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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MURCO WALL PRODUCTS, INC. EMPLOYEES PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/1974

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)
MURPHY WALL PRODUCTS INTERNATIONAL, INC.

201 NE 21ST STREET
FORT WORTH, TX 76164

2b Employer Identification Number (EIN) 20-8876330

2c Plan Sponsor's telephone number 817-626-1987

2d Business code (see instructions) 325500

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.	09/29/2026	EVA JOAN BENTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	250
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	217
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	182
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	44
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	229
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	229
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	197
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	222
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	3
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 3D 3H

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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
MURCO WALL PRODUCTS, INC. EMPLOYEES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHY WALL PRODUCTS INTERNATIONAL, INC.

D Employer Identification Number (EIN)
20-8876330

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)

NEWBERGER BERMAN

02-0654486

(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 27 28	INVESTMENT ADVISOR	84395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
MURCO WALL PRODUCTS, INC. EMPLOYEES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHY WALL PRODUCTS INTERNATIONAL, INC.

D Employer Identification Number (EIN)
20-8876330

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)	425000	400000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	348	348
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	111303	525824
(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)	4100935	4053718
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4961682	5465926
(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)	605851	1040576
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	10205119	11486392
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	78259
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	78259
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10205119	11408133

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)	400000	
(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)		400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	197872	
(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)		197908
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	65151	
(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)		65151
(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)		702609
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1365668
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	78259	
(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)		78259
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	84395	
(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)		84395
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		162654
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1203014
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
MURCO WALL PRODUCTS, INC. EMPLOYEES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MURPHY WALL PRODUCTS INTERNATIONAL, INC.

D Employer Identification Number (EIN)
20-8876330

Part I Distributions

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

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

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

EIN(s): 20-8876330

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: ☐ 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 Q702814A .

Murco Wall Products, Inc. Employees Profit Sharing Plan

Financial Statements and Supplemental Schedule

Including Independent Auditor's Report

As of December 31, 2025 and 2024

and for the Year Ended December 31, 2025

Bonadio & Co., LLP

Accounting, Consulting & More

Bonadio & Co., LLP
Accounting, Consulting & More

Independent Auditor's Report

September 10, 2026

To the Plan Trustees of
Murco Wall Products, Inc. Employees Profit Sharing Plan:

Opinion

We have audited the financial statements of Murco Wall Products, Inc. Employees Profit Sharing Plan (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 Murco Wall Products, Inc. Employees Profit Sharing Plan as of December 31, 2025 and 2024, and the changes in its 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 Murco Wall Products, Inc. Employees 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 audit opinion.

7557 Rambler Road,
Suite 600
Dallas, TX 75231
p (214) 346-0750
f (214) 346-0784

www.bonadio.com

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 Murco Wall Products, Inc. Employees Profit Sharing Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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 Murco Wall Products, Inc. Employees 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 Murco Wall Products, Inc. Employees Profit Sharing 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.

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 Schedule H, line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) 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 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.

Supplemental Schedules Required by ERISA (Continued)

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Bonadio & Co. LLP

Murco Wall Products, Inc. Employees Profit Sharing Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 11,037,860	$ 9,728,232
Receivables		
Employer contributions	400,000	425,000
Other receivables	348	348
Total receivables	400,348	425,348
Other assets		
Accrued investment income	48,184	51,537
Total assets	11,486,392	10,205,117
Liabilities		
Payables		
Due to related parties	78,259	-
Total liabilities	78,259	-
Net assets available for benefits	$ 11,408,133	$ 10,205,117

See accompanying notes to the financial statements.

Murco Wall Products, Inc. Employees Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

	2025
Additions	
Investment income	
Interest and dividends	$ 307,636
Net appreciation in fair value of investments	658,034
Total investment income	965,670
Contributions	
Employer contributions	400,000
Total additions	1,365,670
Deductions	
Benefits paid to participants	78,259
Administrative expenses	84,395
Total deductions	162,654
Net increase	1,203,016
Net assets available for benefits	
Beginning of year	10,205,117
End of year	$ 11,408,133

See accompanying notes to the financial statements.

Murco Wall Products, Inc. Employees Profit Sharing Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Murco Wall Products, Inc. Employees Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective June 30, 1974, as restated January 1, 2023. The Plan covers all employees, excluding Union employees, nonresident aliens, leased employees, and residents of Puerto Rico, of Murphy Wall Products International, Inc. (the Company or Employer) who have completed 6 consecutive months of service from the date of hire and during which 500 hours of service are completed, or 12 months beginning on the date of hire during which 1,000 hours of service are completed, and are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan Committee is responsible for oversight of the Plan, which includes determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Contributions

Each year, the Company may make profit sharing contributions to the Plan. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). For the year ended December 31, 2025, the Company approved a $400,000 profit sharing contribution to the Plan. The Plan requires a participant to be employed as of year end and to complete a minimum of 1,000 service hours during the Plan year to be eligible to receive the employer profit sharing contributions, except in the case of retirement, death, or disability of the participant. Contributions are not participant directed and are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts

Each participant's account is credited with the participant's rollover contributions, allocations of the Company's profit sharing contributions, and an allocation of the Plan’s earnings and expenses. Company profit sharing contributions are allocated to participants on a pro-rata basis using the participant's eligible compensation, as defined in the Plan. Earnings and administrative expenses are allocated based on participant balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plan (Continued)

Vesting

Participants are vested immediately in their rollover contributions plus actual earnings thereon. Vesting in the Company's profit sharing contribution portion of their accounts is based on years of continuous service. A participant is 20 percent vested after two years of credited service and continues to vest in increments of 20 percent until 100 percent vested after six years of credited service. Participants are fully vested upon reaching normal retirement age, death, or total disability.

