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
MEYER TOOL 401(K) AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

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)
MEYER TOOL, INC.

3055 COLERAIN AVENUE
CINCINNATI, OH 45225

2b Employer Identification Number (EIN)
31-0874289

2c Plan Sponsor's telephone number
513-853-4400

2d Business code (see instructions)
336410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	ALICIA FABIANI
	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**	1647
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)**	1445
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1403
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	251
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1654
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	11
f	Total. Add lines **6d** and **6e**.	**6f**	1665
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)**	1472
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)**	1544
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	157
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 2F 2G 2J 2K 2T 3B 3H 3D 2R

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
MEYER TOOL 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-0874289

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	32911	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	5671	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
ABF SM CAP VAL INV - SS&C GIDS, IN 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
AS GOVT SECS IS - SS&C GIDS, INC 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
BAIRD CORE PLUS INV - US BANCORP F 39-0281260	0.27%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CONESTOGA SM CAP INV - ULTIMUS FUN 31-1663251	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS DIVRS DIVD R5 - INVESCO INVES	11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MM SMALL CAP OPP R5 - STATE STREET	ONE LINCOLN STREET BOSTON, MA 02210	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
TRP DIV GROWTH - T. ROWE PRICE SER 52-2269240	0.15%	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
MEYER TOOL 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-0874289

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2356989	2627861
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	28397	60312
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	3127332	3333608
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	76996690	94034622
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	82509408	100056403
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	1
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	1
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	82509408	100056402

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)	357953	
(B) Participants	2a(1)(B)	6521712	
(C) Others (including rollovers)	2a(1)(C)	428341	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7308006
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	99088	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	277559	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		376647
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	373	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4175336	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4175709
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	487112	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	487448	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-336
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	8123	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		8123

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9684111
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		21552260
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8404861	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8404861
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		1470
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	5671	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	32911	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		38582
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8444913
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		13107347
l Transfers of assets:			
(1) To this plan	2l(1)		4439647
(2) From this plan	2l(2)		0

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: RUDLER, PSC **(2)** EIN: 31-1048275

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**	X		

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
MEYER TOOL 401(K) AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-0874289

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** |

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): 04-6568107

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 Q702438A .

MEYER TOOL 401(K) AND
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

Rudler
CERTIFIED PUBLIC ACCOUNTANTS | PSC

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CERTIFIED PUBLIC ACCOUNTANTS | PSC

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of the
Meyer Tool 401(k) and Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Meyer Tool 401(k) and Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ["ERISA Section 103(a)(3)(C) audit"]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and December 31, 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Meyer Tool 401(k) and Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2025 and December 31, 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Meyer Tool 401(k) and Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Meyer Tool 401(k) and Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, 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 Meyer Tool 401(k) and 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 Meyer Tool 401(k) and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Rudler, PSC

Fort Wright, Kentucky
October 6, 2025

MEYER TOOL 401(K) AND PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and December 31, 2024

	December 31, 2025	December 31, 2024
ASSETS		
Investments at fair value	$ 96,722,795	$ 79,382,076
Receivables:		
Notes receivable from participants	3,400,906	3,191,719
Total Receivables	3,400,906	3,191,719
Total Assets	100,123,701	82,573,795
NET ASSETS AVAILABLE FOR BENEFITS	$ 100,123,701	$ 82,573,795

The accompanying notes are an integral part of this statement.

MEYER TOOL 401(K) AND PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2025

ADDITIONS	
Additions to net assets attributed to:	
Investment Income:	
Net appreciation in fair value of investments	$ 9,683,547
Interest and dividend income	4,283,148
Total Investment Income	13,966,695
Interest on notes receivable from participants	277,559
Contributions:	
Participants' contributions	6,521,712
Rollover contributions	428,341
Employer's contributions	357,953
Total Contributions	7,308,006
Total Additions	21,552,260
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	8,401,949
Loan distributions	1,470
Investment management fees	38,582
Total Deductions	8,442,001
Net Increase from operations	13,110,259
Net assets received from merger of Florida Aero Precision, Inc. 401(k) Profit-Sharing Plan	4,439,647
Net increase	17,549,906
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of Year	82,573,795
End of Year	$ 100,123,701

The accompanying notes are an integral part of this statement.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Meyer Tool 401(k) and Profit Sharing Plan (the "Plan") is provided for general information purposes only. The Plan is a defined contribution plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants should refer to the Plan document for more complete information.

