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
FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1971

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)
FINISH THOMPSON, INC.

921 GREENGARDEN RD
ERIE, PA 16501

2b Employer Identification Number (EIN)
25-0985057

2c Plan Sponsor's telephone number
814-455-4478

2d Business code (see instructions)
333900

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.	10/09/2026	RENEE KERN
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	195
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)**	140
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	145
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	182
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	184
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)**	195
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)**	182
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	9
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 3D

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)	[X] Insurance	**(1)**	[X] 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)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-0985057

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	YH5206	184	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
32838	0

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

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

AMERIPRISE FINANCIAL SERVICES, INC.
50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
32838			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	517912
5	Current value of plan's interest under this contract in separate accounts at year end	5	23967824

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	674807
c	Additions: (1) Contributions deposited during the year	7c(1)	50487		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8521		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2682		
	▶ *				
	(6)Total additions			7c(6)	61690
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	736497
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13068		
	(2) Administration charge made by carrier	7e(2)	343		
	(3) Transferred to separate account	7e(3)	171989		
	(4) Other (specify below)	7e(4)	4089		
	▶ *				
	(5) Total deductions			7e(5)	189489
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	547008

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-0985057

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

VOYA RETIREMENT INSURANCE & ANNUIY

71-0294708

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

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

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

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

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

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

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

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

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

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	SERVICE PROVIDER	16800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FINISH THOMPSON, INC.

D Employer Identification Number (EIN)
25-0985057

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	23967824

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-0985057

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14749	43829
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	400453	520244
(9) Value of interest in common/collective trusts	1c(9)	202073	6696
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19176593	23917299
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	674807	547008
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	20468675	25035076
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	20468675	25035076

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)	1033756	
(B) Participants	2a(1)(B)	741376	
(C) Others (including rollovers)	2a(1)(C)	106227	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1881359
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	40164	
(F) Other	2b(1)(F)	10376	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50540
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10840
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3598572
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5541311
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	958110	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		958110
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	15850	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	950	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		16800
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		974910
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4566401
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHAFFNER, KNIGHT, MINNAUGH & CO PC **(2)** EIN: 25-1690617

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		6758
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FINISH THOMPSON, INC. PROFIT SHARING AND SAVINGS & MATCH PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-0985057

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): 71-0294708

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 Q704091A .

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan

Financial Statements and Supplemental Schedules

December 31, 2025

SKM
CERTIFIED PUBLIC ACCOUNTANTS
Erie, PA Jamestown, NY

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

Contents

Independent Auditor's Report..... 1

Financial Statements:

Statements of Net Assets Available for Benefits..... 4
Statements of Changes in Net Assets Available for Benefits..... 5
Notes to Financial Statements..... 6

Supplemental Schedules:

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)..... 15
Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions..... 17

CERTIFIED PUBLIC ACCOUNTANTS

1545 West 38th Street
Erie, PA 16508
Phone: (814) 454-1997
Fax: (814) 454-1476

500 Pine Street, Suite 14
Jamestown, New York 14701
Phone: (716) 483-0071
Fax: (814) 454-1476

INDEPENDENT AUDITOR'S REPORT

Board of Directors and Plan Management
Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Erie, Pennsylvania

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of Finish Thompson, Inc. Profit Sharing and Savings & Match 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 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL'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 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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 schedules, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Schaffer, Knight, Mierzwa & Company P.C.

Erie, Pennsylvania
October 2, 2026

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets:		
Investments, at fair value:		
Cash and cash equivalents	**$ 43,829**	$ 14,749
Pooled separate accounts	**23,917,299**	19,176,593
Common/collective trust	**6,696**	202,073
Investments, at contract value:		
Guaranteed investment contract	**547,008**	674,807
	24,514,832	20,068,222
Receivables:		
Notes receivable from participants	**520,244**	400,453
Plan Sponsor contributions receivable	**394,126**	237,126
	914,370	637,579
Net Assets Available for Benefits	**$ 25,429,202**	$ 20,705,801

See notes to financial statements.

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31	
	2025	**2024**
Additions to net assets attributed to:		
Income:		
Dividends and interest	**$ 10,376**	$ 101
Interest income on notes receivable from participants	**40,164**	33,580
	50,540	33,681
Contributions:		
Plan Sponsor	**1,190,756**	1,017,292
Participants	**741,376**	632,378
Rollovers	**106,227**	-
	2,038,359	1,649,670
Total additions	**2,088,899**	1,683,351
Deductions from net assets attributed to:		
Benefits paid to participants	**958,110**	2,401,644
Administrative expenses	**16,800**	14,550
Total deductions	**974,910**	2,416,194
Net realized and unrealized appreciation in fair value of investments	**3,609,412**	2,437,950
Net increase in net assets available for benefits	**4,723,401**	1,705,107
Net assets available for benefits:		
Beginning of year	**20,705,801**	19,000,694
End of year	**$ 25,429,202**	$ 20,705,801

See notes to financial statements.

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Notes to Financial Statements
December 31, 2025

1. Description of Plan

The following description of the Finish Thompson, Inc. Profit Sharing and Savings & Match Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a single employer defined contribution 401(k) plan covering eligible employees of Finish Thompson, Inc. (the Plan Sponsor). The Plan was formed on January 1, 1971 (as restated, effective November 11, 2024) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to November 11, 2024, eligible employees who have completed three months of service were able to enroll in the Plan on the first day of the month coinciding with the day the eligibility requirements were satisfied. Effective November 11, 2024, eligible employees may enroll in the Plan on the first day of the quarter coinciding with the day the eligibility requirements are satisfied.