Payment of benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. If a terminated participant's vested balance is less than or equal to $5,000, the amount may be automatically distributed in the form of a lump sum cash payment.

Forfeited accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $190 and $174, respectively. These accounts can be used to reduce future employer contributions or to allocate to the accounts of participants employed on the last day of the plan year. During 2025, no amounts were applied to plan activities from forfeited nonvested accounts.

Due to Plan Sponsor

The Plan Sponsor pays benefits to participants on behalf of the Plan throughout the Plan year, and the Plan periodically reimburses the Plan Sponsor for those amounts. At December 31, 2025, the Plan has $78,259 due to the Plan Sponsor. At December 31, 2024, the Plan has no amounts due to the Plan Sponsor. These amounts are not an extension of credit under ERISA 406(a)(1)(B).

2. Summary of Accounting Policies

Basis of Accounting

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

2. Summary of Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Employer Receivables

The Plan records a receivable for the employer contribution that is remitted to the Plan subsequent to the Plan's year-end. The Plan considers an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical credit losses relative to contributions receivable and current and future economic conditions are not expected to change relative to historical financial information; therefore, management has determined that no allowance for credit losses is necessary as of December 31, 2025 and 2024.

Investment Valuation and Income Recognition

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 transaction between market participants at the measurement date. The Plan Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 3 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

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). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation technique include:

- 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.

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.

Level 3 - Inputs to the valuation technique are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

3. Fair Value Measurements (Continued)

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Total**
Money market funds	$ 525,824	$ -	$ 525,824
Mutual funds	1,040,576	-	1,040,576
Common stocks	5,464,704	-	5,464,704
Corporate bonds	-	4,006,756	4,006,756
Total investments at fair value	$ 7,031,104	$ 4,006,756	$ 11,037,860

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Total**
Money market funds	$ 111,302	$ -	$ 111,302
Mutual funds	605,851	-	605,851
Common stocks	4,959,758	-	4,959,758
Corporate bonds	-	4,051,321	4,051,321
Total investments at fair value	$ 5,676,911	$ 4,051,321	$ 9,728,232

4. Related-Party and Party In Interest Transactions

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

The Plan invests in certain funds managed by the investment advisor which qualify as party-in-interest transactions.

The Plan reimburses the Plan Sponsor for benefits paid to participants on behalf of the Plan, these qualify as related party transactions. There were no reimbursements in 2025.

5. Plan Termination

Although it has not expressed any intent to do so, the Company 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 would become 100 percent vested in their employer contributions.

6. Tax Status

The Company has adopted a pre-approved plan document offered by Ascensus LLC that has received an IRS Opinion Letter dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities in general 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 Statements of Net Assets Available for Benefits.

8. Form 5500

Amounts reported on the Form 5500 differ from the accompanying financial statements due to classification differences. These differences are limited to presentation and do not affect net assets available for benefits or changes in net assets available for benefits.

9. Subsequent Events

Subsequent events were evaluated through September 10, 2026, the date the financial statements were available to be issued.

MURCO WALL PRODUCTS, INC. EMPLOYEES PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i), EIN 20-8876330, PLAN-001
DECEMBER 31, 2025

	(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Funds				
		Dreyfus Government Cash Mgmt Admin	Money market	$ 525,824	$ 525,824
	Total Money Market Funds			**525,824**	**525,824**
	Mutual Funds				
*		Neuberger Berman Strategic Inc Instl	Mutual fund	1,038,846	1,040,576
	Total Mutual Funds			**1,038,846**	**1,040,576**
	Common Stocks				
		Microsoft Corp	Common stock	208,226	414,461
		Amazon.Com Inc	Common stock	143,896	202,659
		Apple Inc	Common stock	57,983	177,524
		Alphabet Inc	Common stock	40,998	144,347
		Nvidia Corporation	Common stock	77,958	138,009
		Eli Lilly & Co	Common stock	21,379	134,334
		Alphabet Inc Cap Stk Cl A	Common stock	74,644	132,711
		T-Mobile Us Inc	Common stock	62,807	111,671
		Motorola Solutions Inc	Common stock	44,153	103,496
		Oracle Corp	Common stock	44,855	102,328
		Csx Corp	Common stock	66,034	95,881
		Broadcom Inc	Common stock	64,162	95,178
		Jpmorgan Chase &Co	Common stock	43,676	89,577
		Apollo Global Management Inc	Common stock	41,216	79,473
		Kyndryl Holdings Inc	Common stock	41,571	78,830
		Mastercard Incorporated	Common stock	63,822	78,211
		Ge Aerospace	Common stock	39,858	77,008
		Apple Inc	Common stock	16,392	76,665
		Nextera Energy Inc	Common stock	66,056	73,296
		Linde Plc	Common stock	44,278	70,354
		Interactive Brokers Group Inc Com Cl A	Common stock	62,169	68,297
		Meta Platforms Inc	Common stock	51,937	67,989
		Aon Plc Class A	Common stock	41,735	63,518
		Thermo Fisher Scientific Inc	Common stock	48,225	63,160
		Avery Dennison Corp	Common stock	61,474	61,112
		Berkshire Hathaway Inc Com	Common stock	57,368	60,318
		Amazon.Com Inc	Common stock	36,083	57,705
		Home Depot Inc	Common stock	52,946	51,271
		Astrazeneca Plc Adr	Common stock	37,874	50,562
		Mcdonald S Corp	Common stock	37,123	50,123
		Visa Inc Class A	Common stock	28,161	43,839
		Arista Networks Inc	Common stock	34,096	42,978
		United Rentals Inc	Common stock	42,450	42,894

The accompanying notes are an integral part of this schedule.

