

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide 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: SCHMIEDE CORPORATION 401K PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan): SCHMIEDE CORPORATION
2b Employer Identification Number (EIN): 62-0699181
2c Plan Sponsor's telephone number: 931-455-4801
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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 | 180 |
| 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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 162 |
| | 6a(2) | 159 |
| | 6b | 0 |
| | 6c | 29 |
| | 6d | 188 |
| | 6e | 1 |
| | 6f | 189 |
| | 6g(1) | 164 |
| | 6g(2) | 164 |
| 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 2R 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) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> 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 | b General Schedules |
| (1) <input type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

| | | |
|---|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|-------------------|
| <p>A Name of plan SCHMIEDE CORPORATION 401K PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>003</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 SCHMIEDE CORPORATION</p> | <p>D Employer Identification Number (EIN) 62-0699181</p> | |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 84-0467907 | 68322 | 455860-01 | 58 | 01/01/2024 | 12/31/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--|
| <p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p> |
|---|--|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 2568254 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 0 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | |
|--|-----------|--|
| b Premiums paid to carrier | 6b | |
| c Premiums due but unpaid at the end of the year | 6c | |
| d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 3049553

| | | | |
|---|--------------|--------|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 228571 | |
| (2) Dividends and credits..... | 7c(2) | 0 | |
| (3) Interest credited during the year..... | 7c(3) | 39128 | |
| (4) Transferred from separate account | 7c(4) | 448321 | |
| (5) Other (specify below)..... ▶ | 7c(5) | 0 | |

(6) Total additions **7c(6)** 716020

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3765573

e Deductions:

| | | | |
|---|--------------|--------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 714932 | |
| (2) Administration charge made by carrier..... | 7e(2) | -361 | |
| (3) Transferred to separate account | 7e(3) | 482748 | |
| (4) Other (specify below)..... ▶ | 7e(4) | 0 | |

(5) Total deductions **7e(5)** 1197319

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2568254

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|----------|--|-----------------|-----------------|
| a | Premiums: (1) Amount received | 9a(1) | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) |
| b | Benefit charges (1) Claims paid | 9b(1) | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) |
| | (4) Claims charged | | 9b(4) |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | |
| | (A) Commissions | 9c(1)(A) | |
| | (B) Administrative service or other fees | 9c(1)(B) | |
| | (C) Other specific acquisition costs | 9c(1)(C) | |
| | (D) Other expenses | 9c(1)(D) | |
| | (E) Taxes | 9c(1)(E) | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | |
| | (G) Other retention charges | 9c(1)(G) | |
| | (H) Total retention | | 9c(1)(H) |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| | (2) Claim reserves | | 9d(2) |
| | (3) Other reserves | | 9d(3) |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e |

10 Nonexperience-rated contracts:

| | | | |
|----------|--|------------|--|
| a | Total premiums or subscription charges paid to carrier | 10a | |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan SCHMIEDE CORPORATION 401K PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SCHMIEDE CORPORATION | D Employer Identification Number (EIN) 62-0699181 | |

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 | INVESTMENT MGMT | 936 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

EMPOWER ANNUITY INS. CO. OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (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 | RECORDKEEPER | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

UBS FINANCIAL SERVICES INC

P.O. BOX 198929
PAYMENT SERVICE - RPCS
NASHVILLE, TN 37238

| (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? |
|------------------------|---|--|--|--|---|--|
| 27 | INVESTMENT ADVISOR | 48312 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" 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 (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan SCHMIEDE CORPORATION 401K PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SCHMIEDE CORPORATION | D Employer Identification Number (EIN) 62-0699181 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 12332853 | 14074337 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 3049553 | 2568254 |
| (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 15382406 | 16642591 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 15382406 | 16642591 |

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) | 267591 | |
| (B) Participants..... | 2a(1)(B) | 746336 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 150792 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1164719 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | 39128 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 39128 |
| (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) | 540920 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 540920 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (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) | | 1163340 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 2908107 |

Expenses

| | | | |
|--|--------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 1647334 | |
| (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) | | 1647334 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 588 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 588 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1647922 |

Net Income and Reconciliation

| | | | |
|--|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | 1260185 |
| 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) 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) 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: **FMC CPAS, PLLC**

(2) EIN: **83-1514211**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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 _____.