Unless another election is made, upon entry into the plan, eligible employees are automatically enrolled with a deferral rate of 5%. Participant elective deferrals automatically increase each January by 1% up to a maximum of 10% of compensation. The automatic deferral provisions do not apply to employees who were participants prior to the effective date of these provisions.

Effective July 1, 2024, the Plan was amended to increase the automatic enrollment deferral rate to 6%. The Plan was also amended at this time to automatically increase deferrals each January by 1% up to a maximum of 15% of compensation.

Contributions

The Plan allows for participant contributions, made on a tax-deferred basis, as well as Roth deferrals to the Plan through payroll deductions, and such elective deferrals are subject to the federal tax laws governing the limits on elective deferrals. Rollover contributions to the Plan from other qualified plans are permitted by eligible employees. The Plan Sponsor makes a discretionary matching contribution to each participant's account in an amount equal to each participant's elective deferrals up to a certain percentage of their eligible compensation for the year, this percentage is determined by the Plan Sponsor on a uniform basis each year. For the years ended December 31, 2025 and 2024, the employer discretionary matching contribution was 2%. Additionally, the Plan Sponsor may make profit sharing contributions to the Plan at the discretion of the Plan Sponsor's board of directors. Such contributions are allocated to participant accounts based on eligible participant compensation.

Effective January 1, 2024, the Plan was amended to exclude co-op students, regional managers and the President of the Plan Sponsor from profit sharing contributions. Compensation was also updated effective January 1, 2024, to exclude premium pay, overtime, and leave of absence pay specifically in the calculation of profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's elective deferral contribution; the Plan Sponsor's matching contribution; and an allocation of (a) the Plan Sponsor's profit sharing contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The participant may direct the investment of their funds within the investments offered by the Plan.

1. Description of Plan (continued)

Notes Receivable from Participants

Individuals participating in the Plan have the option of taking loans against their account balances, with repayment terms not to exceed five years unless the loan is for the purchase of a primary residence, which allows for a longer repayment term. A participant may only have one outstanding loan at any given time. The loan must be a minimum of $500, not to exceed the lesser of one-half of the vested participant account balance, or $50,000, reduced by their highest outstanding loan balance in the previous 12 months. A participant's account balance will be utilized as collateral for any given loan and bears interest equal to the prime rate plus 1% at the time of each loan.

Vesting

Participants are immediately vested in their voluntary contributions and rollover contributions, plus actual earnings thereon. Vesting in the Plan Sponsor's discretionary matching contributions and profit-sharing contributions, plus actual earnings thereon, are subject to the following vesting schedule:

Years of Service	Vesting %
1	20%
2	40%
3	60%
4	80%
5	100%

Employees are considered to have completed a year of service (for purposes of vesting) when they have completed 1,000 hours of service at any time during the Plan year. In the event of death, disability or attainment of age 65, the full balance of the participant's account becomes immediately vested.

Payment of Benefits

Participants may withdraw the balance in their vested individual account upon retirement, attainment of age 59 1/2, disability, death or termination. Participants may take distributions from the Plan as rollovers to individual retirement accounts, as rollovers to another employer plan, as distributions paid to them in a single lump sum or as installments over a period of time, or partial withdrawals. Upon the death of a participant, their beneficiary will receive the total value of the participant's account. Vested account balances of former employees of $1,000 or less are automatically distributed as a single lump sum payment. Vested account balances greater than $1,000, but less than $7,000, will be rolled over automatically by the Plan into an IRA. Account balances greater than $7,000 require participant consent prior to distribution and may only be distributed as a single lump sum payment. Hardship withdrawals are permitted by the Plan. Benefits are recorded when paid.

Administrative Expenses

The Plan is responsible for payment of administrative expenses not paid by the Plan Sponsor. These expenses are not material to the Plan's financial position and results from operations. For the years ended December 31, 2025 and 2024, the Plan paid advisory, recordkeeping, and certain fund management fees out of Plan assets, characterizing these fees as administrative fees. Fees paid by the Plan for the investment management and recordkeeping services during 2025 and 2024 amounted to $16,800 and $14,550, respectively.

1. Description of Plan (continued)

Forfeited Accounts

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Based on the discretion of the Plan Sponsor, these forfeited amounts may be used to pay Plan expenses or reduce future employer contributions. During the years ended December 31, 2025 and 2024, the Plan Sponsor used forfeitures totaling $9,084 and $115,715, respectively, to reduce employer contributions. The unallocated forfeiture balance totaled $43,828 and $14,748 at December 31, 2025 and 2024, respectively.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts regardless of whether their vesting years of service are sufficient to make them 100% vested under the Plan's vesting schedule. The value of each participant's account will be paid as directed by the Plan Sponsor.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accounting records and financial statements of the Plan are maintained on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued.

3. Certified Investment Information

For the years ended December 31, 2025 and 2024, the Plan Administrator elected the method of compliance permitted under 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 ERISA. Accordingly, as permitted under this election, all investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net realized and unrealized appreciation in fair value of investments, interest and dividend income, and administrative expenses for the years then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee, Voya Retirement Insurance and Annuity Company (VRIAC).