Common Stocks (Continued)			
Eli Lilly &Co	Common stock	$ 22,693	$ 41,913
Danaher Corporation	Common stock	41,356	41,206
Analog Devices Inc	Common stock	20,145	40,680
Kyndryl Hldgs Inc	Common stock	52,978	37,025
Firstenergy Corp	Common stock	28,536	35,592
Progressive Corp	Common stock	18,159	34,158
Cencora Inc Com	Common stock	30,193	34,113
Servicenow Inc	Common stock	16,520	33,702
Cooper Co	Common stock	36,333	33,194
Godaddy Inc	Common stock	46,134	33,129
Astrazeneca Plc Spon Adr	Common stock	22,873	33,095
Gxo Logistics Incorporated	Common stock	32,194	32,900
Berkshire Hathaway Inc Class B	Common stock	15,126	32,672
Intuit Inc	Common stock	27,883	31,134
Eqt Corp	Common stock	22,019	30,016
Amphenol Corp Class A	Common stock	6,420	30,001
Ametek Inc	Common stock	22,520	29,770
S&P Global Inc	Common stock	17,924	29,265
Compass Group Plc Spon Adr Each Rep 1 Ord Shs (Post Splt)	Common stock	31,228	28,983
Centerpoint Energy Inc	Common stock	20,608	28,947
The Cigna Group Com	Common stock	32,618	28,899
Visa Inc	Common stock	11,353	28,408
Tjx Companies Inc	Common stock	14,652	28,111
Air Products And Chemicals Inc	Common stock	31,148	27,172
Brookfield Infrastructure Partn L.P	Common stock	21,650	26,576
Eog Resources Inc	Common stock	18,129	26,253
Synopsys Inc	Common stock	28,511	25,835
Brookfield Asset Management Ltd	Common stock	17,866	25,409
Boston Scientific Corp	Common stock	11,185	24,791
Ge Aerospac	Common stock	13,452	24,642
Asml Holding Nv Eur0.09 Ny Registry Shs 2012	Common stock	15,607	24,607
Progressive Corp Com	Common stock	26,734	24,594
Jpmorgan Chase & Co	Common stock	15,813	24,167
Applied Materials Inc	Common stock	18,653	24,157
Texas Instruments Inc	Common stock	30,283	23,942
Blackstone Inc	Common stock	14,990	23,892
Netflix Inc	Common stock	20,609	23,440
Walmart Inc	Common stock	10,847	23,396
Transunion	Common stock	20,265	23,153
Union Pacific Corp	Common stock	21,262	23,132
Church &Dwight Co Inc	Common stock	23,779	23,059
Bank America Corp Com	Common stock	19,100	22,275
Viasat Inc	Common stock	12,709	21,779
Chevron Corp New	Common stock	21,740	21,337
Waste Management Inc	Common stock	11,352	20,872
Abbott Laboratories	Common stock	17,376	20,673
Aercap Holdings Nv	Common stock	5,764	20,558
Nvent Electric Pl	Common stock	11,412	20,394
Roper Technologies Inc	Common stock	16,778	20,031

The accompanying notes are an integral part of this schedule.

Common Stocks (Continued)			
Capital One Financial Corp Com	Common stock	$ 18,211	$ 19,874
Cme Group Inc	Common stock	13,098	19,662
Williams Cos Inc	Common stock	17,900	19,235
Grainger W W Inc	Common stock	20,146	19,172
Resideo Technologies Inc	Common stock	8,534	18,930
Wells Fargo Co New	Common stock	14,841	18,640
Union Pac Corp	Common stock	14,080	18,506
Roche Holdings Adr	Common stock	14,768	18,462
Workday Inc	Common stock	16,144	17,612
Salesforce Inc	Common stock	11,569	17,484
Ormat Technologies Inc	Common stock	11,349	17,454
Waystar Hldg Corp	Common stock	13,986	16,866
Alphabet Inc Class C	Common stock	4,655	15,690
Lennar Corp	Common stock	10,641	14,392
Sherwin-Williams Co	Common stock	15,586	14,257
Philip Morris International Inc	Common stock	11,662	14,115
Haemonetics Corp	Common stock	10,370	14,106
Crowdstrike Hldgs Inc	Common stock	14,700	14,063
Colgate-Palmolive Co Com	Common stock	15,837	13,749
Huntington Bancshares Inc/Oh	Common stock	10,091	13,377
Enviri Corp	Common stock	7,750	13,368
Rambus Inc	Common stock	5,286	13,232
Abbvie In	Common stock	8,229	12,567
Equifax Inc	Common stock	11,443	12,368
Kbr Inc	Common stock	11,735	12,301
Tjx Companies Inc	Common stock	9,999	12,289
Openlane Inc	Common stock	6,656	12,240
Coterra Energy Inc Com	Common stock	11,479	12,107
Jacobs Solutions Inc	Common stock	9,403	11,921
Otis Worldwide Corp	Common stock	12,845	11,181
Becton Dickinson &Co	Common stock	10,201	11,062
Taiwan Semiconductor Manufacturing Spon	Common stock	10,710	10,940
Procter And Gamble Co	Common stock	11,926	10,748
First Watch Restaurant Group I	Common stock	12,446	10,556
Macom Technology Solutions Holdings Inc	Common stock	2,353	10,448
Brightstar Lottery Plc	Common stock	12,828	10,418
Veeco Instruments Inc	Common stock	6,784	10,403
Trane Technologies Plc	Common stock	10,372	9,730
Northwestern Energy Group Inc	Common stock	7,557	9,616
Arcosa Inc	Common stock	6,285	9,569
Texas Capital Bancshares Inc	Common stock	4,708	9,507
Technipfmc Plc	Common stock	2,486	9,358
Osi Systems Inc	Common stock	3,318	9,182
Ciena Corp	Common stock	1,709	9,121
Portland General Electric Co	Common stock	7,886	9,118
Tetra Technologies Inc	Common stock	3,927	8,995
Somnigroup International Inc	Common stock	2,190	8,839
Atmos Energy Corp	Common stock	6,068	8,717
Mercury Systems Inc	Common stock	4,519	8,615

