

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 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 DYKE INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1969
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DYKE INDUSTRIES, INC 309 CENTER STREET LITTLE ROCK, AR 72201
2b	Employer Identification Number (EIN) 71-0202409
2c	Plan Sponsor's telephone number 501-376-2921
2d	Business code (see instructions) 423300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2026	MERRITT DYKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 723
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) 623 6a(2) 537 6b 0 6c 201 6d 738 6e 0 6f 738 6g(1) 737 6g(2) 732 6h 37
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 Characteristic Codes in the instructions:

2E

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DYKE INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DYKE INDUSTRIES, INC	D Employer Identification Number (EIN) 71-0202409	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

(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)

LUTHER KING INVESTMENTS

75-1630300

(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?
21	INVESTMENT MANAGER	163855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEFINITI

85-0833363

(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?
15 64	SERVICE PROVIDER	22020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LANDMARK PLC, CPAS

71-0355269

(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?
29	AUDIT FIRM	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
71 52	BROKERAGE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan DYKE INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DYKE INDUSTRIES, INC	D Employer Identification Number (EIN) 71-0202409

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2470000	1956495
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	54525	59276
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	320507	489314
(2) U.S. Government securities	1c(2)	8018613	8676657
(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)	25174556	26645247
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	36038201	37826989

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	36038201	37826989
--	-----------	----------	----------

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)	1936000	
(B) Participants	2a(1)(B)		
(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)		1936000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	70509	
(B) U.S. Government securities	2b(1)(B)	352501	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		423010
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	310631	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		310631
(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)		0
(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)		0

		(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)		1857967
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4527608

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2535430	
(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)		2535430
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)	24918	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	14000	
(5) Investment advisory and investment management fees	2i(5)	160956	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3516	
(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)		203390
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2738820

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1788788
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: **LANDMARK PLC, CPAS**

(2) EIN: **71-0355269**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DYKE INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DYKE INDUSTRIES, INC		D Employer Identification Number (EIN) 71-0202409
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): 71-0202409		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

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

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 Q702327A.

**Dyke Industries, Inc.
Profit Sharing Plan and Trust**

**Financial Statements
and
Supplemental Schedules
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

(With Independent Auditor's Report Thereon)**

Dyke Industries, Inc.
Profit Sharing Plan and Trust

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR’S REPORT	1
 FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
 SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j – Schedule of Reportable Transactions	17



INDEPENDENT AUDITOR'S REPORT

The Trustees
Dyke Industries, Inc. Profit Sharing Plan and Trust
Little Rock, Arkansas

Opinion

We have audited the financial statements of **Dyke Industries, Inc. Profit Sharing Plan and Trust (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 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.

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 date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements *(Continued)*

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

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, 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.

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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held (at end of year) and schedule of reportable transactions 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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Landmark PLC". The signature is written in a cursive, flowing style.

Little Rock, Arkansas
June 25, 2026

Financial Statements

Dyke Industries, Inc.
Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value:		
Common stock	\$ 26,645,247	\$ 25,174,556
Government debt securities	8,676,657	8,018,613
Money market mutual funds	459,314	290,506
Total Investments	<u>35,781,218</u>	<u>33,483,675</u>
Receivables:		
Employer contribution receivable	1,956,495	2,470,000
Interest	59,276	54,525
Total Receivables	<u>2,015,771</u>	<u>2,524,525</u>
Cash	<u>30,000</u>	<u>30,001</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 37,826,989</u></u>	<u><u>\$ 36,038,201</u></u>

See accompanying notes to financial statements.

Dyke Industries, Inc.
Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

ADDITIONS AND INVESTMENT INCOME

Investment income	
Interest and dividends	\$ 733,641
Net appreciation in fair value of investments	1,857,967
	<u>2,591,608</u>
Investment management fees	(160,956)
Net Investment Income	<u>2,430,652</u>
Employer contributions	<u>1,936,000</u>
Total Additions and Investment Income	<u>4,366,652</u>

DEDUCTIONS

Benefit payments	2,535,430
Administrative expenses	42,434
	<u>2,577,864</u>
Total Deductions	<u>2,577,864</u>

NET INCREASE 1,788,788

NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR 36,038,201

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR \$ 37,826,989

See accompanying notes to financial statements.

Dyke Industries, Inc.