The financial information certified by the trustee, VRIAC, have been adjusted to reflect minor timing differences related to financial statement presentation in accordance with U.S. GAAP.

4. Fair Value Measurements

Investments are recorded at estimated fair value, in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) *Fair Value Measurements and Disclosures* topic. This topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC *Fair Value Measurements and Disclosures* topic are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

4. Fair Value Measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Cash and cash equivalents: These represent money market funds and liquid cash deposits on deposit with a financial institution, valued at the net asset value (NAV) of shares held by the Plan at year-end.

Pooled separate accounts: Valued daily based on the market value of the underlying net assets in each separate account. The pooled separate accounts invest primarily in registered investment companies across various investment strategies and assets classes that have observable Level 1 and/or 2 quoted pricing inputs which are used to determine the unit value of the pooled separate accounts which is not publicly quoted. The Plan's investments in pooled separate accounts are measured at NAV as a practical expedient to estimate fair value at year-end. The redemption frequency of each of these pooled separate accounts is daily, and there are no redemption restrictions. There are no unfunded commitments related to the Plan's investment in pooled separate accounts.

Common/collective trust: The Mid-Cap Growth Equity Fund (the Fund) is a collective trust fund. The Fund is valued based on the NAV of the units held by the Plan as of year-end, multiplied by the respective unit value. The NAV is provided by the trustee and is used as a practical expedient to estimate fair value in accordance with applicable accounting standards. The Fund's investment objective is to achieve long-term capital appreciation by investing primarily in equity securities of mid-sized U.S. companies with above-average growth potential. The Fund employs a growth-oriented investment strategy, seeking companies that exhibit strong earnings growth, competitive positioning, and favorable business fundamentals.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	Investments at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 43,829**	**$ -**	**$ -**	**$ 43,829**
Total investments in fair value hierarchy	**$ 43,829**	**$ -**	**$ -**	**$ 43,829**
Investments measured at net asset value (a)				**23,923,995**
Investments at fair value				**$ 23,967,824**

4. Fair Value Measurements (continued)

	Investments at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 14,749	$ -	$ -	$ 14,749
Total investments at fair value hierarchy	$ 14,749	$ -	$ -	$ 14,749
Investments measured at net asset value (a)				19,378,666
Investments at fair value				$ 19,393,415

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2025			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Pooled Separate Accounts	**$ 23,917,299**	**N/A**	**Daily**	**N/A**
Common/Collective Trust	**$ 6,696**	**N/A**	**Daily**	**N/A**

	December 31, 2024			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Pooled Separate Accounts	$ 19,176,593	N/A	Daily	N/A
Common/Collective Trust	$ 202,073	N/A	Daily	N/A

5. Guaranteed Investment Contract (GIC)

As of December 31, 2025 and 2024, the Plan maintained one GIC related investment option, the Voya Fixed Account issued by VRIAC (a party-in-interest). The contract underlying this investment option is considered to be fully benefit responsive in accordance with ASC Topic 962, *Plan Accounting - Defined Contribution Pension Plans*. As of December 31, 2025, and 2024, the contract value of the investment in this insurance contract was $547,008 and $674,807, respectively.

The crediting interest rates to participants for the Voya Fixed Account as of December 31, 2025 and 2024 was 1.00%. The guaranteed minimum crediting interest rates for the contract for the years ended December 31, 2025 and 2024, was 1.00%. VRIAC makes this guarantee, and although VRIAC may credit a higher interest rate, the credited rate will not fall below the lifetime guaranteed minimum of 1.00%.

5. Guaranteed Investment Contract (GIC) (continued)

VRIAC's determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains and/or losses realized on the sale of invested assets. A market value adjustment may apply to amounts withdrawn at the request of the contract holder.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan) (ii) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions; or (iii) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with participants is probable.

6. Tax Status of the Plan

The Plan has adopted a non-standardized form of a pre-approved plan sponsored by CCH Incorporated. The pre-approved plan provider has received an opinion letter dated June 30, 2020, from the Internal Revenue Service (IRS) as to the pre-approved plan's qualified status. The pre-approved plan opinion letter has been relied upon by this Plan. The Plan has been amended since receiving the opinion letter. The Plan Administrator believes the Plan is operating in compliance with the Internal Revenue Code and has taken the necessary steps to maintain the Plan's qualified status.

During 2024, the Plan Sponsor failed to remit participant loan repayments for two payroll dates totaling $6,758 to the Plan in a timely manner. The Plan Sponsor calculated lost earnings and corrected the error in accordance with the IRS Employee Plans Compliance Resolution System (EPCRS) Self-Correction Program (SCP) to maintain the Plan's qualified status during 2025.

The Plan Sponsor became aware that certain errors were made in the calculation of the allocation of the profit share for the year-ended December 31, 2024. The error was an operational failure as provisions of the Plan document were not followed. Plan Management corrected the error and remitted lost earnings in accordance with the IRS EPCRS SCP to maintain the Plan's qualified status during 2025.

Management has evaluated the Plan's tax positions related to the uncertainty in income taxes and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2022.

7. Related Party and Party-In-Interest Transactions

The Plan participants may maintain balances in certain funds managed by VRIAC who acts as trustee for investments of the Plan. The Plan also issues loans to participants, which are secured by the balances in the respective participant accounts. Transactions in such investments qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

8. 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 statements of net assets available for benefits.

