,846   | 24,960            |
|     | WELLS FARGO ADVTG SPEC MID CAP VAL                        | REGISTERED INVESTMENT COMPANY                                                                               | 146,246  | 149,106           |
|     | AMERICAN FD WA MUTUAL INV FD                              | REGISTERED INVESTMENT COMPANY                                                                               | 25,702   | 27,486            |
|     | AMERICAN CENTURY GINNIE MAE INV                           | REGISTERED INVESTMENT COMPANY                                                                               | **       | 9,120             |
|     | AMERICAN FD AMCAP FUND R5                                 | REGISTERED INVESTMENT COMPANY                                                                               | **       | 79,523            |
|     | AMERICAN FD BALANCED FD CL R5                             | REGISTERED INVESTMENT COMPANY                                                                               | **       | 3,920             |
|     | AMERICAN FD WA MUTUAL INV FD CL R5                        | REGISTERED INVESTMENT COMPANY                                                                               | **       | 105,018           |
|     | ARTISAN INTL FUND                                         | REGISTERED INVESTMENT COMPANY                                                                               | **       | 30,195            |
|     | ARTISAN MID CAP FUND                                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 13,139            |
|     | BROADVIEW OPPORTUNITY FUND                                | REGISTERED INVESTMENT COMPANY                                                                               | **       | 13,632            |
|     | DIAMOND HILL SMALL MID CAP FD CL A                        | REGISTERED INVESTMENT COMPANY                                                                               | **       | 17,105            |
|     | JPMORGAN CORE BOND A                                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 18,718            |
|     | MANNING & NAPIER PRO BLEND CONSERV T                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 4,881             |
|     | OAKMARK FUND I                                            | REGISTERED INVESTMENT COMPANY                                                                               | **       | 73,354            |
|     | OAKMARK INTL FD CLASS I                                   | REGISTERED INVESTMENT COMPANY                                                                               | **       | 41,245            |
|     | OPPENHEIMER DEVELOPING MKTS FD CL A                       | REGISTERED INVESTMENT COMPANY                                                                               | **       | 9,032             |
|     | PIMCO LOW DURATION FUND CL D                              | REGISTERED INVESTMENT COMPANY                                                                               | **       | 113,002           |
|     | PIMCO TOTAL RETURN FUND CL D                              | REGISTERED INVESTMENT COMPANY                                                                               | **       | 18,026            |
|     | T. ROWE PRICE BLUE CHIP GROWTH ADV                        | REGISTERED INVESTMENT COMPANY                                                                               | **       | 66,229            |
|     | TEMPLETON GLOBAL BOND FUND CL A                           | REGISTERED INVESTMENT COMPANY                                                                               | **       | 18,355            |
|     | WELLS FARGO ADVTG SPC MIDCAP VAL ADM                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 23,920            |
| *   | SCHWAB MONEY MARKET FD                                    | INTEREST BEARING CASH                                                                                       | **       | 15,566            |
| *   | SCHWAB INVESTOR MONEY FD                                  | INTEREST BEARING CASH                                                                                       | **       | 9,243             |

**TOTAL**

**3,387,003**

\* DENOTES A PARTY-IN-INTEREST TO THE PLAN

\*\* COST OMITTED FOR PARTICIPANT-DIRECTED INVESTMENTS



**SCHEDULE H  
FORM 5500**

**2015**

|                 |                                                         |                   |
|-----------------|---------------------------------------------------------|-------------------|
| <b>Plan:</b>    | <b>Fabriweld Corporation 401(k) Profit Sharing Plan</b> | <b>001</b>        |
| <b>Sponsor:</b> | <b>Fabriweld Corporation</b>                            | <b>34-1148027</b> |

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

| <b>(a)</b> Identity of issue, borrower, lessor, or similar party | <b>(b)</b> Description of investment including maturity date, rate of interest, collateral, par, or maturity value | <b>(c)</b> Cost of Acquisitions | <b>(d)</b> Proceeds of Dispositions |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| WELLS FARGO ADVTG DISC FD A                                      | REGISTERED INVESTMENT COMPANY                                                                                      | 3,061                           | 2,493                               |
| WELLS FARGO ADVTG DISC FD ADMIN                                  | REGISTERED INVESTMENT COMPANY                                                                                      | 32,291                          | 34,381                              |



**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2015****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

- 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**

|                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>Fabriweld Corporation 401(k) Profit Sharing Plan                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                      |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Fabriweld Corporation<br><br>360 East Park Drive<br>Norwalk, OH 44857 | <b>1c</b> Effective date of plan<br>07/01/1982<br><br><b>2b</b> Employer Identification Number (EIN)<br>34-1148027<br><br><b>2c</b> Plan Sponsor's telephone number<br>(419) 668-3358<br><br><b>2d</b> Business code (see instructions)<br>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.