Profit Sharing Plan and Trust

Notes to Financial Statements
December 31, 2025 and 2024

NOTE 1: DESCRIPTION OF PLAN

The following brief description of the Dyke Industries, Inc. Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, which was established January 1, 1969, and amended and restated in its entirety January 1, 2016, is a qualified profit-sharing plan which covers substantially all employees of Dyke Industries, Inc. (the Plan Sponsor and the Employer) who have met eligibility requirements as defined by the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Trustees of the Plan are the President/Chief Executive Officer of the Employer and the Chairman of the Employer's Board of Directors. Both of these individuals are also participants in the Plan.

Eligibility

Generally, employees are eligible to participate in the Plan after completing 1,000 hours of service during the year in which they complete twelve months of service, beginning with the date of hire.

Contributions

The Plan does not allow voluntary contributions by employees. The Employer may make discretionary annual contributions equal to 10% of the Employer's pre-tax operating income, as defined in the Plan agreement; however, contributions are limited to the maximum amounts' deductible for income tax purposes.

Participant Accounts

Each participant's account is credited with an allocation of (a) the Employer's contribution, (b) Plan earnings and (c) eligible forfeitures of terminated participants' nonvested accounts. Allocations of the Employer's contribution and eligible forfeitures are based on the ratio that each participant's compensation bears to the total compensation of all participants. Generally, to be eligible to receive an allocation of the Employer's contribution, participants must work at least 1,000 hours during the calendar year and must be employed on the last day of the year. However, a participant who works 1,000 hours and is not employed on the last day of the year due to death, disability or retirement is also eligible to receive an allocation of the Employer's contribution. Allocation of Plan earnings is based on participants' account balances at the beginning of the Plan year.

Dyke Industries, Inc.

Profit Sharing Plan and Trust

Notes to Financial Statements
December 31, 2025 and 2024

NOTE 1: DESCRIPTION OF PLAN (Continued)

Vesting

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Vesting in Employer contributions, plus earnings thereon, occurs according to the following schedule:

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

A participant who reaches age sixty-five, becomes totally disabled while employed or dies while employed is automatically 100% vested in his or her account, regardless of the number of years of service credited to the participant.

Forfeitures

The portion of a participant's account to which he or she is not entitled upon termination of participation is considered the nonvested portion of the account. For a participant with less than two years of service, the participant's entire account balance is forfeited upon termination. For a participant with two or more years of service, the nonvested amount is considered a forfeiture after the participant has incurred five consecutive one-year breaks in service. Forfeitures are then allocated to participants' accounts in the same manner as Employer contributions. During the year ended December 31, 2025, forfeitures totaling approximately \$55,000 were allocated to participant accounts.

Payment of Benefits

A participant who terminates employment with the Employer, has reached age sixty-five with any number of years of credited service, has reached age fifty-five with at least fifteen years of credited service or who has become totally disabled may elect to receive benefit payments in the form of a lump sum, transfer to another IRA or qualified plan, or a partial cash distribution. Generally, the same benefit options are available to designated beneficiaries of participants who die while employed by the Employer. Participants who terminate employment with the Employer before meeting age and service, disability or death requirements may receive distributions as soon as administratively feasible after they meet age and service requirements, die, or become disabled or after the occurrence of three consecutive one-year breaks in service, whichever occurs first.

Dyke Industries, Inc.

Profit Sharing Plan and Trust

Notes to Financial Statements
December 31, 2025 and 2024

NOTE 1: DESCRIPTION OF PLAN (Continued)

Plan Administration

The Plan Sponsor utilizes the services of Merrill Lynch, Inc. to process investment transactions and to perform certain investment-related accounting functions. In addition, the Plan Sponsor also utilizes the services of an independent investment advisor to assist in the management of the Plan's equity portfolio. All significant investment-related expenses are paid from Plan assets. The Plan Sponsor also utilizes the services of Definiti, a third-party administrator, to maintain participant account balances, allocate employer contributions and net investment earnings and perform annual compliance testing.

Certain duties related to the administration of the Plan are performed by employees of the Plan Sponsor; however, the Plan Sponsor does not charge the Plan for the estimated cost of such services.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments are reported 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 fashion between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by Merrill Lynch, Inc. See Note 3 for further discussion of fair value measurements.

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

Benefit Payments

Benefits are recorded when paid. There were no amounts allocated to withdrawing participants that have not been paid at December 31, 2025 and 2024.

Dyke Industries, Inc.

Profit Sharing Plan and Trust

Notes to Financial Statements
December 31, 2025 and 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

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

NOTE 3: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date. |
| Level 2 | <p>Inputs to the valuation methodology include the following:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets• Quoted prices for identical or similar assets or liabilities in inactive markets• Inputs other than quoted prices that are observable for the asset or liability• Inputs that are derived principally from or corroborated by observable market data by correlation or other means <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Common stock

Valued at the closing price reported on the active market on which the individual securities are traded.