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	2024
Net assets available for benefits per the financial statements	**$ 25,429,202**	$ 20,705,801
Less: Plan Sponsor contributions receivable	**(394,126)**	(237,126)
Net assets available for benefits per Schedule H of Form 5500	**$ 25,035,076**	$ 20,468,675

The following is a reconciliation of Plan Sponsor contributions per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2025:

Plan Sponsor contributions per the financial statements	**$ 1,190,756**
Less: Current year Plan Sponsor contributions receivable	**(394,126)**
Plus: Prior year Plan Sponsor contributions receivable	**237,126**
Plan Sponsor contributions per Schedule H of Form 5500	**$ 1,033,756**

SUPPLEMENTAL SCHEDULES

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Schedule H, Line 4(i) –
Schedule of Assets (Held at End of Year)
December 31, 2025
EIN #25-0985057 Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
		Cash and Cash Equivalents:	
*	Voya	Government Money Market Fund	**$ 43,829**
		Pooled Separate Accounts:	
	AB	Large Cap Growth Fund	**354,378**
	American Funds	Target Retirement 2020 Fund	**545,567**
	American Funds	Target Retirement 2025 Fund	**188,614**
	American Funds	Target Retirement 2030 Fund	**2,388,596**
	American Funds	Target Retirement 2035 Fund	**2,352,941**
	American Funds	Target Retirement 2040 Fund	**1,361,361**
	American Funds	Target Retirement 2045 Fund	**1,559,771**
	American Funds	Target Retirement 2050 Fund	**1,419,543**
	American Funds	Target Retirement 2055 Fund	**1,572,392**
	American Funds	Target Retirement 2060 Fund	**1,562,941**
	American Funds	Target Retirement 2065 Fund	**448,715**
	American Funds	Target Retirement 2070 Fund	**222,300**
	American Funds	AMCAP Fund	**429,776**
	American Funds	Balanced Fund	**74,991**
	American Funds	Capital World Growth & Income Fund	**76,845**
	American Funds	EuroPacific Growth Fund	**402,758**
	American Funds	Fundamental Investors	**247,125**
	American Funds	New World Fund	**298,547**
	American Funds	Washington Mutual Investors Fund	**29,524**
	DFA	U.S. Targeted Value Portfolio Institutional Class	**185,843**
	First Eagle	Global Fund I	**68,878**
	Invesco	Gold & Special Minerals Fund	**321,574**
	Janus Henderson	Triton Fund	**84,484**
	MFS	Technology Fund	**92,997**
	PGIM	High Yield Fund	**228,380**
	PIMCO	Income Fund Institutional Class	**482,446**
	PIMCO	Real Return Fund Institutional Class	**124,732**
	PIMCO	Real Estate Real Return Strategy Fund Ins	**92,894**
	T. Rowe Price	Integrated U.S. Small-Cap Growth Equity	**42,145**
	Vanguard	500 Index Fund Admiral	**2,283,955**
	Vanguard	Balanced Index Fund Admiral	**1,176,235**
	Vanguard	Consumer Staples Index Fund Admiral	**68,533**
	Vanguard	Equity Income Fund Admiral	**552,661**
	Vanguard	Health Care Fund Admiral	**349,078**
	Vanguard	Mid-Cap Index Fund Admiral	**928,647**
	Vanguard	Small-Cap Index Fund Admiral	**35,359**
	Vanguard	Total International Stock Index Fund Admiral	**625,487**
	Vanguard	Wellesley Income Fund Admiral	**72,517**

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Schedule H, Line 4(i) –
Schedule of Assets (Held at End of Year)
December 31, 2025 (continued)
EIN #25-0985057 Plan #001

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
			Pooled Separate accounts (continued):	
		Virtus	Ceredex Mid-Cap Value Equity Fund	**21,388**
*		Voya	Intermediate Bond Fund	**542,381**
				23,917,299
			Common/Collective Trust	
*		Voya	Mid-Cap Growth Equity Fund	**6,696**
			Guaranteed Investment Contract:	
*		Voya	Voya Fixed Account	**547,008**
			Notes Receivable from Participants:	
*		Notes Receivable from Participants	Interest at 4.25% - 9.50% per annum, maturing through January 2031	**520,244**
				$ 25,035,076

* Party-in-interest

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2025
EIN #25-0985057 Plan #001

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are Included ☑	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 6,758	$ -	$ 6,758	$ -	$ -

VOYA FINANCIAL

Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
FINISH THOMPSON, INC. PS AND SAVINGS & MATCH PLAN
EIN#25-0985057
Plan# 001
As of December 31, 2025