General

The Plan was established January 1, 1984 and was amended and restated March 9, 2021. All employees of Meyer Tool, Inc. (the "Company") who have reached age 18 and have completed at least three months of service are eligible to participate in the Plan.

Contributions

A participant may contribute up to the annual maximum amount permitted by the Internal Revenue Code ("IRC") through payroll deductions. Profit sharing contributions are discretionary and can be made up to a percentage of the participant's eligible compensation provided the participant was employed on the last day of the plan year. The Company can also make a discretionary matching contribution, which historically has been a percentage of participants' elective deferrals up to a certain percent of their eligible compensation. The Company contributed a discretionary matching contribution of 10% of the first 4% of the participants' eligible compensation in 2025 and 2024. For employees of Florida Aero Precision who merged into the plan effective April 1, 2025, the company contributed an employer match of 50% up to 5% of participant contributions. Participants may allocate contributions made to their account in any of the investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution, Company's discretionary matching and discretionary profit sharing contributions, and investment income or loss. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Fidelity Workplace Services, LLC ("Fidelity") has been assigned the administrative function of maintaining separate accounts of the participants as provided by the Plan. Fidelity has no discretionary authority or responsibility to make sales investments or reinvestments. Under the direction of the participants, Fidelity invests the individual participant accounts in any or all of the Plan's investment options as selected by the participant.

Vesting

Participants are 100% vested in their own contributions at all times. Participants are vested in Company discretionary match and profit sharing contributions based on the following schedule:

Years of Service	Vested Percentage
1	10%
2	20%
3	40%
4	60%
5	80%
6	100%

Upon plan termination, or in the event of the Company's complete discontinuance of contributions, participants become 100% vested in all Company contributions.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants
Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested account balance. Participants may only have two loans outstanding at any given time. The loans are secured by the balance in the participant's account and bear interest at a prevailing interest rate, which is commensurate with local prevailing rates as determined quarterly by the plan administrator at the time of the loan. Interest is charged until the loan is repaid and loans are not placed on nonaccrual status. Loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recognized on the accrual basis. Principal and interest are paid ratably through payroll deductions and is credited to each participant's account balance. Loans are considered past due when scheduled payments are more than 30 days behind the original loan agreement payment schedule.

Payment of Benefits
Participants may receive a single lump-sum payment of their vested account balance or make a partial withdrawal of their vested account balance upon retirement. Normal retirement age is 65 years of age. In the event of a participant's death, any remaining balance will be paid to designated beneficiaries.

Administrative Expenses
Certain expenses for administering the Plan are paid by the Company. The Company provides the Plan with certain accounting and administrative services for which no fee is charged.

Forfeitures
Forfeited non-vested accounts totaled $188,400 at December 31, 2025 and $147,129 at December 31, 2024. During 2025, no forfeitures were used to reduce employer contributions or plan expenses.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") and conform to the accounting requirements of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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. See Note 10 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The investments are not covered by federal insurance.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates
The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payment of Benefits
Benefits are recorded when paid.

NOTE 3 - 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. If the Plan is terminated, participants will become fully vested in their Company contributions and the trustee may commence payments of benefits, pursuant to the terms of the Plan.

NOTE 4 - INCOME TAX STATUS

The Plan has adopted a non-standardized pre-approved profit sharing plan with CODA sponsored by Fidelity. The non-standardized pre-approved profit sharing plan has received an opinion letter dated June 30, 2020 from the Internal Revenue Service as to the non-standardized plan's qualified status. The non-standardized plan opinion letter has been relied upon by this Plan. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC. The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2022. There are currently no audits for any tax periods in progress.

NOTE 5 - TRANSACTIONS WITH PARTIES-IN-INTEREST

All of the Plan's investments are managed by Fidelity. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid to Fidelity amounted to $38,582 for the year ended December 31, 2025.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. During 2025, the Plan assumed investment assets totaling $4,439,647 in connection with the merger of the Florida Aero Precision, Inc. 401(k) Profit-Sharing Plan, as described in Note 7.

