

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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
C If the plan is a collectively-bargained plan, check here
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program
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: THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): THE FLEXAUST COMPANY, INC.
2b Employer Identification Number (EIN): 35-1950597
2c Plan Sponsor's telephone number: 574-267-7909
2d Business code (see instructions): 339900

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: Filed with authorized/valid electronic signature (10/13/2025, LEIGH ELLIOTT), Signature of plan administrator, Signature of employer/plan sponsor, and Signature of 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	382
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)	300
	6a(2)	316
	6b	11
	6c	68
	6d	395
	6e	0
	6f	395
	6g(1)	265
	6g(2)	369
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 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 checked="" 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 type="checkbox"/> A (Insurance Information) – Number Attached <u>0</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 _____

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

A Name of plan THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE FLEXAUST COMPANY, INC.	D Employer Identification Number (EIN) 35-1950597	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

SYM FINANCIAL CORPORATION

35-1550787

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 28	FINANCIAL ADVISOR	45021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB BANK

42-1558009

(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?
19 25 50	CUSTODIAN	43898	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASCENSUS LLC

82-3719843

(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?
13 15 34 37 38 50 60	RECORD KEEPER	36760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE FLEXAUST COMPANY, INC.	D Employer Identification Number (EIN) 35-1950597

Part I	Asset and Liability Statement
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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	119774	129564
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	625	0
(2) Participant contributions	1b(2)	625	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1509803	1564307
(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)	808917	1113378
(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)	614885	624630
(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)	15013239	17381359
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1255365	1492830

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	19323233	22306068
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	19323233	22306068

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)	645699	
(B) Participants.....	2a(1)(B)	766153	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1411852
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	37716	
(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)	49401	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		87117
(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)	515580	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		515580
(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)		2014355
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4028904

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	914327	
(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)		914327
f Corrective distributions (see instructions)	2f		4523
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)	60241	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	66978	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		127219
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1046069

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2982835
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: **BADEN, GAGE & SCHROEDER LLC**

(2) EIN: **35-1939627**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	181589
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<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 <u>THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE FLEXAUST COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>35-1950597</u>	

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): 42-1558009

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

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

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.

Financial Statements

**The Flexaust/Flexadux 401(k)
Profit Sharing Plan**

December 31, 2024

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Financial Statements With Supplemental Schedules
December 31, 2024

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Independent Auditors' Report

Plan Trustee
The Flexaust/Flexadux 401(k) Profit Sharing Plan
Warsaw, Indiana

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

We have performed audits of the financial statements of The Flexaust/Flexadux 401(k) Profit Sharing 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 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 year ended December 31, 2024, stating that the certified investment information, as described in Note 3 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Flexaust/Flexadux 401(k) Profit Sharing 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 Flexaust/Flexadux 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date 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.

Auditors' 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 auditors' 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 Flexaust/Flexadux 401(k) Profit Sharing 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 Flexaust/Flexadux 401(k) Profit Sharing 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.


Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).



BADEN, GAGE & SCHROEDER, LLC

Fort Wayne, Indiana
October 6, 2025

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
ASSETS		
Cash	\$ 129,564	\$ 119,774
Investments, at fair value		
Cash, interest bearing	-	16,994
Common stock	1,113,378	808,917
Exchange traded funds	1,314,415	1,078,767
Money market fund	1,564,307	1,492,809
Municipal obligations	178,415	176,598
Mutual funds	<u>17,381,359</u>	<u>15,013,239</u>
Total Investments	21,551,874	18,587,324
Receivables		
Employee contributions	-	625
Company contributions	-	625
Notes receivable from participants	<u>624,630</u>	<u>614,885</u>
Total Receivables	<u>624,630</u>	<u>616,135</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 22,306,068</u>	<u>\$ 19,323,233</u>

See Notes to Financial Statements.

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2024

CONTRIBUTIONS	
Employee contributions	\$ 766,153
Company contributions	<u>645,699</u>
Total Contributions	1,411,852
INVESTMENT INCOME	
Dividends	515,580
Interest	37,716
Net realized and unrealized appreciation in fair value of investments	<u>2,014,355</u>
Net Investment Income	2,567,651
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	<u>49,401</u>
TOTAL CONTRIBUTIONS, INVESTMENT INCOME, AND INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	4,028,904
DEDUCTIONS	
Benefit payments	918,850
Administrative expenses	<u>127,219</u>
TOTAL DEDUCTIONS	<u>1,046,069</u>
NET INCREASE	2,982,835
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>19,323,233</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 22,306,068</u></u>

See Notes to Financial Statements.