(a)	(b) Identity of issue, borrower,lessor or similar party	(c) Description of investments including maturity date,rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AB Large Cap Grw Fnd Z	Registered Investment Company		$354,378
	AMF 2020 Tgt Date Ret Inc R-6	Registered Investment Company		$545,567
	AMF 2025 Tgt Date Ret Inc R-6	Registered Investment Company		$188,614
	Amer Fnds 2030 Target Date R6	Registered Investment Company		$2,388,596
	Amer Fnds 2035 Target Date R6	Registered Investment Company		$2,352,941
	Amer Fnds 2040 Target Date R6	Registered Investment Company		$1,361,361
	Amer Fnds 2045 Target Date R6	Registered Investment Company		$1,559,771
	Amer Fnds 2050 Target Date R6	Registered Investment Company		$1,419,543
	Amer Fnds 2055 Target Date R6	Registered Investment Company		$1,572,392
	Amer Fnds 2060 Target Date R6	Registered Investment Company		$1,562,941
	Amer Fnds 2065 Target Date R6	Registered Investment Company		$448,715
	Amer Fnds 2070 Target Date R6	Registered Investment Company		$222,299
	Amer Fnds AMCAP Fund R6	Registered Investment Company		$429,776
	Amer Fnds American Balance R6	Registered Investment Company		$74,991
	Amer Fnds Cap Wld Gr & Inc R6	Registered Investment Company		$76,845
	Amer Fnds EUPAC Fund R6	Registered Investment Company		$402,758
	Amer Fnds Fundamental Invt R6	Registered Investment Company		$247,125
	Amer Fnds New World Fund R6	Registered Investment Company		$298,547
	Amer Fnds Wash Mutual Inv R6	Registered Investment Company		$29,524
	DFA US Targeted Vl Port Ins	Registered Investment Company		$185,843
	First Eagle Global Fund I	Registered Investment Company		$68,878
	Inv Gold & Spec Min Fd R6	Registered Investment Company		$321,574

Attachment to 2025 Form 5500

Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
FINISH THOMPSON, INC. PS AND SAVINGS & MATCH PLAN
EIN#25-0985057
Plan# 001

	Janus Hndr Triton Fd N	Registered Investment Company		$84,484
	MFS Technology Fund R6	Registered Investment Company		$92,997
	PGIM High Yield Fund R6	Registered Investment Company		$228,380
	PIMCO Income Fund Ins	Registered Investment Company		$482,446
	PIMCO Real Return Fund Ins	Registered Investment Company		$124,732
	PIMCO Rl Est Rl Rtn Str Fd Ins	Registered Investment Company		$92,894
	TRwPr Intg US Sm-Cap Gr Eq I	Registered Investment Company		$42,145
	Vangrd 500 Index Fund Adm	Registered Investment Company		$2,283,955
	Vangrd Balanced Index Fnd Adm	Registered Investment Company		$1,176,235
	Vangrd Cnsmr Stpl Indx Fd Adm	Registered Investment Company		$68,533
	Vangrd Equity Income Fund Adm	Registered Investment Company		$552,661
	Vangrd Health Care Fund Adm	Registered Investment Company		$349,078
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$928,647
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		$35,359
	Vangrd Tot Int Stk In F Adm	Registered Investment Company		$625,487
	Vangrd Wellesley Inc Fnd Adm	Registered Investment Company		$72,517
	Virtus Crdx MC Vl Eq Fd R6	Registered Investment Company		$21,388
*	Voya Fixed Account (4062)	Insurance Company General Account		$547,008
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$43,829
*	Voya Intermediate Bond Fund R6	Registered Investment Company		$542,381
*	Voya Mid-Cap Growth Eqty Fd 8	Common Collective Trust		$6,696
	LOAN FUND	Participant Loans - Rates 4.25% to 9.50%		$520,244
	TOTAL			$25,035,076

*** denotes party-in-interest**
Column (d) is not required as the Plan investments are totally participant directed.

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan

Financial Statements and Supplemental Schedules

December 31, 2025

SKM
CERTIFIED PUBLIC ACCOUNTANTS
Erie, PA Jamestown, NY

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

Contents

Independent Auditor's Report..... 1

Financial Statements:

Statements of Net Assets Available for Benefits..... 4
Statements of Changes in Net Assets Available for Benefits..... 5
Notes to Financial Statements..... 6

Supplemental Schedules:

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)..... 15
Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions..... 17

CERTIFIED PUBLIC ACCOUNTANTS

1545 West 38th Street
Erie, PA 16508
Phone: (814) 454-1997
Fax: (814) 454-1476

500 Pine Street, Suite 14
Jamestown, New York 14701
Phone: (716) 483-0071
Fax: (814) 454-1476

INDEPENDENT AUDITOR'S REPORT

Board of Directors and Plan Management
Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Erie, Pennsylvania

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the accompanying financial statements of Finish Thompson, Inc. Profit Sharing and Savings & Match 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 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL'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 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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 schedules, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Schaffer, Knight, Mierzwa & Company P.C.

Erie, Pennsylvania
October 2, 2026

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets:		
Investments, at fair value:		
Cash and cash equivalents	**$ 43,829**	$ 14,749
Pooled separate accounts	**23,917,299**	19,176,593
Common/collective trust	**6,696**	202,073
Investments, at contract value:		
Guaranteed investment contract	**547,008**	674,807
	24,514,832	20,068,222
Receivables:		
Notes receivable from participants	**520,244**	400,453
Plan Sponsor contributions receivable	**394,126**	237,126
	914,370	637,579
Net Assets Available for Benefits	**$ 25,429,202**	$ 20,705,801

See notes to financial statements.

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31	
	2025	**2024**
Additions to net assets attributed to:		
Income:		
Dividends and interest	**$ 10,376**	$ 101
Interest income on notes receivable from participants	**40,164**	33,580
	50,540	33,681
Contributions:		
Plan Sponsor	**1,190,756**	1,017,292
Participants	**741,376**	632,378
Rollovers	**106,227**	-
	2,038,359	1,649,670
Total additions	**2,088,899**	1,683,351
Deductions from net assets attributed to:		
Benefits paid to participants	**958,110**	2,401,644
Administrative expenses	**16,800**	14,550
Total deductions	**974,910**	2,416,194
Net realized and unrealized appreciation in fair value of investments	**3,609,412**	2,437,950
Net increase in net assets available for benefits	**4,723,401**	1,705,107
Net assets available for benefits:		
Beginning of year	**20,705,801**	19,000,694
End of year	**$ 25,429,202**	$ 20,705,801

See notes to financial statements.