NOTE 7 - PLAN AMENDMENTS

Effective April 1, 2025, the Plan was formally amended to merge the Florida Aero Precision, Inc. 401(k) Profit-Sharing Plan into the Plan. Employees from Florida Aero Precision retained their years of service and eligibility status. The merger resulted from the plan sponsor's acquisition of Florida Aero Precision, Inc. As a result of the merger, $4,439,647 of net assets were transferred into the Plan and are included in the statement of changes in net assets available for benefits.

NOTE 8 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Fidelity Management Trust Company, the trustee:

	December 31, 2025	December 31, 2024
Investments at fair value:		
Mutual funds	$ 94,017,687	$ 76,988,569
Money market funds	$ 2,199,657	$ 1,934,208
Self-directed brokerage accounts	$ 505,541	$ 459,299
Investment income (loss)	$ 13,966,695	
Notes receivable from participants	$ 3,400,906	$ 3,191,719
Interest on notes receivable from participants	$ 277,559	

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2025 and December 31, 2024:

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	$ 100,123,701	$ 82,573,795
Less: Deemed distributed loans outstanding	67,298	64,387
Net assets available for benefits per Schedule H, line 1l, Form 5500	$ 100,056,403	$ 82,509,408

The following is a reconciliation of total deductions per the financial statements and the Form 5500 for the year ended December 31, 2025:

	December 31, 2025
Total deductions per the financial statements	$ 8,442,001
Add: Change in deemed loan balance	2,912
Total expenses per Form 5500, Schedule H, Part II, Line 2j	$ 8,444,913

NOTE 10 - FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date**.**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were available to the Plan. The Plan did not hold any Level 2 or Level 3 investments during the years ended December 31, 2025 or December 31, 2024.

Level 1 Fair Value Measurements
Mutual funds: The fair value of mutual funds are based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the plan are considered to be actively traded.

Money market funds: The fair value of money market funds are based on the daily closing prices as reported by the fund.

Self-directed brokerage accounts: Self-directed brokerage accounts primarily consist of money market funds and common stock that are valued on the basis of readily determinable market prices.

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 December 31, 2024:

December 31, 2025		**Fair Value**		**Quoted Prices in Active Markets for Identical Assets (Level 1)**
Mutual funds	$	94,017,687	$	94,017,687
Money market funds		2,199,656		2,199,656
Self-directed brokerage accounts		505,452		505,452
Total assets at fair value	$	96,722,795	$	96,722,795

NOTE 10 - FAIR VALUE MEASUREMENT (Continued)

December 31, 2024		**Fair Value**		**Quoted Prices in Active Markets for Identical Assets (Level 1)**
Mutual funds	$	76,988,569	$	76,988,569
Money market funds		1,934,208		1,934,208
Self-directed brokerage accounts		459,299		459,299
Total assets at fair value	$	79,382,076	$	79,382,076

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the year ended December 31, 2025 are reported in net appreciation (depreciation) in fair value of investments.

NOTE 11 - SUBSEQUENT EVENTS

The Plan has evaluated all subsequent events through October 6, 2025, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

MEYER TOOL 401(K) AND PROFIT SHARING PLAN
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds			
*	Fid Overseas	30,687 shares	**	$ 2,210,378
*	Fid Emerging Mkts	22,122 shares	**	1,102,730
*	Fid Balanced K	555,301 shares	**	17,847,376
*	Fid Blue Chip Gr K	38,691 shares	**	10,399,033
*	Fid Low Priced Stk K	34,685 shares	**	1,427,621
*	Fid US Bond Idx	115,436 shares	**	1,219,001
*	Fid 500 Index	59,541 shares	**	14,153,968
*	Fid Glb Ex US Idx	102,345 shares	**	1,909,754
*	Fid Extd Mkt Idx	14,271 shares	**	1,436,617
*	Fid Infl Pr Bd Idx	7,397 shares	**	67,464
*	Fid Freedom Retire K	10,940 shares	**	123,189
*	Fid Freedom 2010 K	5,814 shares	**	85,820
*	Fid Freedom 2015 K	6,574 shares	**	79,540
*	Fid Freedom 2020 K	76,486 shares	**	1,172,532
*	Fid Freedom 2025 K	128,829 shares	**	1,915,693
*	Fid Freedom 2030 K	270,671 shares	**	5,286,214
*	Fid Freedom 2035 K	240,091 shares	**	4,254,415
*	Fid Freedom 2040 K	116,397 shares	**	1,557,393
*	Fid Freedom 2045 K	292,166 shares	**	4,645,445
*	Fid Freedom 2050 K	252,352 shares	**	4,078,012
*	Fid Freedom 2055 K	110,281 shares	**	2,069,978
*	Fid Freedom 2060 K	123,677 shares	**	2,132,191
*	Fid Freedom 2065 K	58,591 shares	**	921,640
*	Fid Freedom 2070 K	11,860 shares	**	146,112
	MM Small Cap Opp R5	233,689 shares	**	4,084,882
	Invs Divrs Divd R5	279,852 shares	**	5,118,489
	Abf Sm Cap Val Inv	8,440 shares	**	183,737
	As Govt Secs Is	163,294 shares	**	1,611,710
	Baird Core Plus Inv	234,419 shares	**	2,545,792
	Conestoga Sm Cap Inv	3,529 shares	**	230,961