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2024

Note 1. Plan Description

Overview

The Flexaust/Flexadux 401(k) Profit Sharing Plan (the "Plan") is a defined contribution plan covering employees of The Flexaust Company, Inc. and International Management and Finance Service, LLC (referred to on a combined basis as the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The provisions of the Plan are included in the official Plan document, which legally governs the operations of the Plan and is available for more detailed information.

Eligibility

All employees are eligible to participate in the Plan after they have completed six months of service and are at least 18 years of age. Participation in the Plan is voluntary.

Contributions

Participants may make voluntary pre-tax contributions of compensation or Roth contributions up to the dollar limits set by the Internal Revenue Code. Participant rollover contributions are also permitted. The Company match is discretionary, and for the year ended December 31, 2024, was 100% of the participant's elective deferral contributions up to 6% of the participant's compensation. The Company may also make additional discretionary contributions to the Plan, which are determined annually by the Company. The Company made no additional discretionary contribution for the year ended December 31, 2024.

Participant Accounts

Each participant's account is credited with the participant's voluntary contribution, Company contributions, Plan earnings, and is charged with an allocation of administrative expenses. Plan earnings and expenses are allocated to participants' accounts on a pro rata basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Each participant may direct their contributions in any of the investment options available under the Plan. All amounts in participant's accounts are participant-directed and allocations can be changed daily.

Vesting

Participants are immediately vested in their elective (voluntary) contributions and income or loss thereon. Vesting in the Company matching and discretionary contributions is based on years of service. A participant becomes 20% vested after one year of credited service. Vesting percentages increase 20% each year thereafter with 100% vesting after five years of credited service.

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (Continued)
December 31, 2024

Note 1. Plan Description (Continued)

Forfeitures

Participants who terminate employment prior to becoming fully vested must forfeit a percentage of their Company contribution amount. These forfeitures may be used to pay Plan expenses or to reduce future Company contributions. During 2024, \$0 from forfeited non-vested accounts were used to pay Plan expenses or reduce Company contributions. At December 31, 2024 and 2023, forfeitures of \$77,456 and \$54,671, respectively, were available to pay Plan expenses or reduce future Company contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes receivable are to be repaid in five years or less unless the note is for the purchase of a principal residence, in which case the term may be longer. The loans are secured by the balance in the participant's account and bear interest at a fixed rate commensurate with current prevailing rates (determined at origination). The loan plus interest must be repaid to the participant's account based upon terms of the loan agreement. Principal and interest is paid ratably through regular payroll deductions. The Plan limits participants to two outstanding notes. Loans outstanding at December 31, 2024, mature through January 2054 and bear interest at rates ranging from 4.25% through 9.50%.

Benefit Payments

Upon termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, installment payments, rollover into another qualified plan or remain in the Plan as an inactive participant. However, if a terminated participant's vested account balance is \$1,000 or less and they have not elected a distribution method, the balance in the participant's account will be automatically distributed in accordance with the Plan document. Hardship withdrawals are allowed from the fully vested portion of a participant's account balance. In-service distributions from the fully vested portion of a participant's account are available for participants who have attained the age of 59 1/2.

Termination of the Plan

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time, subject to the provisions set forth in ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (Continued)
December 31, 2024

Note 2. Significant Accounting Policies

Basis of Financial Statements

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Investments held by a defined contribution plan are required to be reported at fair value.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the loan will be deemed distributed and the loan balance will become taxable to the participant.

Benefit Payments

Benefit payments to participants are recorded when paid.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan. Certain distribution fees and individually-directed account fees are paid by the Plan and allocated to each participant. Certain investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events

Management of the Plan has evaluated events and transactions for possible recognition or disclosure through October 6, 2025, the date the financial statements were available to be issued.

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (Continued)
December 31, 2024

Note 3. Information Certified by the Plan's Custodian

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the custodian, Charles Schwab Trust Bank, and was not subjected to any auditing procedures performed by the independent public accounts.