**SCHMIEDE CORPORATION
401(k) PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

December 31, 2024 and 2023

SCHMIEDE CORPORATION

401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrators
Schmiede Corporation 401(k) Plan
Tullahoma, Tennessee

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Schmiede Corporation 401(k) Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) Audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Notes B and C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section ---

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter -- Supplemental Schedule Required by ERISA

The supplemental schedule titled "Schedule of Assets (Held at End of Year)" as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion ---

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

FMC CPAs, PLLC

Nashville, Tennessee

September 2, 2025

SCHMIEDE CORPORATION
401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31 | |
|--|---------------------------------|---------------------------------|
| | <u>2024</u> | <u>2023</u> |
| ASSETS | | |
| Investments (Note C) | | |
| Shares of mutual funds, at fair value | \$ 14,074,337 | \$ 12,332,853 |
| Guaranteed investment account, at fair value | <u>2,568,254</u> | <u>3,049,553</u> |
| Total Investments | <u>16,642,591</u> | <u>15,382,406</u> |
| TOTAL ASSETS | 16,642,591 | 15,382,406 |
| LIABILITIES | <u>0</u> | <u>0</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u><u>\$ 16,642,591</u></u> | <u><u>\$ 15,382,406</u></u> |

See notes to financial statements.

SCHMIEDE CORPORATION
401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

| | Year Ended December 31 | |
|--|-------------------------------|-----------------------------|
| | 2024 | 2023 |
| ADDITIONS TO NET ASSETS | | |
| Cash contributions from: | | |
| Employer | \$ 267,591 | \$ 283,392 |
| Participants | 746,336 | 749,929 |
| Others - Participant rollovers | 150,792 | 0 |
| Total Contributions | <u>1,164,719</u> | <u>1,033,321</u> |
| Investment income | | |
| Interest | 39,128 | 36,538 |
| Dividends | 540,920 | 450,341 |
| Net appreciation (depreciation) in fair value of investments | 1,163,340 | 1,531,997 |
| Total income from investments | <u>1,743,388</u> | <u>2,018,876</u> |
| Total Additions | <u>2,908,107</u> | <u>3,052,197</u> |
| DEDUCTIONS FROM NET ASSETS | | |
| Benefits paid to participants | 1,647,334 | 2,751,702 |
| Administrative fees | 588 | 889 |
| Total Deductions | <u>1,647,922</u> | <u>2,752,591</u> |
| NET INCREASE DURING THE PLAN YEAR | \$ 1,260,185 | \$ 299,606 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of Plan Year | <u>15,382,406</u> | <u>15,082,800</u> |
| End of Plan Year | <u><u>\$ 16,642,591</u></u> | <u><u>\$ 15,382,406</u></u> |

See notes to financial statements.

SCHMIEDE CORPORATION

401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A -- DESCRIPTION OF THE PLAN

The following description of the Schmiede Corporation 401(k) Plan (the "Plan") is provided for general information purposes only. Participants may review the Plan document for a more complete description of the Plan's provisions. Schmiede Corporation (the "Company") is the sponsor of the Plan, which began on January 1, 1990.

General: The Plan is a defined contribution plan which provides retirement and other benefits for all eligible Company employees. Employees who are at least 21 years of age are eligible to participate in the Plan on the first day of each calendar quarter after completing three consecutive months of employment. The Plan has an automatic enrollment feature that withholds 2% of the compensation of eligible employees, unless participants make a contrary election. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan administrators oversee governance of the Plan, determine the appropriateness of the Plan's investment offerings, and monitor investment performance.