Government debt securities

Valued using pricing models maximizing the use of observable inputs for similar securities.

Dyke Industries, Inc.

Profit Sharing Plan and Trust

Notes to Financial Statements December 31, 2025 and 2024

NOTE 3: FAIR VALUE MEASUREMENTS (Continued)

Money market mutual funds

Valued at the daily closing price as reported by the funds. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2025				
Common stock	\$ 26,645,247	\$ 26,645,247	\$ -	\$ -
Government debt securities	8,676,657	-	8,676,657	-
Money market mutual funds	459,314	459,314	-	-
	<u>\$ 35,781,218</u>	<u>\$ 27,104,561</u>	<u>\$ 8,676,657</u>	<u>\$ -</u>
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2024				
Common stock	\$ 25,174,556	\$ 25,174,556	\$ -	\$ -
Government debt securities	8,018,613	-	8,018,613	-
Money market mutual fund	290,506	290,506	-	-
	<u>\$ 33,483,675</u>	<u>\$ 25,465,062</u>	<u>\$ 8,018,613</u>	<u>\$ -</u>

NOTE 4: TAX STATUS

The Plan Sponsor has adopted the provisions of the *Friday, Eldredge & Clark LLP Volume Submitter Defined Contribution Plan and Trust*. In a letter dated October 31, 2016, the Internal Revenue Service informed the Plan Sponsor that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the letter, the Plan's tax counsel and the Plan Sponsor believe the Plan is designed and is currently being operated in accordance with applicable requirements of IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require the Plan Sponsor 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 Sponsor has analyzed the tax positions taken by the Plan and has concluded that as

Dyke Industries, Inc.
Profit Sharing Plan and Trust

Notes to Financial Statements
December 31, 2025 and 2024

NOTE 4: TAX STATUS (Continued)

of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or disclosure in the financial statements. The Plan may be subject to audit by the Internal Revenue Service; however, there are currently no audits for any tax periods in progress.

NOTE 5: RISKS AND UNCERTAINTIES

The Plan's investments 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 may occur in the near term and that such changes could affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 6: SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 25, 2026, the date that the financial statements were available to be issued.

Supplemental Schedules

Dyke Industries, Inc. Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Abbot Labs	4,800 shares, common stock	\$ 171,607	\$ 601,392
	Accenture	1,200 shares, common stock	29,011	321,960
	Adobe	1,350 shares, common stock	39,906	472,487
	Air Products & Chemicals	1,315 shares, common stock	77,070	324,831
	Alcon	6,500 shares, common stock	375,729	512,265
	Alphabet Class C	4,700 shares, common stock	51,500	1,474,860
	Amazon	4,500 shares, common stock	38,324	1,038,690
	American Tower	1,500 shares, common stock	160,577	263,355
	Apple	6,500 shares, common stock	154,160	1,767,090
	Automatic Data Processing	1,200 shares, common stock	44,147	308,676
	Bank of America Corp.	8,500 shares, common stock	253,894	467,500
	Cadence Design	1,100 shares, common stock	303,490	343,838
	Chevron Corp.	1,800 shares, common stock	197,269	274,338
	Cintas Corp.	4,100 shares, common stock	153,324	771,087
	Coca Cola	6,300 shares, common stock	245,204	440,433
	Colgate Palmolive	4,700 shares, common stock	53,630	371,394
	Coterra Energy Inc.	10,700 shares, common stock	126,649	281,624
	Cullen Frost Bankers	3,300 shares, common stock	74,101	417,879
	Danaher Corp.	2,200 shares, common stock	39,203	503,624
	Disney	3,200 shares, common stock	73,843	364,064
	Eaton Corp.	1,200 shares, common stock	414,690	382,212
	Emerson Electric	4,200 shares, common stock	207,941	557,424
	EOG Resources	2,700 shares, common stock	22,606	283,527
	Exxon Mobile	2,500 shares, common stock	54,949	300,850
	Fortive Corp.	4,950 shares, common stock	129,966	273,290
	Home Depot	1,600 shares, common stock	63,181	550,560
	Intuit Inc.	600 shares, common stock	324,853	397,452
	J P Morgan Chase	3,600 shares, common stock	134,628	1,159,981
	Kimberly Clark	2,000 shares, common stock	162,457	201,780
	Linde	800 shares, common stock	354,891	341,112
	L3Harris Technologies	1,500 shares, common stock	296,594	440,355
	Meta Platforms	1,100 shares, common stock	482,658	726,099
	Microsoft	3,700 shares, common stock	192,955	1,789,394
	Moody's Corp.	1,200 shares, common stock	165,812	613,020
	Nvidia	10,000 shares, common stock	167,340	1,865,000
	Palo Alto Networks Inc.	1,800 shares, common stock	330,395	331,560

(Continued)

See Independent Auditor's Report.