- a. Total investments as shown in the accompanying statements of assets available for benefits.
- b. Total investment income, as shown in the accompanying statement of changes in net assets available for benefits, including interest and dividend income and net realized and unrealized appreciation in fair value of investments.
- c. The supplemental schedule of assets (held at end of year), except for notes receivable from participants.

Note 4. Fair Value Measurements

Fair value measurements are based upon the exit price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants, and are determined by either the principal market or the most advantageous market.

Inputs used in the valuation techniques to derive fair values are classified based on a three-level hierarchy to prioritize the inputs used in the valuation techniques to derive fair values. The basis for fair value measurements for each level within the hierarchy is described below with Level 1 measurements having the highest priority and Level 3 measurements having the lowest priority.

- Level 1: Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.
- Level 2: Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3: Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable.

The asset's or liability's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (Continued)
December 31, 2024

Note 4. Fair Value Measurements (Continued)

Money market fund: Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan.

Mutual funds: Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan.

Self-directed brokerage accounts: Accounts primarily consist of money market funds, exchange trade funds, preferred stock, municipal obligations, and common stocks that are valued on the basis of readily determinable market prices.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value on a recurring basis as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,564,307	\$ -	\$ -	\$ 1,564,307
Mutual funds	14,713,952	-	-	14,713,952
Self-directed brokerage accounts	5,273,615	-	-	5,273,615
Investments at fair value	<u>\$ 21,551,874</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 21,551,874</u>
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 1,492,809	\$ -	\$ -	\$ 1,492,809
Mutual funds	12,691,100	-	-	12,691,100
Self-directed brokerage accounts	4,403,415	-	-	4,403,415
Investments at fair value	<u>\$ 18,587,324</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 18,587,324</u>

Note 5. Related Party Transactions

The Company provides certain accounting, recordkeeping, and administrative services to the Plan for which it receives no compensation. The Plan invests in money market and mutual funds affiliated with and a fixed income fund sponsored by the custodian. Fees were paid by the Plan to parties-in-interest, which were included as administration expenses.

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Notes to Financial Statements (Continued)
December 31, 2024

Note 6. Income Tax Status

The Plan has adopted a non-standardized prototype plan document that was restated to comply with various tax law changes. The prototype plan document received a favorable opinion letter from the Internal Revenue Service dated June 30, 2020. The Plan has been amended since this date; however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Note 7. Risks and Uncertainties

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

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597
Schedule of Assets (Held at End of Year)
Schedule H, Part IV, Line 4i
December 31, 2024

(a)	(b) Identity	(c) Description of Investment	(e) Current Value
<input type="checkbox"/>	DFA Emerging Markets Portfolio	Mutual fund	\$ 551,829
<input type="checkbox"/>	DFA Intermediate Government Fixed Income	Mutual fund	246,523
<input type="checkbox"/>	DFA International Value Portfolio	Mutual fund	884,636
<input type="checkbox"/>	DFA Large Capital International Portfolio	Mutual fund	1,053,941
<input type="checkbox"/>	DFA Real Estate Securities Portfolio	Mutual fund	104,446
<input type="checkbox"/>	DFA U.S. Large Cap Value Portfolio	Mutual fund	1,563,063
<input type="checkbox"/>	DFA U.S. Micro Cap Portfolio	Mutual fund	20,269
<input type="checkbox"/>	DFA U.S. Small Cap Valueport	Mutual fund	314,168
<input type="checkbox"/>	Diamond Hill Core Bond	Mutual fund	936,364
<input type="checkbox"/>	Fidelity Spartan International Index Fund	Mutual fund	114,312
<input type="checkbox"/>	PIMCO Short-Term Fund Instl	Mutual fund	534,808
<input checked="" type="checkbox"/>	Schwab Bank Savings	Money market fund	1,564,307
<input type="checkbox"/>	Vanguard 500 Index Admiral	Mutual fund	2,002,234
<input type="checkbox"/>	Vanguard Growth Index FD Admiral	Mutual fund	2,109,530
<input type="checkbox"/>	Vanguard Mid-Cap Index Admiral	Mutual fund	823,623
<input type="checkbox"/>	Vanguard Small Cap Growth Index Admiral	Mutual fund	391,881
<input type="checkbox"/>	Vanguard Small Cap Index Admiral	Mutual fund	502,130
<input type="checkbox"/>	Vanguard Target	Mutual fund	2,259
<input type="checkbox"/>	Vanguard Target Retirement 2020 Fund	Mutual fund	70,836
<input type="checkbox"/>	Vanguard Target Retirement 2025 Fund	Mutual fund	489,287
<input type="checkbox"/>	Vanguard Target Retirement 2030 Fund	Mutual fund	639,268
<input type="checkbox"/>	Vanguard Target Retirement 2035 Fund	Mutual fund	233,879
<input type="checkbox"/>	Vanguard Target Retirement 2040 Fund	Mutual fund	294,732
<input type="checkbox"/>	Vanguard Target Retirement 2045 Fund	Mutual fund	276,667
<input type="checkbox"/>	Vanguard Target Retirement 2050 Fund	Mutual fund	179,563
<input type="checkbox"/>	Vanguard Target Retirement 2055 Fund	Mutual fund	13,020
<input type="checkbox"/>	Vanguard Target Retirement 2060 Fund	Mutual fund	58,808
<input type="checkbox"/>	Vanguard Target Retirement 2065 Fund	Mutual fund	23,000

