Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLMETAL, INC. PROFIT SHARING AND 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1982

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ALLMETAL, INC.

ONE PIERCE PLACE, SUITE 295W
ITASCA, IL 60143

2b Employer Identification Number (EIN) 36-0719560

2c Plan Sponsor's telephone number 630-250-8090

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	DINA NEWLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	135
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	97
a(2) Total number of active participants at the end of the plan year	**6a(2)**	94
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	12
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	107
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	107
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	104
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
ALLMETAL, INC. PROFIT SHARING AND 401(K) PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ALLMETAL, INC.	36-0719560

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).. . . . . [X] 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

CAPITAL GROUP RETIREMENT PLAN SVCS.

82-4555287

(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)

CAPITAL GROUP RETIREMENT PLAN SVCS.

82-4555287

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72 37	RECORDKEEPER	2724	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ALLMETAL, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLMETAL, INC.

D Employer Identification Number (EIN)
36-0719560

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5648	4254
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1610337	1649714
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	160150	173072
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16475596	19335853
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	18251731	21162893
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	8077	3987
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	8077	3987
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	18243654	21158906

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	97907	
	(B) Participants	2a(1)(B)	392988	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		490895
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	9320	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9320
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1335044	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1335044
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		1422948
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3258207
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	341818	
(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)		341818
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1137	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1137
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		342955
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2915252
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HOCHFELDER & WEBER PC **(2)** EIN: 36-3088257

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ALLMETAL, INC. PROFIT SHARING AND 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALLMETAL, INC.

D Employer Identification Number (EIN)
36-0719560

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691658

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

WITH INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021 AND 2020

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN
INDEX TO FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2021 AND 2020

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"SERVING OUR CLIENTS SINCE 1933"

October 6, 2022

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Allmetal, Inc.
Employees' Profit Sharing
and 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Allmetal, Inc. Profit Sharing and 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Members of American Institute of Certified Public Accountants and Illinois CPA Society

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Allmetal, Inc. Profit Sharing and 401(k) Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion in the financial statements as a whole. The supplemental schedules of Schedules of Assets Held for Investment, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Hochfelder & Weber, P.C.

HOCHFELDER & WEBER, P.C.
Certified Public Accountants
Chicago, Illinois

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
American Funds Mutual Funds	$20,985,567	$18,085,933
Matching Receivable	4,254	5,648
Notes Receivable from Participants	173,072	160,150
Total Assets	21,162,893	18,251,731
LIABILITIES	3,987	8,077
NET ASSETS AVAILABLE FOR BENEFITS	$21,158,906	$18,243,654

The accompanying notes are an integral part of these statements.

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Interest and Dividends	$ 1,344,364	$ 674,241
Gain on Investments	1,422,948	2,839,698
	2,767,312	3,513,939
Contributions:		
Employer	97,907	85,532
Participants	392,988	329,750
	490,895	415,282
Total Additions	3,258,207	3,929,221
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Equity Distributions to Terminated and Retired Participants	341,818	947,191
Participant Transaction fees	1,137	1,181
Total Deductions	342,955	948,372
NET ADDITIONS FOR THE YEAR	2,915,252	2,980,849
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	18,243,654	15,262,805
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$21,158,906	$18,243,654

The accompanying notes are an integral part of these statements.

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies of the Plan.

Basis of Accounting: The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Fair Value Measurements: ASC 820, *Fair Value Measurements and Disclosures,* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

Companies are required to disclose fair value of certain assets and liabilities according to a fair value hierarchy. This hierarchy ranks the quality and reliability of the inputs used to determine fair values, which are then classified and disclosed in one of three categories. The three levels of the fair value hierarchy are:

- Level 1 – quoted prices in active markets for identical assets or liabilities.
- Level 2 – quoted prices in active markets for similar assets or liabilities; quoted prices in markets that are not active; and model-derived valuations whose inputs are observable. The plan did not have any investments in Level 2 at December 31, 2021.
- Level 3 – Model-derived valuations with unobservable inputs that are supported by little or no market activity. The Plan did not have any investments in Level 3 at December 31, 2021.