Common Stocks (Continued)			
Criteo Sa Adr	Common stock	$ 6,560	$ 8,100
New Jersey Resources Corp	Common stock	7,635	8,071
Davita Inc Com	Common stock	10,037	7,953
Cleveland-Cliffs Inc	Common stock	7,844	7,862
Cnx Resources Corp	Common stock	2,956	7,097
Banc Of California Inc	Common stock	5,265	6,887
Teledyne Technologies Inc	Common stock	5,550	6,639
Semtech Corp	Common stock	1,542	6,632
Cognyte Software Ltd	Common stock	7,842	6,279
Adeia Inc	Common stock	3,956	6,262
Lionsgate Studios Corp	Common stock	6,818	6,236
Ipg Photonics Corp	Common stock	6,660	6,229
Devon Energy Corp	Common stock	5,527	6,117
Coherent Corp	Common stock	2,482	6,091
Helios Technologies Inc	Common stock	4,298	5,884
Lear Corp	Common stock	5,189	5,845
Amneal Pharmaceuticals Inc	Common stock	2,191	5,506
Home Depot Inc	Common stock	6,011	5,506
Bloom Energy Corp Class A	Common stock	784	5,387
Nlight Inc	Common stock	1,711	5,251
Varonis Systems Inc	Common stock	5,281	5,051
Babcock & Wilcox Enterprises Inc	Common stock	4,039	4,577
Uipath Inc Class A	Common stock	3,399	4,474
Clean Harbors Inc	Common stock	2,096	4,455
Stratasys Ltd	Common stock	7,871	4,435
Ribbon Communications Inc	Common stock	5,075	4,386
Vistra Corp	Common stock	816	4,195
Charles River Laboratories International Inc	Common stock	3,981	3,990
Whirlpool Corp	Common stock	5,303	3,968
Atricure Inc	Common stock	3,672	3,956
Quidelortho Corp	Common stock	4,132	3,827
Itron Inc	Common stock	2,702	3,622
Sealed Air Corp	Common stock	2,774	3,480
Bread Financial Holdings Inc	Common stock	2,763	3,479
Integra Lifesciences Holdings Corp	Common stock	5,911	3,465
Treehouse Foods Inc	Common stock	6,212	3,232
Radware Ltd	Common stock	3,047	3,035
Wix.Com Ltd	Common stock	2,190	3,013
Liveramp Holdings Inc	Common stock	2,857	2,996
Ceva Inc	Common stock	3,358	2,991
Alcoa Corp	Common stock	1,801	2,976
Rogers Corp	Common stock	2,401	2,930
Glacier Bancorp Inc	Common stock	2,644	2,731
Conduent Inc	Common stock	5,983	2,707
Ncr Voyix Corp	Common stock	2,690	2,530
Onespan Inc	Common stock	3,301	2,375
United Parks & Resorts Inc	Common stock	1,962	2,214
Varex Imaging Corp	Common stock	3,320	2,214
Acadia Healthcare Co Inc	Common stock	6,511	2,129
Indie Semiconductor Inc Class A	Common stock	3,097	2,093
Common Stocks (Continued)			