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Notes to Financial Statements
December 31, 2025

1. Description of Plan

The following description of the Finish Thompson, Inc. Profit Sharing and Savings & Match Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a single employer defined contribution 401(k) plan covering eligible employees of Finish Thompson, Inc. (the Plan Sponsor). The Plan was formed on January 1, 1971 (as restated, effective November 11, 2024) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Prior to November 11, 2024, eligible employees who have completed three months of service were able to enroll in the Plan on the first day of the month coinciding with the day the eligibility requirements were satisfied. Effective November 11, 2024, eligible employees may enroll in the Plan on the first day of the quarter coinciding with the day the eligibility requirements are satisfied.

Unless another election is made, upon entry into the plan, eligible employees are automatically enrolled with a deferral rate of 5%. Participant elective deferrals automatically increase each January by 1% up to a maximum of 10% of compensation. The automatic deferral provisions do not apply to employees who were participants prior to the effective date of these provisions.

Effective July 1, 2024, the Plan was amended to increase the automatic enrollment deferral rate to 6%. The Plan was also amended at this time to automatically increase deferrals each January by 1% up to a maximum of 15% of compensation.

Contributions

The Plan allows for participant contributions, made on a tax-deferred basis, as well as Roth deferrals to the Plan through payroll deductions, and such elective deferrals are subject to the federal tax laws governing the limits on elective deferrals. Rollover contributions to the Plan from other qualified plans are permitted by eligible employees. The Plan Sponsor makes a discretionary matching contribution to each participant's account in an amount equal to each participant's elective deferrals up to a certain percentage of their eligible compensation for the year, this percentage is determined by the Plan Sponsor on a uniform basis each year. For the years ended December 31, 2025 and 2024, the employer discretionary matching contribution was 2%. Additionally, the Plan Sponsor may make profit sharing contributions to the Plan at the discretion of the Plan Sponsor's board of directors. Such contributions are allocated to participant accounts based on eligible participant compensation.

Effective January 1, 2024, the Plan was amended to exclude co-op students, regional managers and the President of the Plan Sponsor from profit sharing contributions. Compensation was also updated effective January 1, 2024, to exclude premium pay, overtime, and leave of absence pay specifically in the calculation of profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's elective deferral contribution; the Plan Sponsor's matching contribution; and an allocation of (a) the Plan Sponsor's profit sharing contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The participant may direct the investment of their funds within the investments offered by the Plan.

1. Description of Plan (continued)

Notes Receivable from Participants

Individuals participating in the Plan have the option of taking loans against their account balances, with repayment terms not to exceed five years unless the loan is for the purchase of a primary residence, which allows for a longer repayment term. A participant may only have one outstanding loan at any given time. The loan must be a minimum of $500, not to exceed the lesser of one-half of the vested participant account balance, or $50,000, reduced by their highest outstanding loan balance in the previous 12 months. A participant's account balance will be utilized as collateral for any given loan and bears interest equal to the prime rate plus 1% at the time of each loan.

Vesting

Participants are immediately vested in their voluntary contributions and rollover contributions, plus actual earnings thereon. Vesting in the Plan Sponsor's discretionary matching contributions and profit-sharing contributions, plus actual earnings thereon, are subject to the following vesting schedule:

Years of Service	Vesting %
1	20%
2	40%
3	60%
4	80%
5	100%

Employees are considered to have completed a year of service (for purposes of vesting) when they have completed 1,000 hours of service at any time during the Plan year. In the event of death, disability or attainment of age 65, the full balance of the participant's account becomes immediately vested.

Payment of Benefits

Participants may withdraw the balance in their vested individual account upon retirement, attainment of age 59 1/2, disability, death or termination. Participants may take distributions from the Plan as rollovers to individual retirement accounts, as rollovers to another employer plan, as distributions paid to them in a single lump sum or as installments over a period of time, or partial withdrawals. Upon the death of a participant, their beneficiary will receive the total value of the participant's account. Vested account balances of former employees of $1,000 or less are automatically distributed as a single lump sum payment. Vested account balances greater than $1,000, but less than $7,000, will be rolled over automatically by the Plan into an IRA. Account balances greater than $7,000 require participant consent prior to distribution and may only be distributed as a single lump sum payment. Hardship withdrawals are permitted by the Plan. Benefits are recorded when paid.

Administrative Expenses

The Plan is responsible for payment of administrative expenses not paid by the Plan Sponsor. These expenses are not material to the Plan's financial position and results from operations. For the years ended December 31, 2025 and 2024, the Plan paid advisory, recordkeeping, and certain fund management fees out of Plan assets, characterizing these fees as administrative fees. Fees paid by the Plan for the investment management and recordkeeping services during 2025 and 2024 amounted to $16,800 and $14,550, respectively.