Mutual Funds: The plan measures its mutual funds that are exchange traded in an active market using the funds' quoted prices. Therefore, this investment is classified within Level 1 of the valuation hierarchy. 100% of the investments held at December 31, 2021 are mutual funds.

Investments: Investments in securities are recorded at current values, which are based upon published market prices. The change in the difference between current value and the cost of investments, if any, is reflected in the statement of changes in net assets available for benefits as gain on investments.

Administrative and Other Expenses: General management fees incurred with regard to independent fund managers and other professional fees are borne by the plan sponsor, Allmetal, Inc. Transaction fees within the participant directed accounts are borne by the individual participants.

Payment of Benefits: Benefits are recorded when paid. Amounts due to terminated participants totaled $109,770 as of December 31, 2021, and are included in net assets available for benefits.

2. DESCRIPTION OF THE PLAN

The Plan is a defined contribution plan covering all United States employees, as defined below, of Allmetal, Inc. (The Sponsor). The Plan was established to afford employees a retirement fund out of the profits of the Company, which will help to provide for future security of the participants. The Sponsor has the right to amend or alter the Plan, or discontinue it by giving written notice of intention to do so. The Plan was amended and restated effective January 1, 1993. The principal change effective with this amendment was the addition of a 401(k) cash or deferred feature, permitting employee contributions which may be matched, as defined, by employer contributions.

The Plan was further amended and restated effective January 1, 2002. The primary change effective with this amendment is that administration will be removed from Allmetal and be performed by Scudder Financial Services. Effective January 1, 2005 the plan administration was changed to American Funds.

To become eligible to participate in the Plan, an employee generally must have completed at least one thousand hours of service within a 12-month computation period and not be a member of a collective bargaining unit which provides retirement benefits, as defined in the Plan.

Upon termination of service, distribution to the participant or his or her beneficiary may be made in one lump sum, in approximate equal installments over a period certain, or in a life annuity, subject to certain limitations.

Loans may be made from vested participant account balances up to the lesser of $50,000 or one-half of the participants' vested equity, subject to plan restrictions.

Sponsor's Discretionary Contributions:

The Sponsor makes contributions to a trust in amounts which are determined by the Board of Directors in its sole discretion, and are allocated to each participant's account in proportion to the ratio that such participant's compensation for the year bears to the total compensation of all participants for the year. Contributions are limited by the Internal Revenue Code.

The amount in each participant's discretionary contribution account vests at the rate of 0% for each of the first two years of service and becomes 100% vested after the completion of three years of service. Upon retirement, disability or death, a participant (or his or her beneficiary) is entitled to the entire amount of his or her account. A participant whose employment terminates for any reason other than retirement, disability or death is entitled to only the vested portion of his or her discretionary contribution account.

For accounting purposes, separate accounts are maintained for each participant. The maintenance of such separate accounts precludes the need for segregation of any assets from any other assets held in the Plan.

Each participant's account(s) is credited with proportionate allocation of the Sponsor's discretionary contributions and forfeitures. Proportionate allocations are based upon participant compensation. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

2. DESCRIPTION OF THE PLAN (CONTINUED)

Sponsor's Discretionary Contributions (continued):

The Sponsor discretionary contributions are invested as directed by participants, in participant directed accounts. These participant-directed accounts are described in the next section.

401(k) Participant Deferrals and Company Match:

Each participant may elect to defer a portion of his or her compensation into the Plan subject to the limits of the Internal Revenue Code.

For the year 2017, the Plan was amended to add Sponsor matching contributions for each participant equal to the lesser of 50% of such participant's deferral not to exceed 2% of the participant's compensation, or $1,500. Prior to 2017, the Plan was amended in 2008 to eliminate Sponsor matching contributions for the years 2009 to 2016.