Contributions: Participants in the Plan can elect to contribute through salary deferrals (i.e. payroll deductions) an amount not less than one percent or more than eighty percent of their earnings, as defined in the Plan document and within certain Internal Revenue Code ("IRC") limits subject to annual adjustment for inflation. Participants may elect to change their contribution percentage on a quarterly basis coinciding with the Plan entrance dates. Participants may also elect to cease salary deferrals into the Plan at any time. Participants who attain age 50 before the end of the Plan year may make additional "catch up" contributions to the Plan, subject to applicable IRC limitations. The catch-up contributions are eligible for any Company matching contributions.

Participants direct the investment of their contributions (including employer contributions allocated to their accounts) into various investment options offered by the Plan, the terms of which require each participant to complete an investment election form upon initial enrollment. Participants may elect to invest their entire account, or any portion thereof, in mutual funds or in a guaranteed investment account offered by a group annuity contract (the "Key Guaranteed Portfolio Fund"). The Key Guaranteed Portfolio Fund is invested along with the general assets of the insurance carrier and yielded an average interest rate of 1.41% and 1.23%, respectively, for the years ended December 31, 2024 and 2023.

During 2024 and 2023, the Company made matching cash contributions to the Plan equal to 50% of the lesser of (1) the participant's contribution or (2) 6% of the participant's earnings.

Management determined that excess contributions payable at December 31, 2024 and 2023 were minimal. Therefore, none are accrued as of either reporting date, but any applicable amounts were distributed back to applicable participants prior to April 15 of the subsequent reporting year.

SCHMIEDE CORPORATION

401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Participant Accounts: Each participant's account is credited with the participant's salary deferral contributions, the Company's matching contributions, and an allocable portion of the Plan's net investment earnings, and charged with an allocation of administrative expenses. Allocations may be charged pro-rata to each participant in relation to each participant's account balance or may be charged equally to each participant, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their voluntary deferral contributions, participant rollover contributions, and any applicable employer corrective contributions, plus actual earnings on these components of their accounts. Vesting in the employer match contributions, plus actual earnings thereon, is based on years of service, as follows:

| <u>Years of Service</u> | <u>Vesting</u> |
|-------------------------|----------------|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 or more | 100% |

Benefits Paid to Participants: Upon termination of service for any reason, the vested portion of the participant's account is to be paid in a lump sum distribution or rolled into an individual retirement account outside of the Plan, if not greater than \$5,000, or as directed by the participant (or beneficiary, in cases of distribution upon death of a participant), if greater than \$5,000. Terminated participants with vested balances in excess of \$5,000 also have the option to receive their vested balance in installment payments or ad-hoc distributions over a period of time, in accordance with Plan provisions.

Withdrawal of part or all of the participant's account may be authorized by the Plan administrators prior to termination of employment if the participant is a qualified reservist or experiences a financial hardship, as defined, including down-payment on the initial purchase of a principal residence, payments to prevent eviction from or foreclosure on a principal residence, non-reimbursed medical expenses, qualified funeral expenses, or qualified dependent educational expenses.

Forfeitures: Forfeitures of any non-vested portions of account balances for terminated employees may be used to reduce administrative fees, to reduce future employer contributions, or they may be allocated to remaining Plan participants. At December 31, 2024 and 2023, forfeited non-vested account balances at each year-end were minimal. During 2024 and 2023, employer contributions charged were reduced by approximately \$9,900 and \$8,100, respectively, from forfeited non-vested accounts.

SCHMIEDE CORPORATION

401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Loan Provisions: Loans to a participant from the Plan are not permitted.

Plan Termination: The Company expects the Plan to continue indefinitely. However, the Company retains the right under the Plan to discontinue Company contributions at any time and to terminate the Plan. In the event of Plan termination, participants would become 100 percent vested in their account balances. These balances would continue to be held by the Plan's trustee and custodian until all vested Plan benefits were distributed to the participants.