MEYER TOOL 401(K) AND PROFIT SHARING PLAN
SUPPLEMENTARY INFORMATION (CONTINUED)
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money Market Fund			
*	Fid Govt Mmkt	3,199,656 units	**	$ 2,199,657
*	Fidelity Brokerage Link	Self-Directed Accounts	**	505,451
				$ 96,722,795
*	Participant Loans	Interest rates at 4.25% - 9.50%		$ 3,333,608

* A party-in-interest as defined by ERISA
** Participant directed

02/06/2026

MEYER TOOL INCORPORATED
3055 COLERAIN AVE
CINCINNATI, OH 45225

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 01/01/2025 through 12/31/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation
Financial Management Services
American Fidelity Assurance
Toll Free: (866) 638-1691
Direct: (405) 523-2051
Fax: (405) 416-8695

Schedule A MCP Listing

Group Name: MEYER TOOL INCORPORATED
Primary Member Name: MEYER TOOL INCORPORATED
Primary Member Number: 65199

Name	MCP
MEYER TOOL INCORPORATED	65199

Schedule A Report

MEYER TOOL INCORPORATED ATTN SHANNON MCCOMAS
3055 COLERAIN AVE CINCINNATI, OH 45225

Plan/Contract Year: 1/1/2025 - 12/31/2025
Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company
Part I (b) EIN: 73-0714500
Part I (c) NAIC Code: 60410

MEYER TOOL INCORPORATED (65199)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
Accident Only	**954**	**$256,100.00**			
			SHERRILL D MORGAN & ASSOCIATES 525 W 5TH ST #310 COVINGTON, KY 41011	$12,804.12	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	$4,581.86	0.00
			Total Accident Only:	**$17,385.98**	**0.00**
Cancer	**765**	**$222,830.36**			
			SHERRILL D MORGAN & ASSOCIATES 525 W 5TH ST #310 COVINGTON, KY 41011	$11,146.19	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	$5,563.21	0.00
			Total Cancer:	**$16,709.40**	**0.00**
Group HI/GAP	**467**	**$100,260.59**			
			SHERRILL D MORGAN & ASSOCIATES 525 W 5TH ST #310 COVINGTON, KY 41011	$5,015.23	0.00

Schedule A Report

MEYER TOOL INCORPORATED ATTN SHANNON MCCOMAS
3055 COLERAIN AVE CINCINNATI, OH 45225

Plan/Contract Year: 1/1/2025 - 12/31/2025
Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company
Part I (b) EIN: 73-0714500
Part I (c) NAIC Code: 60410

MEYER TOOL INCORPORATED (65199)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	$2,678.64	0.00
			Total Group HI/GAP:	**$7,693.87**	**0.00**
Medical Group	**870**	**$85,945.97**			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	$2,436.46	0.00
			SHERRILL D MORGAN & ASSOCIATES 525 W 5TH ST #310 COVINGTON, KY 41011	$1,719.34	0.00
			Total Medical Group:	**$4,155.80**	**0.00**
STD	**724**	**$492,726.56**			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	$28,737.69	0.00
			SHERRILL D MORGAN & ASSOCIATES 525 W 5TH ST #310 COVINGTON, KY 41011	$24,646.27	0.00
			Total STD:	**$53,383.96**	**0.00**

Metropolitan Life Insurance Company
501 U.S. Highway 22, 2nd Floor - West
Bridgewater, NJ 08807

MetLife

Sales & Broker Compensation Services

April 9, 2026

ATTENTION: ALICIA FABIANI
MEYER TOOL
3055 COLERAIN AVENUE
CINCINNATI, OH 45225

The Employee Retirement Income Security Act of 1974 ("ERISA") requires an annual financial report on employee welfare benefit plans and pension benefit plans which cover 100 or more participants at the beginning of the plan year and are subject to ERISA. The administrator of such a plan is required to file an annual report on I.R.S./DOL Form 5500, including the accompanying Schedule A, with the Employee Benefits Security Administration.