1. Description of Plan (continued)

Forfeited Accounts

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Based on the discretion of the Plan Sponsor, these forfeited amounts may be used to pay Plan expenses or reduce future employer contributions. During the years ended December 31, 2025 and 2024, the Plan Sponsor used forfeitures totaling $9,084 and $115,715, respectively, to reduce employer contributions. The unallocated forfeiture balance totaled $43,828 and $14,748 at December 31, 2025 and 2024, respectively.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts regardless of whether their vesting years of service are sufficient to make them 100% vested under the Plan's vesting schedule. The value of each participant's account will be paid as directed by the Plan Sponsor.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accounting records and financial statements of the Plan are maintained on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results may differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through October 2, 2026, the date the financial statements were available to be issued.

3. Certified Investment Information

For the years ended December 31, 2025 and 2024, the Plan Administrator elected the method of compliance permitted under 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 ERISA. Accordingly, as permitted under this election, all investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2025 and 2024, and net realized and unrealized appreciation in fair value of investments, interest and dividend income, and administrative expenses for the years then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee, Voya Retirement Insurance and Annuity Company (VRIAC).

The financial information certified by the trustee, VRIAC, have been adjusted to reflect minor timing differences related to financial statement presentation in accordance with U.S. GAAP.

4. Fair Value Measurements

Investments are recorded at estimated fair value, in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) *Fair Value Measurements and Disclosures* topic. This topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB ASC *Fair Value Measurements and Disclosures* topic are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

4. Fair Value Measurements (continued)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Cash and cash equivalents: These represent money market funds and liquid cash deposits on deposit with a financial institution, valued at the net asset value (NAV) of shares held by the Plan at year-end.

Pooled separate accounts: Valued daily based on the market value of the underlying net assets in each separate account. The pooled separate accounts invest primarily in registered investment companies across various investment strategies and assets classes that have observable Level 1 and/or 2 quoted pricing inputs which are used to determine the unit value of the pooled separate accounts which is not publicly quoted. The Plan's investments in pooled separate accounts are measured at NAV as a practical expedient to estimate fair value at year-end. The redemption frequency of each of these pooled separate accounts is daily, and there are no redemption restrictions. There are no unfunded commitments related to the Plan's investment in pooled separate accounts.

Common/collective trust: The Mid-Cap Growth Equity Fund (the Fund) is a collective trust fund. The Fund is valued based on the NAV of the units held by the Plan as of year-end, multiplied by the respective unit value. The NAV is provided by the trustee and is used as a practical expedient to estimate fair value in accordance with applicable accounting standards. The Fund's investment objective is to achieve long-term capital appreciation by investing primarily in equity securities of mid-sized U.S. companies with above-average growth potential. The Fund employs a growth-oriented investment strategy, seeking companies that exhibit strong earnings growth, competitive positioning, and favorable business fundamentals.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	Investments at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 43,829**	**$ -**	**$ -**	**$ 43,829**
Total investments in fair value hierarchy	**$ 43,829**	**$ -**	**$ -**	**$ 43,829**
Investments measured at net asset value (a)				**23,923,995**
Investments at fair value				**$ 23,967,824**

4. Fair Value Measurements (continued)

	Investments at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 14,749	$ -	$ -	$ 14,749
Total investments at fair value hierarchy	$ 14,749	$ -	$ -	$ 14,749
Investments measured at net asset value (a)				19,378,666
Investments at fair value				$ 19,393,415

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using NAV per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2025			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Pooled Separate Accounts	**$ 23,917,299**	**N/A**	**Daily**	**N/A**
Common/Collective Trust	**$ 6,696**	**N/A**	**Daily**	**N/A**

	December 31, 2024			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Pooled Separate Accounts	$ 19,176,593	N/A	Daily	N/A
Common/Collective Trust	$ 202,073	N/A	Daily	N/A

5. Guaranteed Investment Contract (GIC)

As of December 31, 2025 and 2024, the Plan maintained one GIC related investment option, the Voya Fixed Account issued by VRIAC (a party-in-interest). The contract underlying this investment option is considered to be fully benefit responsive in accordance with ASC Topic 962, *Plan Accounting - Defined Contribution Pension Plans*. As of December 31, 2025, and 2024, the contract value of the investment in this insurance contract was $547,008 and $674,807, respectively.

The crediting interest rates to participants for the Voya Fixed Account as of December 31, 2025 and 2024 was 1.00%. The guaranteed minimum crediting interest rates for the contract for the years ended December 31, 2025 and 2024, was 1.00%. VRIAC makes this guarantee, and although VRIAC may credit a higher interest rate, the credited rate will not fall below the lifetime guaranteed minimum of 1.00%.

5. Guaranteed Investment Contract (GIC) (continued)

VRIAC's determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains and/or losses realized on the sale of invested assets. A market value adjustment may apply to amounts withdrawn at the request of the contract holder.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan) (ii) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions; or (iii) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with participants is probable.

6. Tax Status of the Plan

The Plan has adopted a non-standardized form of a pre-approved plan sponsored by CCH Incorporated. The pre-approved plan provider has received an opinion letter dated June 30, 2020, from the Internal Revenue Service (IRS) as to the pre-approved plan's qualified status. The pre-approved plan opinion letter has been relied upon by this Plan. The Plan has been amended since receiving the opinion letter. The Plan Administrator believes the Plan is operating in compliance with the Internal Revenue Code and has taken the necessary steps to maintain the Plan's qualified status.

During 2024, the Plan Sponsor failed to remit participant loan repayments for two payroll dates totaling $6,758 to the Plan in a timely manner. The Plan Sponsor calculated lost earnings and corrected the error in accordance with the IRS Employee Plans Compliance Resolution System (EPCRS) Self-Correction Program (SCP) to maintain the Plan's qualified status during 2025.