Centuri Holdings Inc	Common stock	$ 2,140	$ 2,045
Under Armour Inc Class C	Common stock	2,989	1,968
Albany International Corp Class A	Common stock	2,092	1,927
Caleres Inc	Common stock	3,052	1,838
Innovex International Inc	Common stock	2,556	1,815
Xperi Inc	Common stock	4,942	1,723
Patterson-Uti Energy Inc	Common stock	3,329	1,717
Alight Inc Class A	Common stock	5,666	1,658
Unisys Corp	Common stock	7,234	1,499
Conmed Corp	Common stock	2,278	1,380
Orasure Technologies Inc	Common stock	3,786	1,348
Neogen Corp	Common stock	1,002	860
Standard Biotools Inc	Common stock	3,793	687
Starz Entertainment Corp	Common stock	617	527
Accuray Inc	Common stock	2,419	515
Innoviz Technologies Ltd	Common stock	1,846	409
Hain Celestial Group Inc	Common stock	4,645	336
Cytosorbents Corp	Common stock	1,106	102
Total Common Stocks		**3,681,889**	**5,464,704**
Corporate Bonds			
Targa Resources Partners LP / Targa Resources Partners Finance Corp	5.000% coupon rate due 02/07/2026	$ 138,687	$ 140,034
Cadence Design Systems Inc	4.700% coupon rate due 06/10/2034	138,047	139,951
Service Corp International/US	4.625% coupon rate due 02/07/2026	140,497	139,819
Cheniere Energy Inc	4.625% coupon rate due 01/18/2026	140,858	139,763
SBA Communications Corp	3.875% coupon rate due 01/18/2026	138,223	138,946
Oracle Corp	4.200% coupon rate due 08/27/2029	134,932	137,208
Centene Corp	4.625% coupon rate due 02/07/2026	135,286	135,792
Verisk Analytics Inc	5.750% coupon rate due 01/01/2033	129,483	132,221
Thermo Fisher Scientific Inc	5.086% coupon rate due 05/10/2033	123,831	129,748
Republic Services Inc	5.000% coupon rate due 10/15/2029	124,895	129,325
Starbucks Corp	4.900% coupon rate due 12/15/2030	123,921	128,526
Comcast Corp	4.250% coupon rate due 07/15/2030	118,251	125,049
Honeywell International Inc	4.500% coupon rate due 10/15/2033	120,390	123,890
Crown Americas LLC	5.250% coupon rate due 01/01/2030	121,245	122,584
Zoetis Inc	5.600% coupon rate due 08/16/2032	103,967	106,188
UnitedHealth Group Inc	5.300% coupon rate due 12/15/2029	103,586	104,256
Wells Fargo & Co	5.574% coupon rate due 07/25/2028	100,000	103,588
Amazon.com Inc	4.700% coupon rate due 09/01/2032	99,882	102,798
Ecolab Inc	4.800% coupon rate due 12/24/2029	101,762	102,534
Intel Corp	5.125% coupon rate due 12/10/2029	101,189	102,508
NextEra Energy Capital Holdings Inc	4.900% coupon rate due 01/28/2028	100,733	101,847
Home Depot Inc	4.500% coupon rate due 06/15/2032	101,248	101,209
T-Mobile USA Inc	2.250% coupon rate due 01/18/2026	100,069	99,771
Fiserv Inc	4.200% coupon rate due 07/01/2028	98,886	99,748
McDonald's Corp	3.600% coupon rate due 04/01/2030	95,206	98,124
CDW LLC / CDW Finance Corp	5.100% coupon rate due 02/01/2030	88,594	91,651
Kraft Heinz Foods Co	3.000% coupon rate due 03/01/2026	90,530	89,605
Walmart Inc	3.900% coupon rate due 03/15/2028	79,853	80,422

The accompanying notes are an integral part of this schedule.

Corporate Bonds (Continued)			
Netflix Inc	4.375% coupon rate due 11/15/2026	$ 81,709	$ 80,410
Vornado Realty LP	2.150% coupon rate due 05/01/2026	80,083	79,118
American Tower Corp	5.650% coupon rate due 12/15/2032	78,696	79,020
Boeing Co	2.196% coupon rate due 01/18/2026	75,017	74,858
Sherwin-Williams Co	3.450% coupon rate due 03/01/2027	77,300	74,428
American Tower Corp	3.550% coupon rate due 04/15/2027	77,292	74,405
Advance Auto Parts Inc	1.750% coupon rate due 08/01/2027	74,861	71,129
United Rentals North America Inc	3.875% coupon rate due 01/18/2026	60,359	59,593
Equinix Inc	2.900% coupon rate due 09/18/2026	59,913	59,405
Roper Technologies Inc	1.400% coupon rate due 07/15/2027	60,009	57,447
CDW LLC / CDW Finance Corp	4.250% coupon rate due 02/07/2026	48,366	49,838
Total Corporate Bonds		**3,967,656**	**4,006,756**
Total Investments at fair value		**$ 9,214,215**	**$ 11,037,860**

* Indicates party in interest

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
Murco Wall Products, Inc. Employees Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/30/1974

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)

Murphy Wall Products International, Inc.

201 NE 21st Street

Fort Worth TX 76164

2b Employer Identification Number (EIN)
20-8876330

2c Plan Sponsor's telephone number
817-626-1987

2d Business code (see instructions)
325500

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	Eva Joan Benton	09/29/2026	Eva Joan Benton
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	250
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	217
a(2) Total number of active participants at the end of the plan year	**6a(2)**	182
b Retired or separated participants receiving benefits	**6b**	3
c Other retired or separated participants entitled to future benefits	**6c**	44
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	229
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	229
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	197
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	222
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 3D 3H

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) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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	B Three-digit plan number (PN) ▶
Murco Wall Products, Inc. Employees Profit Sharing Plan	001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
Murphy Wall Products International, Inc.	20-8876330

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)

NEWBERGER BERMAN 02-0654486

(b) Service Code(s) 19 27 28	(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?
	INVESTMENT ADVISOR	84,395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
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
Murco Wall Products, Inc. Employees Profit Sharing Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Murphy Wall Products International, Inc.

D Employer Identification Number (EIN)
20-8876330

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)	425,000	400,000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	348	348
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	111,303	525,824
(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)	4,100,935	4,053,718
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4,961,682	5,465,926
(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)	605,851	1,040,576
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	10,205,119	11,486,392
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	78,259
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	78,259
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10,205,119	11,408,133

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)	400,000	
(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)		400,000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	197,872	
(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)		197,908
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	65,151	
(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)		65,151
(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)		702,609
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,365,668
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	78,259	
(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)		78,259
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	84,395	
(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)		84,395
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		162,654
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1,203,014
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) [X] Unmodified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.
(1) [X] DOL Regulation 2520.103-8 (2) [ ] DOL Regulation 2520.103-12(d) (3) [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: Bonadio & Co., LLP (2) EIN: 16-1131146

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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
Murco Wall Products, Inc. Employees Profit Sharing Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
Murphy Wall Products International, Inc.

D Employer Identification Number (EIN)
20-8876330

Part I Distributions

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

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

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

EIN(s): 20-8876330

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: ☐ 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 Q702814a.