Your Metropolitan Life Insurance Company ("MetLife") employee welfare benefit plan may be subject to ERISA's annual reporting requirements and MetLife is therefore providing you with the information needed to complete Schedule A of Form 5500. The attached report is not an actual Schedule A form and should not be attached to the Form 5500 for regulatory filing. The information should be forwarded to the person who will be completing your annual filing. The information is taken from the data MetLife maintains within its normal business records and is, to the best of MetLife's knowledge and belief, complete and accurate.

Part I, Section 2 of this report lists the compensation paid to intermediaries related to your plan. Intermediaries may include brokers, consultants, agents and third-party administrators. There are several categories of compensation that may be paid to an intermediary. For your reference, the categories of compensation are listed below.

- Base Commissions - Base commissions are generally paid to an intermediary on a monthly basis and are usually calculated as a percentage of premium. Base commissions are typically factored into the cost of the customer's plan.
- Supplemental Compensation - Supplemental compensation may be paid to qualifying intermediaries based on an intermediary's new business or total inforce premium for a specified year. It is not MetLife's practice to specifically factor supplemental compensation into the cost of customer's plan. Supplemental compensation is factored into the price structure of MetLife's institutional business products.
- Fees - Fees may include payments made to intermediaries for services such as administration, communication, enrollment, billing, eligibility, recordkeeping, printing and mailing. Fees may be directly charged to the customer's plan.
- Award - If your intermediary received an award (such as travel or a gift) from MetLife, MetLife allocated the value of the award to all plans that were considered in the qualification criteria proportionately.

Note, the non-monetary compensation amount included in the Schedule A, Fees Paid section of the enclosed report is based on the calendar year tracking of all individual gifts or items of non-monetary compensation such as dinners, tickets for shows or other entertainment events, membership dues, hotels, equal to or greater than $10, that are given to or provided directly or indirectly to brokers, producers, and other insurance intermediaries and/or their spouses, companions or family members. This information is tracked and aggregated at the brokerage firm or company level. The total value is divided by the total number of active contracts or policies in place with that firm for that year except for items relating directly to a specific customer or customers (which are reported to the specific customer(s)). This allocation is reported on the Schedule A reports for all ERISA customers who are part of a given broker firm's book of business.

Before submitting the Schedule A with your annual report to the Employee Benefits Security Administration, in addition to the information MetLife has provided, you should enter in the Schedule the appropriate name of the plan, three-digit plan number and employer identification number in the appropriate spaces immediately preceding Part I.

You may also wish to consult with your counsel concerning any need for attaching an opinion by an independent qualified public accountant.

This letter, together with your copy of the complete annual report should be retained for at least the 6-year period required by ERISA.

* The Gross Dealer Concession is based on premiums received and represents the total compensation and fees paid by the Insurance Company to the selling firm for the coverage used to fund the plan. Your representative(s) received payments subject to selling agreements that they have with the selling firm. The remaining compensation is used by the distributor or selling firm to pay other expenses, including Management Compensation, Conference expenses, etc. The Gross Dealer Concession includes the Commission Paid which is listed separately. The Metropolitan Life Insurance Company attests that the foregoing statement is complete and accurate to the best of its knowledge, information, and belief.

If you have any questions please contact your MetLife Account Representative:
BILL, +1 (813)673-3692 or 800-ASK-4-MET and MetLife will assist you in obtaining this information.

MetLife appreciates your business.

Official Use Only

SCHEDULE A (Form 5500)	Insurance 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. ▶ **File as an attachment to Form 5500** ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).	**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 ▶	
C Plan sponsor's name as shown on line 2a of Form 5500 **MEYER TOOL**	**D** Employer Identification Number	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit can be reported on a single Schedule A

1 Coverage:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	**65978**	**0160074**	**1,925**	**01/01/2025**	**12/31/2025**

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part 1.