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597

Schedule of Assets (Held at End of Year) (Continued)

Schedule H, Part IV, Line 4i

December 31, 2024

<u>(a)</u>	<u>(b) Identity</u>	<u>(c) Description of Investment</u>	<u>(e) Current Value</u>
<input type="checkbox"/>	Vanguard Target Retirement Income	Mutual fund	\$ 17,724
<input type="checkbox"/>	Vanguard Total Bond Market Index Admiral	Mutual fund	261,152
<input checked="" type="checkbox"/>	Schwab Self-Directed Brokerage Account		5,273,615
<input checked="" type="checkbox"/>	Participant Loans	Interest rates from 4.25% to 9.5%, maturing through January 2054	<u>624,630</u>
			<u>\$ 22,176,504</u>

Party in interest

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597

Schedule of Delinquent Participant Contributions

Schedule H, Part IV, Line 4a

Year Ended December 31, 2024

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside Voluntary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Correction Program and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted					
\$ 998	12/30/2022	1/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 3,057	12/30/2022	1/3/2023	<input checked="" type="checkbox"/>	\$ -	\$ 3,057	\$ -	\$ -
\$ 998	12/30/2022	1/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 3,057	12/30/2022	1/3/2023	<input checked="" type="checkbox"/>	\$ -	\$ 3,057	\$ -	\$ -
\$ 998	1/6/2023	1/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 998	1/13/2023	2/1/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 3,467	1/13/2023	1/19/2023	<input checked="" type="checkbox"/>	\$ -	\$ 3,467	\$ -	\$ -
\$ 998	1/20/2023	2/1/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 998	1/27/2023	2/2/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 3,707	1/27/2023	1/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 3,707	\$ -	\$ -
\$ 998	2/3/2023	3/1/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 998	2/10/2023	3/1/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 3,482	2/10/2023	2/14/2023	<input checked="" type="checkbox"/>	\$ -	\$ 3,482	\$ -	\$ -
\$ 998	2/17/2023	3/1/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 3,531	2/24/2023	2/28/2023	<input checked="" type="checkbox"/>	\$ -	\$ 3,531	\$ -	\$ -
\$ 5,263	2/24/2023	3/1/2023	<input checked="" type="checkbox"/>	\$ -	\$ 5,263	\$ -	\$ -
\$ 998	3/3/2023	3/6/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 4,171	3/7/2023	3/24/2023	<input checked="" type="checkbox"/>	\$ -	\$ 4,171	\$ -	\$ -
\$ 19,717	3/8/2023	3/24/2023	<input checked="" type="checkbox"/>	\$ -	\$ 19,717	\$ -	\$ -

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597

Schedule of Delinquent Participant Contributions (Continued)