|                                                                                                 |                                                                                     |                |                                                              |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> <input checked="" type="checkbox"/>                                            |  | <u>3/27/17</u> | Christopher Price                                            |
|                                                                                                 | Signature of plan administrator                                                     | Date           | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                                                     |                |                                                              |
|                                                                                                 | Signature of employer/plan sponsor                                                  | Date           | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                                                     |                |                                                              |
|                                                                                                 | 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) |                                                                                     |                | Preparer's telephone number                                  |
|                                                                                                 |                                                                                     |                |                                                              |

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

Form 5500 (2015)  
v. 150123

**SCHEDULE H**  
**FORM 5500**

**FINANCIAL SCHEDULES**

**2015**

**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                                                                                   | 494      | 494               |
|     | * Money Market Fund                                       | INTEREST BEARING CASH                                                                                       | 125,301  | 125,301           |
|     | AMERICAN EXPRESS CO COM                                   | COMMON STOCK                                                                                                | 15,237   | 25,215            |
|     | AMETEK, INC                                               | COMMON STOCK                                                                                                | 29,101   | 27,738            |
|     | APPLE INC COM                                             | COMMON STOCK                                                                                                | 22,188   | 26,290            |
|     | AUTONATION INC                                            | COMMON STOCK                                                                                                | 41,664   | 36,879            |
|     | BERKSHIRE HATHAWAY NEW CL B                               | COMMON STOCK                                                                                                | 37,591   | 65,155            |
|     | COMCAST CORP NEW CL A                                     | COMMON STOCK                                                                                                | 19,835   | 24,446            |
|     | CUMMINS INC                                               | COMMON STOCK                                                                                                | 31,285   | 26,986            |
|     | CVS/CAREMARK CORP                                         | COMMON STOCK                                                                                                | 9,967    | 30,158            |
|     | DAVITA HEALTHCARE PTNR                                    | COMMON STOCK                                                                                                | 13,708   | 15,464            |
|     | DEERE & CO                                                | COMMON STOCK                                                                                                | 37,725   | 36,468            |
|     | DISCOVER                                                  | COMMON STOCK                                                                                                | 35,104   | 37,513            |
|     | FASTENAL CO                                               | COMMON STOCK                                                                                                | 31,661   | 33,292            |
|     | FORTUNE BRANDS HM & SEC                                   | COMMON STOCK                                                                                                | 27,647   | 39,130            |
|     | J P MORGAN CHASE & CO.                                    | COMMON STOCK                                                                                                | 28,292   | 49,712            |
|     | KRAFT HEINZ COMPANY                                       | COMMON STOCK                                                                                                | 46,729   | 50,876            |
|     | LOWES COS INC COM                                         | COMMON STOCK                                                                                                | 10,946   | 31,668            |
|     | M & T BANK CORP                                           | COMMON STOCK                                                                                                | 27,156   | 27,784            |
|     | NESTLE SA REG B ADR F                                     | COMMON STOCK                                                                                                | 20,501   | 21,260            |
|     | ORACLE CORPORATION                                        | COMMON STOCK                                                                                                | 15,677   | 18,419            |
|     | PACCAR                                                    | COMMON STOCK                                                                                                | 35,347   | 31,122            |
|     | PARKER-HANNIFIN CORP                                      | COMMON STOCK                                                                                                | 21,115   | 22,691            |
|     | PHILLIPS 66                                               | COMMON STOCK                                                                                                | 44,566   | 43,240            |
|     | PRAXAIR                                                   | COMMON STOCK                                                                                                | 19,612   | 28,098            |
|     | PRICE T ROWE GROUP INC COM                                | COMMON STOCK                                                                                                | 26,807   | 36,485            |
|     | REPUBLIC SERVICES INC                                     | COMMON STOCK                                                                                                | 21,385   | 36,430            |
|     | SCHLUMBERGER LTD COM                                      | COMMON STOCK                                                                                                | 40,604   | 51,797            |
|     | TE CONNECTIVITY LTD                                       | COMMON STOCK                                                                                                | 29,741   | 28,555            |
|     | T J X COS INC                                             | COMMON STOCK                                                                                                | 31,498   | 42,477            |
|     | UNION PACIFIC CORP                                        | COMMON STOCK                                                                                                | 46,141   | 43,625            |
|     | THERMO FISHER SCIENTIFIC                                  | COMMON STOCK                                                                                                | 21,119   | 55,410            |
|     | U S BANKCORP DEL                                          | COMMON STOCK                                                                                                | 28,956   | 43,355            |
|     | VERIZON COMMUNICATIONS                                    | COMMON STOCK                                                                                                | 26,298   | 30,712            |
|     | VISA INC COM CL A                                         | COMMON STOCK                                                                                                | 9,722    | 37,085            |
|     | WELLS FARGO & CO NEW COM                                  | COMMON STOCK                                                                                                | 17,785   | 47,330            |
|     | FPA NEW INCOME INC COM                                    | REGISTERED INVESTMENT COMPANY                                                                               | 404,619  | 388,042           |
|     | JP MORGAN CORE BOND FUND SELECT                           | REGISTERED INVESTMENT COMPANY                                                                               | 93,854   | 87,764            |
|     | TEMPLETON GLOBAL BOND ADV                                 | REGISTERED INVESTMENT COMPANY                                                                               | 48,523   | 58,243            |
|     | ARTISAN FDS INC INTL FD                                   | REGISTERED INVESTMENT COMPANY                                                                               | 95,504   | 113,268           |
|     | ARTISAN MID CAP                                           | REGISTERED INVESTMENT COMPANY                                                                               | 81,163   | 83,423            |
|     | BROADVIEW OPPTY FD                                        | REGISTERED INVESTMENT COMPANY                                                                               | 64,934   | 57,721            |
|     | FIDELTY ADV SM CAP VAL A                                  | REGISTERED INVESTMENT COMPANY                                                                               | 42,658   | 45,838            |
|     | FMI LARGE CAP FUND                                        | REGISTERED INVESTMENT COMPANY                                                                               | 101,898  | 101,420           |