MURCO WALL PRODUCTS, INC. EMPLOYEES PROFIT SHARING PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4(i), EIN 20-8876330, PLAN-001
DECEMBER 31, 2025

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Funds			
	Dreyfus Government Cash Mgmt Admin	Money market	$ 525,824	$ 525,824
	Total Money Market Funds		**525,824**	**525,824**
	Mutual Funds			
*	Neuberger Berman Strategic Inc Instl	Mutual fund	1,038,846	1,040,576
	Total Mutual Funds		**1,038,846**	**1,040,576**
	Common Stocks			
	Microsoft Corp	Common stock	208,226	414,461
	Amazon.Com Inc	Common stock	143,896	202,659
	Apple Inc	Common stock	57,983	177,524
	Alphabet Inc	Common stock	40,998	144,347
	Nvidia Corporation	Common stock	77,958	138,009
	Eli Lilly & Co	Common stock	21,379	134,334
	Alphabet Inc Cap Stk Cl A	Common stock	74,644	132,711
	T-Mobile Us Inc	Common stock	62,807	111,671
	Motorola Solutions Inc	Common stock	44,153	103,496
	Oracle Corp	Common stock	44,855	102,328
	Csx Corp	Common stock	66,034	95,881
	Broadcom Inc	Common stock	64,162	95,178
	Jpmorgan Chase &Co	Common stock	43,676	89,577
	Apollo Global Management Inc	Common stock	41,216	79,473
	Kyndryl Holdings Inc	Common stock	41,571	78,830
	Mastercard Incorporated	Common stock	63,822	78,211
	Ge Aerospace	Common stock	39,858	77,008
	Apple Inc	Common stock	16,392	76,665
	Nextera Energy Inc	Common stock	66,056	73,296
	Linde Plc	Common stock	44,278	70,354
	Interactive Brokers Group Inc Com Cl A	Common stock	62,169	68,297
	Meta Platforms Inc	Common stock	51,937	67,989
	Aon Plc Class A	Common stock	41,735	63,518
	Thermo Fisher Scientific Inc	Common stock	48,225	63,160
	Avery Dennison Corp	Common stock	61,474	61,112
	Berkshire Hathaway Inc Com	Common stock	57,368	60,318
	Amazon.Com Inc	Common stock	36,083	57,705
	Home Depot Inc	Common stock	52,946	51,271
	Astrazeneca Plc Adr	Common stock	37,874	50,562
	Mcdonald S Corp	Common stock	37,123	50,123
	Visa Inc Class A	Common stock	28,161	43,839
	Arista Networks Inc	Common stock	34,096	42,978
	United Rentals Inc	Common stock	42,450	42,894

The accompanying notes are an integral part of this schedule.

Common Stocks (Continued)			
Eli Lilly &Co	Common stock	$ 22,693	$ 41,913
Danaher Corporation	Common stock	41,356	41,206
Analog Devices Inc	Common stock	20,145	40,680
Kyndryl Hldgs Inc	Common stock	52,978	37,025
Firstenergy Corp	Common stock	28,536	35,592
Progressive Corp	Common stock	18,159	34,158
Cencora Inc Com	Common stock	30,193	34,113
Servicenow Inc	Common stock	16,520	33,702
Cooper Co	Common stock	36,333	33,194
Godaddy Inc	Common stock	46,134	33,129
Astrazeneca Plc Spon Adr	Common stock	22,873	33,095
Gxo Logistics Incorporated	Common stock	32,194	32,900
Berkshire Hathaway Inc Class B	Common stock	15,126	32,672
Intuit Inc	Common stock	27,883	31,134
Eqt Corp	Common stock	22,019	30,016
Amphenol Corp Class A	Common stock	6,420	30,001
Ametek Inc	Common stock	22,520	29,770
S&P Global Inc	Common stock	17,924	29,265
Compass Group Plc Spon Adr Each Rep 1 Ord Shs (Post Splt)	Common stock	31,228	28,983
Centerpoint Energy Inc	Common stock	20,608	28,947
The Cigna Group Com	Common stock	32,618	28,899
Visa Inc	Common stock	11,353	28,408
Tjx Companies Inc	Common stock	14,652	28,111
Air Products And Chemicals Inc	Common stock	31,148	27,172
Brookfield Infrastructure Partn L.P	Common stock	21,650	26,576
Eog Resources Inc	Common stock	18,129	26,253
Synopsys Inc	Common stock	28,511	25,835
Brookfield Asset Management Ltd	Common stock	17,866	25,409
Boston Scientific Corp	Common stock	11,185	24,791
Ge Aerospac	Common stock	13,452	24,642
Asml Holding Nv Eur0.09 Ny Registry Shs 2012	Common stock	15,607	24,607
Progressive Corp Com	Common stock	26,734	24,594
Jpmorgan Chase & Co	Common stock	15,813	24,167
Applied Materials Inc	Common stock	18,653	24,157
Texas Instruments Inc	Common stock	30,283	23,942
Blackstone Inc	Common stock	14,990	23,892
Netflix Inc	Common stock	20,609	23,440
Walmart Inc	Common stock	10,847	23,396
Transunion	Common stock	20,265	23,153
Union Pacific Corp	Common stock	21,262	23,132
Church &Dwight Co Inc	Common stock	23,779	23,059
Bank America Corp Com	Common stock	19,100	22,275
Viasat Inc	Common stock	12,709	21,779
Chevron Corp New	Common stock	21,740	21,337
Waste Management Inc	Common stock	11,352	20,872
Abbott Laboratories	Common stock	17,376	20,673
Aercap Holdings Nv	Common stock	5,764	20,558
Nvent Electric Pl	Common stock	11,412	20,394
Roper Technologies Inc	Common stock	16,778	20,031

The accompanying notes are an integral part of this schedule.