Schedule H, Part IV, Line 4a

Year Ended December 31, 2024

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Correction Program and PTE 2002-51
				Contributions Not Corrected	Contributions Corrected Outside Voluntary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Amount Withheld	Date Withheld	Date Remitted					
\$ 998	3/10/2023	3/13/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 37,191	3/10/2023	3/24/2023	<input checked="" type="checkbox"/>	\$ -	\$ 37,191	\$ -	\$ -
\$ 998	3/17/2023	3/22/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 998	3/24/2023	4/21/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 998	3/31/2023	4/21/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 250	4/7/2023	4/13/2023	<input checked="" type="checkbox"/>	\$ -	\$ 250	\$ -	\$ -
\$ 998	4/7/2023	4/21/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 998	4/14/2023	4/21/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 250	4/21/2023	5/18/2023	<input checked="" type="checkbox"/>	\$ -	\$ 250	\$ -	\$ -
\$ 998	4/21/2023	5/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 998	\$ -	\$ -
\$ 1,009	4/28/2023	5/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 250	5/5/2023	5/18/2023	<input checked="" type="checkbox"/>	\$ -	\$ 250	\$ -	\$ -
\$ 1,009	5/5/2023	5/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	5/12/2023	5/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 520	5/19/2023	5/26/2023	<input checked="" type="checkbox"/>	\$ -	\$ 520	\$ -	\$ -
\$ 1,009	5/19/2023	5/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	5/26/2023	5/31/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	6/2/2023	6/14/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	6/9/2023	6/14/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	6/16/2023	6/20/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597

Schedule of Delinquent Participant Contributions (Continued)

Schedule H, Part IV, Line 4a

Year Ended December 31, 2024

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Correction Program and PTE 2002-51
				Contributions Not Corrected	Contributions Corrected Outside Voluntary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Amount Withheld	Date Withheld	Date Remitted					
\$ 1,009	6/23/2023	6/27/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	7/7/2023	7/10/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	7/14/2023	7/18/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	7/21/2023	7/24/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	7/28/2023	8/7/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	8/4/2023	8/7/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	8/11/2023	8/14/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 4,209	8/18/2023	8/21/2023	<input checked="" type="checkbox"/>	\$ -	\$ 4,209	\$ -	\$ -
\$ 1,009	8/25/2023	9/6/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	9/1/2023	9/6/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 15,852	9/1/2023	9/5/2023	<input checked="" type="checkbox"/>	\$ -	\$ 15,852	\$ -	\$ -
\$ 1,009	9/8/2023	9/11/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	9/15/2023	9/19/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	9/22/2023	9/29/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	9/29/2023	11/9/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	10/6/2023	11/9/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	10/13/2023	11/9/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 19,931	10/13/2023	10/16/2023	<input checked="" type="checkbox"/>	\$ -	\$ 19,931	\$ -	\$ -
\$ 1,009	10/20/2023	11/9/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597

Schedule of Delinquent Participant Contributions (Continued)

Schedule H, Part IV, Line 4a

Year Ended December 31, 2024

Participant Contributions Transferred Late to the Plan			Check Here if Late Participant Loan Repayments Are Included	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Correction Program and PTE 2002-51
				Contributions Not Corrected	Contributions Corrected Outside Voluntary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
Amount Withheld	Date Withheld	Date Remitted					
\$ 1,009	11/3/2023	11/14/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,009	11/10/2023	11/14/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 1,012	11/17/2023	11/20/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,012	\$ -	\$ -
\$ 1,009	11/24/2023	11/29/2023	<input checked="" type="checkbox"/>	\$ -	\$ 1,009	\$ -	\$ -
\$ 739	12/1/2023	12/4/2023	<input checked="" type="checkbox"/>	\$ -	\$ 739	\$ -	\$ -
\$ 901	12/8/2023	12/12/2023	<input checked="" type="checkbox"/>	\$ -	\$ 901	\$ -	\$ -
\$ 901	12/15/2023	12/20/2023	<input checked="" type="checkbox"/>	\$ -	\$ 901	\$ -	\$ -
\$ 901	12/22/2023	12/26/2023	<input checked="" type="checkbox"/>	\$ -	\$ 901	\$ -	\$ -
\$ 901	12/29/2023	1/2/2024	<input checked="" type="checkbox"/>	\$ -	\$ 901	\$ -	\$ -
\$ 389	1/23/2024	1/12/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -
\$ 389	5/13/2024	4/26/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -
\$ 389	5/13/2024	5/3/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -
\$ 389	6/6/2024	5/24/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -
\$ 389	6/6/2024	5/31/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -
\$ 389	10/16/2024	9/20/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -
\$ 389	10/16/2024	9/27/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -
\$ 389	10/16/2024	10/4/2024	<input checked="" type="checkbox"/>	\$ -	\$ 389	\$ -	\$ -