Totals *

Total amount of commissions paid	Total Fees Paid / amount
35,662	**0**

Part II

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name: SHERRILL D MORGAN & ASSOCIATES

Address: 525 W 5TH ST STE 310 City: COVINGTON ST: KY ZIP: 41011-1200

Commissions Paid			Fees Paid			Organization code
Coverage	**Amount**	**Purpose**	**Coverage**	**Amount**	**Purpose**	
LIFE	29,075	Base Commissions				03
Long Term Disability	6,587	Base Commissions				
	35,662	**Sub-total**		0	**Sub-total**	

Official Use Only

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts **N/A**

10 Nonexperience-rated contracts

Coverage	Amount
LIFE	224,012
Long Term Disability	154,896
AD&D	5,912

a	Total premiums or subscription charges paid to carrier	384,820
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	

Specify nature of costs below ▶

Footnote(s)

The approximate number of persons covered as shown on the first page of the Schedule A is MetLife's estimated view of participants, spouses and dependents at the end of the policy period. This estimation should be used for reporting purposes only.

If the plan named in Item A on the first page of Schedule A (the "Plan") retains the services of a broker, consultant, agent or third-party administrator (each an "Intermediary") for the Plan, MetLife may in addition to paying base commission provide additional compensation to the Intermediary under various preferred broker and other compensation programs and expense reimbursement. Under such programs, an Intermediary may qualify for additional compensation that may or may not be directly charged to the Plan. Such compensation may not be included in the amount listed in Item 2 on the first page of Schedule A. Please contact MetLife if you would like additional information or details.

Sun Life®

Sun Life Assurance Company of Canada

PO Box 419596
Kansas City, MO 64141-6596

email: ebg_commissions@sunlife.com

Tel: 1-800-440-1311

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MEYER TOOL, INC.
ATTN: BENEFIT ADMINISTRATOR
3055 COLERAIN AVE
PO BOX 25098
CINCINNATI, OH 45225

March 05, 2026

Re: Schedule A (Form 5500) Insurance Information
Group Policy Number: 973590

Dear Valued Customer:

We are sending you the enclosed information to assist you in completing Schedule A/C, of IRS/DOL/PBGC Form 5500. We are providing Schedule A/C information to you because we cannot be certain whether or not you require it. Sun Life does not administer your plan and cannot provide tax and legal advice regarding your plan or policies. Please let us know in writing if you do not file a Schedule A/C of Form 5500 and you do not wish to receive this information in the future. We will not resume Schedule A/C reporting with respect to the above-referenced policy unless you otherwise notify us in writing.

The enclosed information includes all the premiums and/or fees we received, as well as all commissions paid to your broker. The commission information may include:

- Base commissions which are policy specific and are included in the policy rate(s).
- Override commissions (sometimes referred to as special payments, or program management fees) which are also policy specific and generally are included in the policy rate(s).
- Bonus commission and producer conference fees which are not policy specific. They are paid based upon the anticipated annual premiums of all your broker's or administrator's policies with us. The amount of the bonus that is paid to your broker and attributable to your policy is determined by allocating the total bonus amount for the calendar year in proportion to the anticipated annual premium associated with each policy used in the calculation of the total bonus amount. Bonus payments are a company operating expense and, thus, are not directly reflected in the policy rate(s).

  During the course of the year, Sun Life sales and other personnel may engage in various activities with the insurance producers connected with your ERISA plan, such as "lunch and learn" meetings, restaurant meals, attending sporting events, and/or playing golf. Generally, these activities are intended to establish or strengthen the business relationship between the Sun Life sales personnel and the insurance producers and are not provided as a compensatory payment attributable to the plan's insurance contract or to the non-insurance services being provided to the plan. Accordingly, we are not reporting such expenses unless we have determined both that a particular expense is in fact a compensatory payment and exceeds the insubstantial value reporting threshold described in the Form 5500 instructions.

The enclosed should not be used for commission and/or premium reconciliation, it is strictly for Schedule A/C Form 5500 filing purposes. If you have any questions concerning this letter or enclosed information, please contact us via the above listed information.