The participant deferral and Sponsor matching funds are fully vested and not subject to forfeiture. These funds are currently invested in participant directed accounts maintained at American Funds. American Funds Company has certified as to the accuracy and completeness of their financial statements for the Plan. The participant Directed Investment Accounts are charged or credited as appropriate with the net earnings, gains, losses and expenses as well as any appreciation or depreciation in market value during each plan year attributable to such account.

Participant Directed Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions in any of the following investment options or combination of options:

a. American Funds AMCAP Fund – Large cap growth fund which invests primarily in U.S. equities.

b. American Funds Growth Fund of America – Large cap growth fund which invests primarily in U.S. equities.

c. Blackrock Technology Opportunities Fund – Mid cap technology fund which invests in U.S. and non-U.S. equities.

d. MFS International New Discovery – Mid cap growth and value fund which invests primarily in non-U.S. equities.

e. Invesco Discovery Mid Cap Growth – Mid cap growth fund which invests primarily in U.S. equities.

f. MFS International New Discovery – Small\mid cap growth fund which invests primarily in non U.S. equities.

g. Blackrock Advantage Small Growth– Small cap value fund which invests primarily in U.S. equities.

2. DESCRIPTION OF THE PLAN (continued)

Participant Directed Investment Options (continued)

h. American Funds Washington Mutual – Large cap growth and income fund which invests primarily in U.S. equities.

i. Franklin Rising Dividends – Large cap growth and income fund which invests primarily in U.S. equities.

j. American Funds American Balanced – Large cap balanced fund which invests primarily in U.S. equities and U.S. bonds.

k. American Funds Intermediate Bond Fund – Bond fund which invests primarily in intermediate-term debt securities with high credit quality ratings.

l. American Funds U.S. Government Securities – Bond fund which invests primarily in securities guaranteed or sponsored by the U.S. government.

m. American Funds Money Market Fund – Money Market Fund

n. American Funds Capital Income Builder – Large cap income fund which invests in a broad range of income-producing securities, including non-U.S. securities.

o. AB Discovery Growth – Mid cap growth fund which invests primarily in U.S. equities.

p. American Funds 2010 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

q. American Funds 2015 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

r. American Funds 2020 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

s. American Funds 2025 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

t. American Funds 2030 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

u. American Funds 2035 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

v. American Funds 2040 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

2. DESCRIPTION OF THE PLAN (continued)

Participant Directed Investment Options (continued)

w. American Funds 2045 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

x. American Funds 2050 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

y. American Funds 2055 Target Date Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

z. American Funds 2060 Target Dated Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities.

aa. American Funds 2065 Target Dated Fund – Large cap balanced fund which invests primarily in U.S. bonds & equities

Participants may change their investment options at any time.

The following represents investments which equal five percent or more of the Plan's net assets at December 31, 2021:

American Funds Growth Fund of America	$ 8,596,575
American Funds Washington Mutual	1,818,672
American Funds American Balanced	2,408,760
American Funds Money Market Fund	1,649,715
Total	$ 14,473,722

3. TAX STATUS

The trust constitutes a qualified trust under Section 401(a) of the Internal Revenue Code and is therefore exempt from Federal income taxes under provisions of Section 501(a). A favorable determination letter has been received for all amendments through January 31, 2006.

The Plan files income tax returns in the U.S. federal jurisdiction. The Plan is no longer subject to U.S. federal income tax examinations by tax authorities for years before 2018.

4. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no material differences between the financial statements and Form 5500 at December 31, 2021 and 2020.

5. SUBSEQUENT EVENTS

The Plan did not have any subsequent events through October 6, 2022, which is the date the financial statements were available to be issued for events requiring recording or disclosure in the financial statements for the year ended December 31, 2021.