Dyke Industries, Inc.

Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	PepsiCo Inc.	2,400 shares, common stock	\$ 52,366	\$ 344,448
	Proctor & Gamble Co.	1,738 shares, common stock	86,358	249,073
	Roper Technologies Inc.	400 shares, common stock	152,616	178,052
	Teledyne Tech Inc.	859 shares, common stock	362,322	438,717
	Thermo Fisher Scientific	900 shares, common stock	28,719	521,505
	Trimble Inc.	5,200 shares, common stock	120,172	407,420
	Veralto Corp.	733 shares, common stock	5,172	73,139
	Visa, Inc. Class A	2,500 shares, common stock	179,933	876,775
	Walmart, Inc.	8,300 shares, common stock	150,894	924,713
	Waste Management, Inc.	2,900 shares, common stock	76,846	637,159
	Zoetis, Inc.	3,650 shares, common stock	153,337	459,243
	Total Common Stock		<u>\$ 7,537,289</u>	<u>\$ 26,645,247</u>
	United States Government	Treasury Note, mature September 30, 2029 3.5000%, \$1,100,000 face value	1,094,500	1,094,885
	United States Government	Treasury Note, mature February 15, 2027 4.125%, \$1,000,000 face value	991,828	1,006,560
	United States Government	Treasury Note, mature February 29, 2028 4.000%, \$1,300,000 face value	1,295,336	1,313,559
	United States Government	Treasury Note, mature June 30, 2028 4.000%, \$1,500,000 face value	1,469,282	1,517,580
	United States Government	Treasury Note, mature October 31, 2029 4.000%, \$1,200,000 face value	1,217,042	1,215,708
	United States Government	Treasury Note, mature November 30, 2029 4.125%, \$1,500,000 face value	1,501,930	1,525,905
	United States Government	Treasury Note, mature May 31, 2030 3.750%, \$1,000,000 face value	980,751	1,002,460
	Total Government Debt Securities		<u>\$ 8,550,669</u>	<u>\$ 8,676,657</u>

(Continued)

See Independent Auditor's Report.

Dyke Industries, Inc. Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)* December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value

Blackrock

BLF Treasury Fund - Money Market
Mutual Fund

\$ 459,314 \$ 459,314

Cash

\$ 30,000 \$ 30,000

* Party-in-interest

See Independent Auditor's Report.

Dyke Industries, Inc.
Profit Sharing Plan and Trust

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Blackrock Treasury Fund	Money Market Mutual Fund	\$ 6,599,166	\$ -	\$ -	\$ -	\$ 6,599,166	\$ 6,599,166	\$ -
Blackrock Treasury Fund	Money Market Mutual Fund	\$ -	\$ 6,797,747	\$ -	\$ -	\$ 6,797,747	\$ 6,797,747	\$ -

See Independent Auditor's Report.

Dyke Industries, Inc.
Profit Sharing Plan and Trust

Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Blackrock Treasury Fund	Money Market Mutual Fund	\$ 6,599,166	\$ -	\$ -	\$ -	\$ 6,599,166	\$ 6,599,166	\$ -
Blackrock Treasury Fund	Money Market Mutual Fund	\$ -	\$ 6,797,747	\$ -	\$ -	\$ 6,797,747	\$ 6,797,747	\$ -

See Independent Auditor's Report.