Sincerely,
Broker Services

CC. Sherrill D Morgan & Associates Inc

Enclosure

Sun Life Assurance of Canada is a member of the Sun Life group of companies.
www.sunlife.com/us

5500 Schedule A Insurance Information

Name	Policy/Account Number	Date
Meyer Tool, Inc. 3055 Colerain Ave PO Box 25098 Cincinnati, OH 45225	973590	03/05/2026

Name of insurance carrier	EIN (Insurance Carrier)	NAIC code	Policy or Contract Year	
			From	To
Sun Life Assurance Company of Canada	38-1082080	80802	01/01/2025	12/31/2025
Contract or identification number	SEE ABOVE #	**Approximate number of persons covered at end of policy or contract year**		1205
Insurance fees and commissions paid to agents, brokers, and other persons: Total Amount of commissions paid **$0.00**				

Name and address of the agents, brokers or other persons to whom commissions or fees paid	**Bonuses and additional payments paid** [2]			Organization Code
	Type of Benefit	Bonus Amount [1]	Additional Payments	
Sherrill D Morgan & Associates Inc 525 W 5TH ST STE. 310 COVINGTON, KY 41011	Stop Loss Specific Only	$21,273.11	$0.00	3

Total Premium received 01/01/2025 to 12/31/2025	Type of Benefit	Gross Premium	
	Stop Loss Specific Only	$1,071,391.74	
	Total	**$1,071,391.74**	

Comments :
Premiums/Fees **for** the time period shown above.
[1] Bonus paid to producer for period 01/01/2024 to 12/31/2024
[2] Bonus has been pro-rated based on the premium.

Any questions in regards to commissions, bonus or awards should be directed to your producer.

Pursuant to 29 CFR 2520.103-5(c), Sun Life Assurance Company of Canada certifies that the statements above are complete and accurate.

The information reported above is for informational purposes only. It is not to be relied upon for amounts that may be due and owing with respect to the Policy.

If you have questions regarding your filing obligations, please consult with your legal and/or tax advisor.

Vision Insurance Information For Form 5500

Information Compiled By: EyeMed Vision Care on behalf of the Fidelity Security Life Insurance Company

Report Start Date	Report End Date
1/1/2025	12/31/2025

Report Generated: 3/3/26

Payments Received by carrier from plan or plan sponsor:

Name of Plan	Contract or ID #	Enrollment Group	Approximate number of subscribers covered at end of policy or contract year:	Approximate number of subscribers and dependents covered at end of policy or contract year:	EIN	NAIC		Amount
MEYER TOOL, INC.	96811721001	MEYER TOOL, INC.	1,046	2,055	430949844	71870		$128,035.96
							Total:	**$128,035.96**

Commissions or fees paid by carrier to agents, brokers or other persons:

Payee Name	Contract or ID #	Address Line 1	City	State	Zip Code		Amount
Sherrill D. Morgan & Associates	96811721001	525 W. Fifth Street Suite 310	Covington	KY	41011		$8,207.14
						Total:	**$8,207.14**

Note: Payments and applicable fees or commissions related to the plan or plan sponsor, which are not paid and posted within the date range provided above, are not included in this report. Instead, such payments will be included in prior or subsequent Schedule A reporting, as appropriate. Payments and applicable fees or commissions may vary from the carrier's billed amounts.

MEYER TOOL, INC. Established 1951
3055 Colerain Avenue • Cincinnati, OH 45225-0098 • (513) 853-4400

Rudler, PSC
Certified Public Accountants
809 Wright's Summit Parkway, Suite 200
Fort Wright, KY 41011

This representation letter is provided in connection with your audit of the financial statements of Meyer Tool 401(k) and 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 December 31, 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 (collectively, the "financial statements").

We have elected to have the audit of the plan's financial statements performed in accordance with ERISA Section 103 (a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). We acknowledge that the audit did not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier, that is regulated, supervised, and subject to periodic examination by a state or federal agency, a qualified institution, that prepared and certified the investment information in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. We have determined that an ERISA Section 103(a)(3)(C) audit is permissible under the circumstances. We have also determined that the investment information is prepared and certified by a qualified institution as described by 29 CFR 2520.103-8, that the certification meets the requirements in 29 CFR 2520.103-5, and that the certified investment information is appropriately measured, presented, and disclosed in accordance auditing principles generally accepted in the United States of America.

The purpose of an ERISA Section 103(a)(3)(C) audit is to express an opinion on whether the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States and that the information regarding assets held by and certified by a qualified institution agrees to, or is derived from, in all material respect, the certified investment information.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of the date of this letter, the following representations made to you during your audit.