Common Stocks (Continued)			
Capital One Financial Corp Com	Common stock	$ 18,211	$ 19,874
Cme Group Inc	Common stock	13,098	19,662
Williams Cos Inc	Common stock	17,900	19,235
Grainger W W Inc	Common stock	20,146	19,172
Resideo Technologies Inc	Common stock	8,534	18,930
Wells Fargo Co New	Common stock	14,841	18,640
Union Pac Corp	Common stock	14,080	18,506
Roche Holdings Adr	Common stock	14,768	18,462
Workday Inc	Common stock	16,144	17,612
Salesforce Inc	Common stock	11,569	17,484
Ormat Technologies Inc	Common stock	11,349	17,454
Waystar Hldg Corp	Common stock	13,986	16,866
Alphabet Inc Class C	Common stock	4,655	15,690
Lennar Corp	Common stock	10,641	14,392
Sherwin-Williams Co	Common stock	15,586	14,257
Philip Morris International Inc	Common stock	11,662	14,115
Haemonetics Corp	Common stock	10,370	14,106
Crowdstrike Hldgs Inc	Common stock	14,700	14,063
Colgate-Palmolive Co Com	Common stock	15,837	13,749
Huntington Bancshares Inc/Oh	Common stock	10,091	13,377
Enviri Corp	Common stock	7,750	13,368
Rambus Inc	Common stock	5,286	13,232
Abbvie In	Common stock	8,229	12,567
Equifax Inc	Common stock	11,443	12,368
Kbr Inc	Common stock	11,735	12,301
Tjx Companies Inc	Common stock	9,999	12,289
Openlane Inc	Common stock	6,656	12,240
Coterra Energy Inc Com	Common stock	11,479	12,107
Jacobs Solutions Inc	Common stock	9,403	11,921
Otis Worldwide Corp	Common stock	12,845	11,181
Becton Dickinson &Co	Common stock	10,201	11,062
Taiwan Semiconductor Manufacturing Spon	Common stock	10,710	10,940
Procter And Gamble Co	Common stock	11,926	10,748
First Watch Restaurant Group I	Common stock	12,446	10,556
Macom Technology Solutions Holdings Inc	Common stock	2,353	10,448
Brightstar Lottery Plc	Common stock	12,828	10,418
Veeco Instruments Inc	Common stock	6,784	10,403
Trane Technologies Plc	Common stock	10,372	9,730
Northwestern Energy Group Inc	Common stock	7,557	9,616
Arcosa Inc	Common stock	6,285	9,569
Texas Capital Bancshares Inc	Common stock	4,708	9,507
Technipfmc Plc	Common stock	2,486	9,358
Osi Systems Inc	Common stock	3,318	9,182
Ciena Corp	Common stock	1,709	9,121
Portland General Electric Co	Common stock	7,886	9,118
Tetra Technologies Inc	Common stock	3,927	8,995
Somnigroup International Inc	Common stock	2,190	8,839
Atmos Energy Corp	Common stock	6,068	8,717
Mercury Systems Inc	Common stock	4,519	8,615

Common Stocks (Continued)			
Criteo Sa Adr	Common stock	$ 6,560	$ 8,100
New Jersey Resources Corp	Common stock	7,635	8,071
Davita Inc Com	Common stock	10,037	7,953
Cleveland-Cliffs Inc	Common stock	7,844	7,862
Cnx Resources Corp	Common stock	2,956	7,097
Banc Of California Inc	Common stock	5,265	6,887
Teledyne Technologies Inc	Common stock	5,550	6,639
Semtech Corp	Common stock	1,542	6,632
Cognyte Software Ltd	Common stock	7,842	6,279
Adeia Inc	Common stock	3,956	6,262
Lionsgate Studios Corp	Common stock	6,818	6,236
Ipg Photonics Corp	Common stock	6,660	6,229
Devon Energy Corp	Common stock	5,527	6,117
Coherent Corp	Common stock	2,482	6,091
Helios Technologies Inc	Common stock	4,298	5,884
Lear Corp	Common stock	5,189	5,845
Amneal Pharmaceuticals Inc	Common stock	2,191	5,506
Home Depot Inc	Common stock	6,011	5,506
Bloom Energy Corp Class A	Common stock	784	5,387
Nlight Inc	Common stock	1,711	5,251
Varonis Systems Inc	Common stock	5,281	5,051
Babcock & Wilcox Enterprises Inc	Common stock	4,039	4,577
Uipath Inc Class A	Common stock	3,399	4,474
Clean Harbors Inc	Common stock	2,096	4,455
Stratasys Ltd	Common stock	7,871	4,435
Ribbon Communications Inc	Common stock	5,075	4,386
Vistra Corp	Common stock	816	4,195
Charles River Laboratories International Inc	Common stock	3,981	3,990
Whirlpool Corp	Common stock	5,303	3,968
Atricure Inc	Common stock	3,672	3,956
Quidelortho Corp	Common stock	4,132	3,827
Itron Inc	Common stock	2,702	3,622
Sealed Air Corp	Common stock	2,774	3,480
Bread Financial Holdings Inc	Common stock	2,763	3,479
Integra Lifesciences Holdings Corp	Common stock	5,911	3,465
Treehouse Foods Inc	Common stock	6,212	3,232
Radware Ltd	Common stock	3,047	3,035
Wix.Com Ltd	Common stock	2,190	3,013
Liveramp Holdings Inc	Common stock	2,857	2,996
Ceva Inc	Common stock	3,358	2,991
Alcoa Corp	Common stock	1,801	2,976
Rogers Corp	Common stock	2,401	2,930
Glacier Bancorp Inc	Common stock	2,644	2,731
Conduent Inc	Common stock	5,983	2,707
Ncr Voyix Corp	Common stock	2,690	2,530
Onespan Inc	Common stock	3,301	2,375
United Parks & Resorts Inc	Common stock	1,962	2,214
Varex Imaging Corp	Common stock	3,320	2,214
Acadia Healthcare Co Inc	Common stock	6,511	2,129
Indie Semiconductor Inc Class A	Common stock	3,097	2,093
Common Stocks (Continued)			