Plan Amendment: Effective January 1, 2024, the Plan was amended in order to implement key provisions of the *Setting Every Community Up for Retirement Enhancement Act 2.0*, which was signed into law by the president of the United States on December 29, 2022. As amended, the Plan offers Roth contributions to participants that elect to make after tax contributions to the Plan.

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Valuation of Investments: The Plan's mutual fund investments are stated at fair value based upon quoted market prices provided by an independent pricing company. The net realized gain or loss from dispositions and the net unrealized gain or loss from changes in fair value of the Plan's investments are combined and presented in the Statements of Changes in Net Assets Available for Benefits as "Net appreciation (depreciation) in fair value of investments". Investments in the guaranteed investment account are stated at fair value, which approximates contract value. This fair value is based on the valuation method disclosed in the fixed annuity contract. Refer to Note C for information regarding the certification of investments and to Note D for information regarding fair value measurements.

Receivables: Receivables are recorded for contributions and other amounts due to the Plan for financial transactions attributable to a particular Plan year, but collection of the amounts due does not occur until a subsequent Plan year. An allowance is provided when necessary to recognize potentially uncollectible receivables and amounts deemed worthless are written off as determined. All contributions and other amounts due were collected during the respective years ended December 31, 2024 and 2023, and accordingly, there were no Plan receivables as of each reporting date.

Payment of Benefits: Benefits are recorded when paid.

SCHMIEDE CORPORATION

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NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Expenses: Certain Plan expenses are paid by the Company and are therefore excluded from the Plan's financial statements. Investment-related expenses are included in net appreciation or depreciation in fair value of investments. The Plan has a third-party expense offset arrangement wherein certain investment advisory expenses are netted against income. Through this arrangement, revenue sharing amounts derived from Plan investments are paid to the Plan's recordkeeper based on a rate of 10 basis points. Additional amounts based on a rate of 30 basis points are deposited monthly into the Plan's Plan Expense Account and are used to pay service fees to the Plan's investment advisor. Amounts deposited into and immediately paid out of the Plan Expense Account for investment advisory services during the years ended December 31, 2024 and 2023 totaled approximately \$48,300 and \$44,500, respectively. These monthly deposits are never allocated to participants; therefore, they are not recognized as gross additions to net assets, and their monthly disbursements to the Plan's investment advisor are not recognized as gross reductions of net assets.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan administrators to make estimates and assumptions that affect certain reported amounts and disclosures. Significant estimates used in preparing these financial statements principally include those assumed in establishing the fair values of investments. Accordingly, actual results may differ from those estimates.

Income Tax Status: The Plan, as amended, is based on a "non-standardized" pre-approved plan document that is in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrators believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code as a duly qualified tax-exempt trust, and it is expected to continue operating in such a manner.

In accordance with GAAP, the Plan administrators evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrators believe the Plan is no longer subject to income tax examinations for years prior to 2021.

Subsequent Events: Management has evaluated subsequent events through September 2, 2025, which is the date the financial statements were available to be issued.

SCHMIEDE CORPORATION

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NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE C -- INVESTMENTS – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified as complete and accurate as of and for the years ended December 31, 2024 and 2023, by the Plan's trustee, except for comparing such information with the related information included in the accompanying financial statements, and supplemental schedule.

Accordingly, information presented in Notes C and D, the accompanying financial statements, and the supplemental schedule that pertains to investments held at December 31, 2024 and 2023, and interest and dividend income and net appreciation (depreciation) in fair value of investments for the years then ended, was obtained from the certification issued by Empower Trust Company, LLC and Empower Annuity Insurance Company of America (collectively, "Empower"), and is therefore unaudited. The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Empower.