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

6. INVESTMENTS

The participant directed 401(k) accounts are invested in American Funds Mutual Funds. Activity in these investments for 2021 was as follows: (000's omitted)

	Participant Directed					
	AMCAP Fund	Growth Fund of America	MFS International New Discovery Fund	Money Market Fund	Blackrock Advantage Small Growth	AB Discovery Growth
Balance January 1	$ 243	$ 7,285	$ 310	$ 1,610	$ 0	$ 175
Contributions deposited and loan repayments	14	173	15	73	3	3
Income (Loss)	50	1,355	15	42	2	17
Net Transfers	(56)	(170)	(70)	77	213	0
Distributions, fees and loans	(4)	(47)	(2)	(152)	1	0
Balance December 31	$ 247	$ 8,596	$ 268	$ 1,650	$ 217	$ 195

6. INVESTMENTS (CONTINUED)

	Participant Directed						
	Washington Mutual	American Balanced	Intermed. Bond Fund	U.S. Govt. Securities	Capital Income Builder	2015 Target Date Fund	2055 Target Date Fund
Balance January 1	$ 1,249	$ 1,998	$ 359	$ 361	$ 90	$ 37	$ 8
Contributions deposited and loan repayments	41	35	4	16	1	0	4
Income (Loss)	379	314	(5)	(3)	21	2	1
Net Transfers	160	87	0	115	62	0	0
Distributions, fees and loans	(10)	(25)	(1)	0	0	(39)	(8)
Balance December 31	$ 1,819	$ 2,409	$ 357	$ 489	$ 174	$ 0	$ 5

6. INVESTMENTS (CONTINUED)

	Participant Directed						
	2025 Target Date Fund	2045 Target Date Fund	2065 Target Date Fund	2030 Target Date Fund	2040 Target Date Fund	2050 Target Date Fund	2020 Target Date Fund
Balance January 1	$ 838	$ 13	$ 0	$ 563	$ 41	$ 25	$ 46
Contributions Deposited and Loan Repayments	29	2	3	33	16	13	6
Income (Loss)	100	2	0	71	8	5	2
Net Transfers	140	0	0	0	0	0	0
Distributions, Fees and Loans	(73)	(5)	0	0	(4)	(3)	(40)
Balance December 31	$ 1,034	$ 12	$ 3	$ 667	$ 61	$ 40	$ 14

6. INVESTMENTS (CONTINUED)

	Participant Directed						
	2035 Target Date Fund	2060 Target Date Fund	ALLIANZGI NFJ Small Cap Value R	Blackrock Technology Opportunities R	Invesco Global R	Invesco Discovery Mid Cap Growth	Franklin Rising Divendends R
Balance January 1	$ 28	$ 25	$ 102	$ 1,132	$ 565	$ 440	$ 543
Contributions Deposited and Loan Repayments	14	15	2	43	11	15	9
Income (Loss)	6	4	20	26	84	86	152
Net Transfers	0	0	(124)	(475)	(7)	4	44
Distributions, Fees and Loans	(8)	(9)	0	(12)	(2)	(3)	0
Balance December 31	$ 40	$ 35	$ 0	$ 714	$ 651	$ 542	$ 748

SUPPLEMENTAL INFORMATION

FEIN: 36-0719560
PLAN NO: 001

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Par or Maturity Value	(d) Cost	(e) Value
	American Funds Portfolio:			
	Blackrock Technology - Opportunities - R	Fund Shares		$ 714,469
	Blackrock Advantage Small Growth	Fund Shares		217,340
	Invesco Global - R	Fund Shares		650,775
	Invesco Discovery - Mid Cap Growth	Fund Shares		542,034
	AMCAP Fund	Fund Shares		246,913
	Growth Fund of America	Fund Shares		8,596,575
	Washington Mutual	Fund Shares		1,818,672
	American Balanced	Fund Shares		2,408,760
	Intermed. Bond Fund	Fund Shares		357,476
	U.S. Gov't Securities	Fund Shares		488,916
	American Funds Capital Income Builder	Fund Shares		173,910
	MFS International New Discovery Fund	Fund Shares		268,273
	AB Discovery Growth	Fund Shares		195,470