The Plan Sponsor became aware that certain errors were made in the calculation of the allocation of the profit share for the year-ended December 31, 2024. The error was an operational failure as provisions of the Plan document were not followed. Plan Management corrected the error and remitted lost earnings in accordance with the IRS EPCRS SCP to maintain the Plan's qualified status during 2025.

Management has evaluated the Plan's tax positions related to the uncertainty in income taxes and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to income tax examinations for years prior to 2022.

7. Related Party and Party-In-Interest Transactions

The Plan participants may maintain balances in certain funds managed by VRIAC who acts as trustee for investments of the Plan. The Plan also issues loans to participants, which are secured by the balances in the respective participant accounts. Transactions in such investments qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

8. 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 statements of net assets available for benefits.

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	2024
Net assets available for benefits per the financial statements	**$ 25,429,202**	$ 20,705,801
Less: Plan Sponsor contributions receivable	**(394,126)**	(237,126)
Net assets available for benefits per Schedule H of Form 5500	**$ 25,035,076**	$ 20,468,675

The following is a reconciliation of Plan Sponsor contributions per the financial statements to Schedule H of Form 5500 for the year ended December 31, 2025:

Plan Sponsor contributions per the financial statements	**$ 1,190,756**
Less: Current year Plan Sponsor contributions receivable	**(394,126)**
Plus: Prior year Plan Sponsor contributions receivable	**237,126**
Plan Sponsor contributions per Schedule H of Form 5500	**$ 1,033,756**

SUPPLEMENTAL SCHEDULES

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Schedule H, Line 4(i) –
Schedule of Assets (Held at End of Year)
December 31, 2025
EIN #25-0985057 Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
		Cash and Cash Equivalents:	
*	Voya	Government Money Market Fund	**$ 43,829**
		Pooled Separate Accounts:	
	AB	Large Cap Growth Fund	**354,378**
	American Funds	Target Retirement 2020 Fund	**545,567**
	American Funds	Target Retirement 2025 Fund	**188,614**
	American Funds	Target Retirement 2030 Fund	**2,388,596**
	American Funds	Target Retirement 2035 Fund	**2,352,941**
	American Funds	Target Retirement 2040 Fund	**1,361,361**
	American Funds	Target Retirement 2045 Fund	**1,559,771**
	American Funds	Target Retirement 2050 Fund	**1,419,543**
	American Funds	Target Retirement 2055 Fund	**1,572,392**
	American Funds	Target Retirement 2060 Fund	**1,562,941**
	American Funds	Target Retirement 2065 Fund	**448,715**
	American Funds	Target Retirement 2070 Fund	**222,300**
	American Funds	AMCAP Fund	**429,776**
	American Funds	Balanced Fund	**74,991**
	American Funds	Capital World Growth & Income Fund	**76,845**
	American Funds	EuroPacific Growth Fund	**402,758**
	American Funds	Fundamental Investors	**247,125**
	American Funds	New World Fund	**298,547**
	American Funds	Washington Mutual Investors Fund	**29,524**
	DFA	U.S. Targeted Value Portfolio Institutional Class	**185,843**
	First Eagle	Global Fund I	**68,878**
	Invesco	Gold & Special Minerals Fund	**321,574**
	Janus Henderson	Triton Fund	**84,484**
	MFS	Technology Fund	**92,997**
	PGIM	High Yield Fund	**228,380**
	PIMCO	Income Fund Institutional Class	**482,446**
	PIMCO	Real Return Fund Institutional Class	**124,732**
	PIMCO	Real Estate Real Return Strategy Fund Ins	**92,894**
	T. Rowe Price	Integrated U.S. Small-Cap Growth Equity	**42,145**
	Vanguard	500 Index Fund Admiral	**2,283,955**
	Vanguard	Balanced Index Fund Admiral	**1,176,235**
	Vanguard	Consumer Staples Index Fund Admiral	**68,533**
	Vanguard	Equity Income Fund Admiral	**552,661**
	Vanguard	Health Care Fund Admiral	**349,078**
	Vanguard	Mid-Cap Index Fund Admiral	**928,647**
	Vanguard	Small-Cap Index Fund Admiral	**35,359**
	Vanguard	Total International Stock Index Fund Admiral	**625,487**
	Vanguard	Wellesley Income Fund Admiral	**72,517**

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Schedule H, Line 4(i) –
Schedule of Assets (Held at End of Year)
December 31, 2025 (continued)
EIN #25-0985057 Plan #001

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
			Pooled Separate accounts (continued):	
		Virtus	Ceredex Mid-Cap Value Equity Fund	**21,388**
*		Voya	Intermediate Bond Fund	**542,381**
				23,917,299
			Common/Collective Trust	
*		Voya	Mid-Cap Growth Equity Fund	**6,696**
			Guaranteed Investment Contract:	
*		Voya	Voya Fixed Account	**547,008**
			Notes Receivable from Participants:	
*		Notes Receivable from Participants	Interest at 4.25% - 9.50% per annum, maturing through January 2031	**520,244**
				$ 25,035,076

* Party-in-interest

Finish Thompson, Inc.
Profit Sharing and Savings & Match Plan
Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2025
EIN #25-0985057 Plan #001

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are Included ☑	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 6,758	$ -	$ 6,758	$ -	$ -