| | <u>Fair Values as of December 31:</u> | |
|---|---------------------------------------|----------------------|
| | <u>2024</u> | <u>2023</u> |
| <u>Shares of Mutual Funds</u> | | |
| Empower SecureFoundation Balanced Inv | \$ 423 | \$ 0 |
| Empower Lifetime 2015 Fund Inv | 94,743 | 26,565 |
| Empower Lifetime 2025 Fund Inv | 1,828,874 | 2,457,422 |
| Empower Lifetime 2035 Fund Inv | 682,646 | 722,371 |
| Empower Lifetime 2045 Fund Inv | 927,831 | 789,410 |
| Empower Lifetime 2055 Fund Inv | 946,778 | 893,753 |
| Empower Conservative Profile Fund Inv | 2,588 | 19,206 |
| Empower Moderate Profile Fund Inv | 340,965 | 365,191 |
| Empower Aggressive Profile Fund Inv | 105,735 | 66,829 |
| American Funds Europacific Growth – R3 | 893,516 | 724,991 |
| MFS International Intrinsic Value R2 | 72,221 | 85,129 |
| Macquarie Small Cap Core A | 212,962 | 397,351 |
| Empower S&P Smallcap 600 Index Fund Inv | 630,681 | 376,532 |
| Baird MidCap Inv | 752,981 | 325,774 |
| Virtus Ceredex Mid-Cap Value Equity I | 138,392 | 107,622 |
| Empower S&P 500 Index Fund Inv | 2,004,364 | 2,119,115 |
| JP Morgan Large Cap Growth A | 2,371,147 | 1,920,514 |
| MFS Value Fund - A | 576,810 | 258,563 |
| Empower Multi Sector Bond Inv | 789,200 | 135,413 |
| Pimco Total Return Admin | <u>701,482</u> | <u>541,102</u> |
| Subtotal – Mutual Funds | \$ 14,074,337 | \$ 12,332,853 |
| <u>Key Guaranteed Portfolio Fund</u> | | |
| Empower Life and Annuity Insurance Company | <u>2,568,254</u> | <u>3,049,553</u> |
| TOTAL INVESTMENTS, at Fair Value | <u>\$ 16,642,591</u> | <u>\$ 15,382,406</u> |

SCHMIEDE CORPORATION

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NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

In May 2025, the Plan updated its investment offerings and participants had the opportunity to direct their invested account balances into the Plan's newly offered funds. The Plan's new investment lineup is similarly diversified with a range of funds employing various strategies for capital preservation and growth. The Key Guaranteed Portfolio Fund was discontinued and replaced by the Empower Investments Fixed Account ("EIFA"), which is a general account product of Empower Annuity Insurance Company of America ("EAICA"). The EIFA is offered through a group annuity contract, with principal and interest for participant-initiated benefit payments fully guaranteed by the entire general account assets of EAICA.

NOTE D -- FAIR VALUE MEASUREMENTS

Fair value measurements are generally based upon observable and unobservable inputs. Observable inputs are based on market data from independent sources, while unobservable inputs reflect management's view of market assumptions in the absence of observable market information. In accordance with Financial Accounting Standards Board's Accounting Standards Codification 820, *Fair Value Measurements*, all Plan assets and liabilities that are carried at fair value are classified and disclosed in one of the following categories:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Quoted market prices for similar assets or liabilities in active markets; quoted prices by independent pricing services for identical or similar assets or liabilities in markets that are not active; and valuations, using models or other valuation techniques, that use observable market data. All significant inputs are observable, or derived from observable information in the marketplace, or are supported by observable levels at which transactions are executed in the market place.

Level 3: Instruments that use non-binding broker quotes or model driven valuations that do not have observable market data.