Centuri Holdings Inc	Common stock		$ 2,140	$ 2,045
Under Armour Inc Class C	Common stock		2,989	1,968
Albany International Corp Class A	Common stock		2,092	1,927
Caleres Inc	Common stock		3,052	1,838
Innovex International Inc	Common stock		2,556	1,815
Xperi Inc	Common stock		4,942	1,723
Patterson-Uti Energy Inc	Common stock		3,329	1,717
Alight Inc Class A	Common stock		5,666	1,658
Unisys Corp	Common stock		7,234	1,499
Conmed Corp	Common stock		2,278	1,380
Orasure Technologies Inc	Common stock		3,786	1,348
Neogen Corp	Common stock		1,002	860
Standard Biotools Inc	Common stock		3,793	687
Starz Entertainment Corp	Common stock		617	527
Accuray Inc	Common stock		2,419	515
Innoviz Technologies Ltd	Common stock		1,846	409
Hain Celestial Group Inc	Common stock		4,645	336
Cytosorbents Corp	Common stock		1,106	102
Total Common Stocks			**3,681,889**	**5,464,704**
Corporate Bonds				
Targa Resources Partners LP / Targa Resources Partners Finance Corp	5.000%	coupon rate due 02/07/2026	$ 138,687	$ 140,034
Cadence Design Systems Inc	4.700%	coupon rate due 06/10/2034	138,047	139,951
Service Corp International/US	4.625%	coupon rate due 02/07/2026	140,497	139,819
Cheniere Energy Inc	4.625%	coupon rate due 01/18/2026	140,858	139,763
SBA Communications Corp	3.875%	coupon rate due 01/18/2026	138,223	138,946
Oracle Corp	4.200%	coupon rate due 08/27/2029	134,932	137,208
Centene Corp	4.625%	coupon rate due 02/07/2026	135,286	135,792
Verisk Analytics Inc	5.750%	coupon rate due 01/01/2033	129,483	132,221
Thermo Fisher Scientific Inc	5.086%	coupon rate due 05/10/2033	123,831	129,748
Republic Services Inc	5.000%	coupon rate due 10/15/2029	124,895	129,325
Starbucks Corp	4.900%	coupon rate due 12/15/2030	123,921	128,526
Comcast Corp	4.250%	coupon rate due 07/15/2030	118,251	125,049
Honeywell International Inc	4.500%	coupon rate due 10/15/2033	120,390	123,890
Crown Americas LLC	5.250%	coupon rate due 01/01/2030	121,245	122,584
Zoetis Inc	5.600%	coupon rate due 08/16/2032	103,967	106,188
UnitedHealth Group Inc	5.300%	coupon rate due 12/15/2029	103,586	104,256
Wells Fargo & Co	5.574%	coupon rate due 07/25/2028	100,000	103,588
Amazon.com Inc	4.700%	coupon rate due 09/01/2032	99,882	102,798
Ecolab Inc	4.800%	coupon rate due 12/24/2029	101,762	102,534
Intel Corp	5.125%	coupon rate due 12/10/2029	101,189	102,508
NextEra Energy Capital Holdings Inc	4.900%	coupon rate due 01/28/2028	100,733	101,847
Home Depot Inc	4.500%	coupon rate due 06/15/2032	101,248	101,209
T-Mobile USA Inc	2.250%	coupon rate due 01/18/2026	100,069	99,771
Fiserv Inc	4.200%	coupon rate due 07/01/2028	98,886	99,748
McDonald's Corp	3.600%	coupon rate due 04/01/2030	95,206	98,124
CDW LLC / CDW Finance Corp	5.100%	coupon rate due 02/01/2030	88,594	91,651
Kraft Heinz Foods Co	3.000%	coupon rate due 03/01/2026	90,530	89,605
Walmart Inc	3.900%	coupon rate due 03/15/2028	79,853	80,422

The accompanying notes are an integral part of this schedule.

Corporate Bonds (Continued)			
Netflix Inc	4.375% coupon rate due 11/15/2026	$ 81,709	$ 80,410
Vornado Realty LP	2.150% coupon rate due 05/01/2026	80,083	79,118
American Tower Corp	5.650% coupon rate due 12/15/2032	78,696	79,020
Boeing Co	2.196% coupon rate due 01/18/2026	75,017	74,858
Sherwin-Williams Co	3.450% coupon rate due 03/01/2027	77,300	74,428
American Tower Corp	3.550% coupon rate due 04/15/2027	77,292	74,405
Advance Auto Parts Inc	1.750% coupon rate due 08/01/2027	74,861	71,129
United Rentals North America Inc	3.875% coupon rate due 01/18/2026	60,359	59,593
Equinix Inc	2.900% coupon rate due 09/18/2026	59,913	59,405
Roper Technologies Inc	1.400% coupon rate due 07/15/2027	60,009	57,447
CDW LLC / CDW Finance Corp	4.250% coupon rate due 02/07/2026	48,366	49,838
Total Corporate Bonds		**3,967,656**	**4,006,756**
Total Investments at fair value		**$ 9,214,215**	**$ 11,037,860**

* Indicates party in interest

The accompanying notes are an integral part of this schedule.