Financial Statements

1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated December 17, 2025 including our responsibility for the preparation and fair presentation of the financial statements.

2) The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

3) We acknowledge our responsibility for 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.

4) We acknowledge our responsibility 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.

5) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.

6) The methods, significant assumptions, and data used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement, or disclosure that is reasonable in accordance with U.S. GAAP

7) Related-party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with U.S. GAAP and ERISA Section 3(14) and regulations thereunder.

8) No events have occurred subsequent to the date of the financial statements for which U.S. GAAP requires adjustment or disclosure.

9) There were no unrecorded misstatements to the financial statements.

10) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.

11) Other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, events reportable to the PBGC, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed have been properly disclosed.

12) Material concentrations have been properly disclosed in accordance with U.S. GAAP.

13) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.

14) Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.

15) The supplemental schedule or financial statements disclose the following:

    a) All non-exempt party-in-interest transactions [as defined in ERISA Section 3(14) and regulations thereunder].

    b) Investments or loans in default or considered to be uncollectible.

    c) Reportable transactions as defined in ERISA Section 103(b)(3)(H) and regulations under that section.

16) As part of your audit, you prepared the draft financial statements, related notes and supplemental schedule. We have designated an individual with suitable skill, knowledge, or experience to oversee your services and have assumed all management responsibilities. We have reviewed, and accepted responsibility for those financial statements, related notes, and supplemental schedule.

17) We acknowledge our election to have an ERISA Section 103(a)(3)(C) audit does not affect our responsibility for the financial statements and for determining the following:

    a) The circumstances permit an ERISA Section 103(a)(3)(C) audit.

    b) A qualified institution has prepared and certified the investment information as described in 29 CFR 2520. 103-8.

    c) The certification meets the 29 CFR 2520. 103-5 requirements.

    d) The certified investment information is appropriately measured, presented, and disclosed in accordance with U.S. GAAP.

Information Provided

18) We have provided you with:

    a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records (including information obtained from outside of the general and subsidiary ledgers), documentation, and other matters.

    b) A substantially complete draft of Form 5500.

    c) Additional information that you have requested from us for the purpose of the audit.

    d) Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.

    e) Current plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.

19) All material transactions have been recorded in the accounting records and are reflected in the financial statements.

20) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

21) We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:

    a) Management,

    b) Employees who have significant roles in internal control, or

    c) Others where the fraud could have a material effect on the financial statements.

22) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.

23) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.

24) We have disclosed to you the names of all of the Plan's related parties and parties in interest and all the related-party and party-in-interest relationships and transactions, including any side agreements.

25) The Plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.

26) We have no—

    a) Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.

    b) Intentions to terminate the Plan.

27) Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.

28) The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

29) The methods and significant assumptions used to estimate fair values of financial instruments, including non-readily marketable securities, are as follows: The fair value of mutual funds are based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the plan are considered to be actively traded. The fair value of money market funds are based on the daily closing prices as reported by the fund. Self-directed brokerage accounts primarily consist of money market funds and common stock that are valued on the basis of readily determinable market prices.

30) We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board *("FASB") Accounting Standards Board ("ASC") 820, Fair Value Measurement.* In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC820.

31) All required amendments to and filings of plan documents with the appropriate agencies have been made.

32) The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan (and trust). The Plan sponsor(s) has operated the Plan (and trust) in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 401(k) and 401(m) arrangements, as applicable, has been completed for the Plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.

33) The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan.

34) The Plan has complied with the fidelity bonding requirements of ERISA.

35) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.

36) We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA Section 408(b)(2).

37) We acknowledge that administrative expenses paid by the Plan Sponsor on behalf of the Plan will not be reimbursed by the Plan.

38) We have obtained the service auditor's report from our service organization Fidelity Workplace Services, LLC and ADP Payroll Services. We have reviewed such report, including the complementary user controls. We have implemented the relevant user controls, and they were in operation for the year ended December 31, 2025.

ERISA Required Supplemental Schedules

39) We acknowledge our responsibility for the presentation of the ERISA-required supplemental schedule in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. We believe the ERISA-required supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The methods of measurement and presentation of the supplemental schedule have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplemental schedule. We believe the form and content of the Schedule of Assets (Held at End of Year) is fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Signature: Alicia N Fabiani

Title: CFO

Date: 10/06/2026