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597
Schedule of Assets (Held at End of Year)
Schedule H, Part IV, Line 4i
December 31, 2024

(a)	(b) Identity	(c) Description of Investment	(e) Current Value
<input type="checkbox"/>	DFA Emerging Markets Portfolio	Mutual fund	\$ 551,829
<input type="checkbox"/>	DFA Intermediate Government Fixed Income	Mutual fund	246,523
<input type="checkbox"/>	DFA International Value Portfolio	Mutual fund	884,636
<input type="checkbox"/>	DFA Large Capital International Portfolio	Mutual fund	1,053,941
<input type="checkbox"/>	DFA Real Estate Securities Portfolio	Mutual fund	104,446
<input type="checkbox"/>	DFA U.S. Large Cap Value Portfolio	Mutual fund	1,563,063
<input type="checkbox"/>	DFA U.S. Micro Cap Portfolio	Mutual fund	20,269
<input type="checkbox"/>	DFA U.S. Small Cap Valueport	Mutual fund	314,168
<input type="checkbox"/>	Diamond Hill Core Bond	Mutual fund	936,364
<input type="checkbox"/>	Fidelity Spartan International Index Fund	Mutual fund	114,312
<input type="checkbox"/>	PIMCO Short-Term Fund Instl	Mutual fund	534,808
<input checked="" type="checkbox"/>	Schwab Bank Savings	Money market fund	1,564,307
<input type="checkbox"/>	Vanguard 500 Index Admiral	Mutual fund	2,002,234
<input type="checkbox"/>	Vanguard Growth Index FD Admiral	Mutual fund	2,109,530
<input type="checkbox"/>	Vanguard Mid-Cap Index Admiral	Mutual fund	823,623
<input type="checkbox"/>	Vanguard Small Cap Growth Index Admiral	Mutual fund	391,881
<input type="checkbox"/>	Vanguard Small Cap Index Admiral	Mutual fund	502,130
<input type="checkbox"/>	Vanguard Target	Mutual fund	2,259
<input type="checkbox"/>	Vanguard Target Retirement 2020 Fund	Mutual fund	70,836
<input type="checkbox"/>	Vanguard Target Retirement 2025 Fund	Mutual fund	489,287
<input type="checkbox"/>	Vanguard Target Retirement 2030 Fund	Mutual fund	639,268
<input type="checkbox"/>	Vanguard Target Retirement 2035 Fund	Mutual fund	233,879
<input type="checkbox"/>	Vanguard Target Retirement 2040 Fund	Mutual fund	294,732
<input type="checkbox"/>	Vanguard Target Retirement 2045 Fund	Mutual fund	276,667
<input type="checkbox"/>	Vanguard Target Retirement 2050 Fund	Mutual fund	179,563
<input type="checkbox"/>	Vanguard Target Retirement 2055 Fund	Mutual fund	13,020
<input type="checkbox"/>	Vanguard Target Retirement 2060 Fund	Mutual fund	58,808
<input type="checkbox"/>	Vanguard Target Retirement 2065 Fund	Mutual fund	23,000

THE FLEXAUST/FLEXADUX 401(K) PROFIT SHARING PLAN

Plan 001, EIN: 35-1950597
Schedule of Assets (Held at End of Year) (Continued)
Schedule H, Part IV, Line 4i
December 31, 2024

<u>(a)</u>	<u>(b) Identity</u>	<u>(c) Description of Investment</u>	<u>(e) Current Value</u>
<input type="checkbox"/>	Vanguard Target Retirement Income	Mutual fund	\$ 17,724
<input type="checkbox"/>	Vanguard Total Bond Market Index Admiral	Mutual fund	261,152
<input checked="" type="checkbox"/>	Schwab Self-Directed Brokerage Account		5,273,615
<input checked="" type="checkbox"/>	Participant Loans	Interest rates from 4.25% to 9.5%, maturing through January 2054	<u>624,630</u>
			<u>\$ 22,176,504</u>

Party in interest