SCHMIEDE CORPORATION

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NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

FAIR VALUE MEASUREMENTS – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED): The financial information presented below was certified as complete and accurate by Empower, the Plan's trustee, and is therefore unaudited as previously described in Note C. Summarized information regarding the fair value of the Plan's total investment interests in mutual funds and the Key Guaranteed Portfolio Fund, categorized in accordance with the U.S. GAAP fair value hierarchy, is as follows:

| | Fair Value Measurements Using | | | Total Fair Value |
|-------------------------------|-------------------------------|---------------------|-------------|----------------------|
| | Level 1 | Level 2 | Level 3 | |
| December 31, 2024 | | | | |
| Mutual Funds | \$ 14,074,337 | \$ 0 | \$ 0 | \$ 14,074,337 |
| Key Guaranteed Portfolio Fund | <u>0</u> | <u>2,568,254</u> | <u>0</u> | <u>2,568,254</u> |
| Total | <u>\$ 14,074,337</u> | <u>\$ 2,568,254</u> | <u>\$ 0</u> | <u>\$ 16,642,591</u> |
| December 31, 2023 | | | | |
| Mutual Funds | \$ 12,332,853 | \$ 0 | \$ 0 | \$ 12,332,853 |
| Key Guaranteed Portfolio Fund | <u>0</u> | <u>3,049,553</u> | <u>0</u> | <u>3,049,553</u> |
| Total | <u>\$ 12,332,853</u> | <u>\$ 3,049,553</u> | <u>\$ 0</u> | <u>\$ 15,382,406</u> |

NOTE E -- TRANSACTIONS WITH PARTIES-IN-INTEREST

Transactions with parties-in-interest include purchases and sales of assets made through the Trustee and contributions made by the Company. In addition, the Company pays certain operating expenses incurred in the ongoing administration of the Plan. These transactions are exempt from the prohibited transaction rules of ERISA.

NOTE F -- RISKS AND UNCERTAINTIES - INVESTMENTS

The Plan's investments include various types of investment securities, which are exposed to several 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Plan's financial statements and schedule.

SCHMIEDE CORPORATION

401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE H -- RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The financial statement caption "Net Assets Available for Benefits," presented on pages 5 and 6 of the accompanying financial statements, is synonymous with the caption "Net assets" presented in Part 1, Line 1l of Schedule H to Form 5500.

The financial statement caption "Net Increase (Decrease) During the Plan Year," presented on page 6 of the accompanying financial statements, is synonymous with the caption "Net income (loss)" presented in Part II, Line 2k of Schedule H to Form 5500.

There are no differences in the respective financial amounts reported in the accompanying financial statements and Schedule H to Form 5500 for the corresponding captions referred to above.

SUPPLEMENTAL SCHEDULE

SCHMIEDE CORPORATION 401(k) PLAN

Schedule H, Line 4i -- Schedule of Assets (Held at End of Year)

December 31, 2024

| | | |
|--|--|-----|
| Name of plan Schmiede Corporation 401(k) Plan | Three-digit plan number▶ | 003 |
| Plan sponsor's name as shown on line 2a of form 5500 Schmiede Corporation | Employer Identification Number 62-0699181 | |

| (a) | (b) Identity of issuer, 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 |
|-----|--|--|-------------|----------------------|
| * | Empower SecureFoundation Balanced Inv | Mutual Fund | (1) | \$ 423 |
| * | Empower Lifetime 2015 Fund Inv | Mutual Fund | (1) | 94,743 |
| * | Empower Lifetime 2025 Fund Inv | Mutual Fund | (1) | 1,828,874 |
| * | Empower Lifetime 2035 Fund Inv | Mutual Fund | (1) | 682,646 |
| * | Empower Lifetime 2045 Fund Inv | Mutual Fund | (1) | 927,831 |
| * | Empower Lifetime 2055 Fund Inv | Mutual Fund | (1) | 946,778 |
| * | Empower Conservative Profile Fund Inv | Mutual Fund | (1) | 2,588 |
| * | Empower Moderate Profile Fund Inv | Mutual Fund | (1) | 340,965 |
| * | Empower Aggressive Profile Fund Inv | Mutual Fund | (1) | 105,735 |
| | American Funds Europacific Growth – R3 | Mutual Fund | (1) | 893,516 |
| | MFS International Intrinsic Value R2 | Mutual Fund | (1) | 72,221 |
| | Macquarie Small Cap Core A | Mutual Fund | (1) | 212,962 |
| * | Empower S&P Smallcap 600 Index Fund Inv | Mutual Fund | (1) | 630,681 |
| | Baird MidCap Inv | Mutual Fund | (1) | 752,981 |
| | Virtus Ceredex Mid-Cap Value Equity I | Mutual Fund | (1) | 138,392 |
| * | Empower S&P 500 Index Fund Inv | Mutual Fund | (1) | 2,004,364 |
| | JP Morgan Large Cap Growth A | Mutual Fund | (1) | 2,371,147 |
| | MFS Value Fund - A | Mutual Fund | (1) | 576,809 |
| * | Empower Multi Sector Bond Inv | Mutual Fund | (1) | 789,200 |
| | Pimco Total Return Admin | Mutual Fund | (1) | 701,481 |
| * | Empower Life and Annuity Insurance Company | Key Guaranteed Portfolio Fund | (1) | <u>2,568,254</u> |
| | | Total | | <u>\$ 16,642,591</u> |