Dyke Industries, Inc. Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Abbot Labs	4,800 shares, common stock	\$ 171,607	\$ 601,392
	Accenture	1,200 shares, common stock	29,011	321,960
	Adobe	1,350 shares, common stock	39,906	472,487
	Air Products & Chemicals	1,315 shares, common stock	77,070	324,831
	Alcon	6,500 shares, common stock	375,729	512,265
	Alphabet Class C	4,700 shares, common stock	51,500	1,474,860
	Amazon	4,500 shares, common stock	38,324	1,038,690
	American Tower	1,500 shares, common stock	160,577	263,355
	Apple	6,500 shares, common stock	154,160	1,767,090
	Automatic Data Processing	1,200 shares, common stock	44,147	308,676
	Bank of America Corp.	8,500 shares, common stock	253,894	467,500
	Cadence Design	1,100 shares, common stock	303,490	343,838
	Chevron Corp.	1,800 shares, common stock	197,269	274,338
	Cintas Corp.	4,100 shares, common stock	153,324	771,087
	Coca Cola	6,300 shares, common stock	245,204	440,433
	Colgate Palmolive	4,700 shares, common stock	53,630	371,394
	Coterra Energy Inc.	10,700 shares, common stock	126,649	281,624
	Cullen Frost Bankers	3,300 shares, common stock	74,101	417,879
	Danaher Corp.	2,200 shares, common stock	39,203	503,624
	Disney	3,200 shares, common stock	73,843	364,064
	Eaton Corp.	1,200 shares, common stock	414,690	382,212
	Emerson Electric	4,200 shares, common stock	207,941	557,424
	EOG Resources	2,700 shares, common stock	22,606	283,527
	Exxon Mobile	2,500 shares, common stock	54,949	300,850
	Fortive Corp.	4,950 shares, common stock	129,966	273,290
	Home Depot	1,600 shares, common stock	63,181	550,560
	Intuit Inc.	600 shares, common stock	324,853	397,452
	J P Morgan Chase	3,600 shares, common stock	134,628	1,159,981
	Kimberly Clark	2,000 shares, common stock	162,457	201,780
	Linde	800 shares, common stock	354,891	341,112
	L3Harris Technologies	1,500 shares, common stock	296,594	440,355
	Meta Platforms	1,100 shares, common stock	482,658	726,099
	Microsoft	3,700 shares, common stock	192,955	1,789,394
	Moody's Corp.	1,200 shares, common stock	165,812	613,020
	Nvidia	10,000 shares, common stock	167,340	1,865,000
	Palo Alto Networks Inc.	1,800 shares, common stock	330,395	331,560

(Continued)

See Independent Auditor's Report.

Dyke Industries, Inc.

Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	PepsiCo Inc.	2,400 shares, common stock	\$ 52,366	\$ 344,448
	Proctor & Gamble Co.	1,738 shares, common stock	86,358	249,073
	Roper Technologies Inc.	400 shares, common stock	152,616	178,052
	Teledyne Tech Inc.	859 shares, common stock	362,322	438,717
	Thermo Fisher Scientific	900 shares, common stock	28,719	521,505
	Trimble Inc.	5,200 shares, common stock	120,172	407,420
	Veralto Corp.	733 shares, common stock	5,172	73,139
	Visa, Inc. Class A	2,500 shares, common stock	179,933	876,775
	Walmart, Inc.	8,300 shares, common stock	150,894	924,713
	Waste Management, Inc.	2,900 shares, common stock	76,846	637,159
	Zoetis, Inc.	3,650 shares, common stock	153,337	459,243
	Total Common Stock		<u>\$ 7,537,289</u>	<u>\$ 26,645,247</u>
	United States Government	Treasury Note, mature September 30, 2029 3.5000%, \$1,100,000 face value	1,094,500	1,094,885
	United States Government	Treasury Note, mature February 15, 2027 4.125%, \$1,000,000 face value	991,828	1,006,560
	United States Government	Treasury Note, mature February 29, 2028 4.000%, \$1,300,000 face value	1,295,336	1,313,559
	United States Government	Treasury Note, mature June 30, 2028 4.000%, \$1,500,000 face value	1,469,282	1,517,580
	United States Government	Treasury Note, mature October 31, 2029 4.000%, \$1,200,000 face value	1,217,042	1,215,708
	United States Government	Treasury Note, mature November 30, 2029 4.125%, \$1,500,000 face value	1,501,930	1,525,905
	United States Government	Treasury Note, mature May 31, 2030 3.750%, \$1,000,000 face value	980,751	1,002,460
	Total Government Debt Securities		<u>\$ 8,550,669</u>	<u>\$ 8,676,657</u>

(Continued)

See Independent Auditor's Report.

Dyke Industries, Inc. Profit Sharing Plan and Trust

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*
December 31, 2025

Plan Name: Dyke Industries, Inc. Profit Sharing Plan and Trust

Plan Number: 001

Plan Sponsor: Dyke Industries, Inc.

EIN: 71-0202409

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Blackrock	BLF Treasury Fund - Money Market Mutual Fund	<u>\$ 459,314</u>	<u>\$ 459,314</u>
	Cash		<u>\$ 30,000</u>	<u>\$ 30,000</u>

* Party-in-interest

See Independent Auditor's Report.