See Independent Auditor's Report

FEIN: 36-0719560
PLAN NO: 001

ALLMETAL, INC.
EMPLOYEES' PROFIT SHARING AND 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Par or Maturity Value	(d) Cost	(e) Value
	2025 Target Date Fund	Fund Shares		$ 1,033,613
	2045 Target Date Fund	Fund Shares		11,790
	2065 Target Date Fund	Fund Shares		2,744
	2030 Target Date Fund	Fund Shares		667,271
	2035 Target Date Fund	Fund Shares		37,953
	2040 Target Date Fund	Fund Shares		60,582
	2050 Target Date Fund	Fund Shares		39,573
	2010 Target Date Fund	Fund Shares		96
	2055 Target Date Fund	Fund Shares		5,260
	American Funds Money Market Fund	Fund Shares		1,649,715
	Franklin Rising Dividends R	Fund Shares		748,189
	2020 Target Date Fund	Fund Shares		14,085
	2060 Target Date Fund	Fund Shares		35,113
	Participant Loans	5.25-10.25%		173,072

See Independent Auditor's Report

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Allmetal, Inc. Profit Sharing and 401(k) Plan

01-JAN-21 to 31-DEC-21

11-JAN-22 20:52:37

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RAFCX			154,918.32	246,912.85
1RGACX			4,966,721.44	8,596,575.04
1CHCRX			170,369.54	195,469.93
1BSGRX			262,596.85	217,339.62
1BGSRX			491,742.08	714,468.83
1MIDRX			205,713.84	268,273.72
1OGLNX			527,326.51	650,774.50
1OEGNX			432,070.57	542,033.65
1RWMCX			1,279,705.26	1,818,672.79
1FRDRX			570,235.33	748,188.76
1RIRCX			157,545.95	173,909.62
1RLBCX			1,588,515.14	2,408,760.16
1RBOCX			359,289.67	357,475.71
1RGVCX			480,955.36	488,916.10
1RACXX			1,581,085.16	1,581,085.16
1RCATX			82.89	95.97
1RCCTX			13,282.62	14,085.30
1RCDTX			888,626.89	1,033,612.79
1RCETX			529,127.60	667,271.20
1RCFTX			32,896.87	37,953.41
1RCKTX			48,041.30	60,581.52
1RCHTX			9,514.46	11,790.31
1RCITX			31,792.77	39,572.66
1RCMTX			4,719.96	5,259.94
1RCNTX			28,134.63	35,113.12
1RCPTX			2,709.59	2,744.66
			14,817,720.60	**20,916,937.32**
PARTICIPANT LOANS	VARIOUS	5.250-7.500	170,188.80	170,200.57
FORFEITURES			68,630.15	68,630.15

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 360719560

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Allmetal, Inc. Profit Sharing and 401(k) Plan

01-JAN-21 to 31-DEC-21

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RAFCX	American Funds AMCAP Fund R3	1RGACX	American Funds Growth Fund of Amer R3
1CHCRX	AB Discovery Growth R	1BSGRX	BlackRock Advantage Small Growth R
1BGSRX	BlackRock Technology Opportunities R	1MIDRX	MFS International New Discovery R2
1OGLNX	Invesco Global R	1OEGNX	Invesco Discovery Mid Cap Growth R
1RWMCX	American Funds Washington Mutual R3	1FRDRX	Franklin Rising Dividends R
1RIRCX	American Funds Capital Income Builder R3	1RLBCX	American Funds American Balanced R3
1RBOCX	American Funds Interm Bd Fd of Amer R3	1RGVCX	American Funds US Government Sec R3
1RACXX	American Funds US Govt Money Market R3	1RCATX	american Funds 2010 Target Date Fund R3
1RCCTX	American Funds 2020 Target Date Fund R3	1RCDTX	American Funds 2025 Target Date Fund R3
1RCETX	American Funds 2030 Target Date Fund R3	1RCFTX	American Funds 2035 Target Date Fund R3
1RCKTX	American Funds 2040 Target Date Fund R3	1RCHTX	American Funds 2045 Target Date Fund R3
1RCITX	American Funds 2050 Target Date Fund R3	1RCMTX	American Funds 2055 Target Date Fund R3
1RCNTX	American Funds 2060 Target Date Fund R3	1RCPTX	American Funds 2065 Target Date Fund R3

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year