* Represents a party-in-interest.

(1) Cost information is not required because investments are participant directed.

See independent auditor's report.

SCHMIEDE CORPORATION

401(k) PLAN

Schedule H, Line 4i -- Schedule of Assets (Held at End of Year)

December 31, 2024

| | | |
|--|--|-----|
| Name of plan Schmiede Corporation 401(k) Plan | Three-digit plan number▶ | 003 |
| Plan sponsor's name as shown on line 2a of form 5500 Schmiede Corporation | Employer Identification Number 62-0699181 | |

| (a) | (b) Identity of issuer, 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 |
|-----|--|--|-------------|----------------------|
| * | Empower SecureFoundation Balanced Inv | Mutual Fund | (1) | \$ 423 |
| * | Empower Lifetime 2015 Fund Inv | Mutual Fund | (1) | 94,743 |
| * | Empower Lifetime 2025 Fund Inv | Mutual Fund | (1) | 1,828,874 |
| * | Empower Lifetime 2035 Fund Inv | Mutual Fund | (1) | 682,646 |
| * | Empower Lifetime 2045 Fund Inv | Mutual Fund | (1) | 927,831 |
| * | Empower Lifetime 2055 Fund Inv | Mutual Fund | (1) | 946,778 |
| * | Empower Conservative Profile Fund Inv | Mutual Fund | (1) | 2,588 |
| * | Empower Moderate Profile Fund Inv | Mutual Fund | (1) | 340,965 |
| * | Empower Aggressive Profile Fund Inv | Mutual Fund | (1) | 105,735 |
| | American Funds Europacific Growth – R3 | Mutual Fund | (1) | 893,516 |
| | MFS International Intrinsic Value R2 | Mutual Fund | (1) | 72,221 |
| | Macquarie Small Cap Core A | Mutual Fund | (1) | 212,962 |
| * | Empower S&P Smallcap 600 Index Fund Inv | Mutual Fund | (1) | 630,681 |
| | Baird MidCap Inv | Mutual Fund | (1) | 752,981 |
| | Virtus Ceredex Mid-Cap Value Equity I | Mutual Fund | (1) | 138,392 |
| * | Empower S&P 500 Index Fund Inv | Mutual Fund | (1) | 2,004,364 |
| | JP Morgan Large Cap Growth A | Mutual Fund | (1) | 2,371,147 |
| | MFS Value Fund - A | Mutual Fund | (1) | 576,809 |
| * | Empower Multi Sector Bond Inv | Mutual Fund | (1) | 789,200 |
| | Pimco Total Return Admin | Mutual Fund | (1) | 701,481 |
| * | Empower Life and Annuity Insurance Company | Key Guaranteed Portfolio Fund | (1) | <u>2,568,254</u> |
| | | Total | | <u>\$ 16,642,591</u> |