**SCHEDULE H**  
**FORM 5500**

**FINANCIAL SCHEDULES**

**2015**

**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 |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | OAKMARK INTL FD I                                         | REGISTERED INVESTMENT COMPANY                                                                               | 164,872  | 139,350           |
|     | OAKMARK FUND                                              | REGISTERED INVESTMENT COMPANY                                                                               | 70,986   | 70,570            |
|     | OPPENHEIMER DEV MKTS A                                    | REGISTERED INVESTMENT COMPANY                                                                               | 33,014   | 27,929            |
|     | T. ROWE PRICE BLUE CHIP GROWTH                            | REGISTERED INVESTMENT COMPANY                                                                               | 25,846   | 24,960            |
|     | WELLS FARGO ADVTG SPEC MID CAP VAL                        | REGISTERED INVESTMENT COMPANY                                                                               | 146,246  | 149,106           |
|     | AMERICAN FD WA MUTUAL INV FD                              | REGISTERED INVESTMENT COMPANY                                                                               | 25,702   | 27,486            |
|     | AMERICAN CENTURY GINNIE MAE INV                           | REGISTERED INVESTMENT COMPANY                                                                               | **       | 9,120             |
|     | AMERICAN FD AMCAP FUND R5                                 | REGISTERED INVESTMENT COMPANY                                                                               | **       | 79,523            |
|     | AMERICAN FD BALANCED FD CL R5                             | REGISTERED INVESTMENT COMPANY                                                                               | **       | 3,920             |
|     | AMERICAN FD WA MUTUAL INV FD CL R5                        | REGISTERED INVESTMENT COMPANY                                                                               | **       | 105,018           |
|     | ARTISAN INTL FUND                                         | REGISTERED INVESTMENT COMPANY                                                                               | **       | 30,195            |
|     | ARTISAN MID CAP FUND                                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 13,139            |
|     | BROADVIEW OPPORTUNITY FUND                                | REGISTERED INVESTMENT COMPANY                                                                               | **       | 13,632            |
|     | DIAMOND HILL SMALL MID CAP FD CL A                        | REGISTERED INVESTMENT COMPANY                                                                               | **       | 17,105            |
|     | JPMORGAN CORE BOND A                                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 18,718            |
|     | MANNING & NAPIER PRO BLEND CONSERV T                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 4,881             |
|     | OAKMARK FUND I                                            | REGISTERED INVESTMENT COMPANY                                                                               | **       | 73,354            |
|     | OAKMARK INTL FD CLASS I                                   | REGISTERED INVESTMENT COMPANY                                                                               | **       | 41,245            |
|     | OPPENHEIMER DEVELOPING MKTS FD CL A                       | REGISTERED INVESTMENT COMPANY                                                                               | **       | 9,032             |
|     | PIMCO LOW DURATION FUND CL D                              | REGISTERED INVESTMENT COMPANY                                                                               | **       | 113,002           |
|     | PIMCO TOTAL RETURN FUND CL D                              | REGISTERED INVESTMENT COMPANY                                                                               | **       | 18,026            |
|     | T. ROWE PRICE BLUE CHIP GROWTH ADV                        | REGISTERED INVESTMENT COMPANY                                                                               | **       | 66,229            |
|     | TEMPLETON GLOBAL BOND FUND CL A                           | REGISTERED INVESTMENT COMPANY                                                                               | **       | 18,355            |
|     | WELLS FARGO ADVTG SPC MIDCAP VAL ADM                      | REGISTERED INVESTMENT COMPANY                                                                               | **       | 23,920            |
| *   | SCHWAB MONEY MARKET FD                                    | INTEREST BEARING CASH                                                                                       | **       | 15,566            |
| *   | SCHWAB INVESTOR MONEY FD                                  | INTEREST BEARING CASH                                                                                       | **       | 9,243             |

TOTAL

3,387,003

\* DENOTES A PARTY-IN-INTEREST TO THE PLAN

\*\* COST OMITTED FOR PARTICIPANT-DIRECTED INVESTMENTS