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
SCHMIEDE CORPORATION 401K PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1990

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)
SCHMIEDE CORPORATION

P.O. BOX 1630-1865 RILEY CREEK RD
TULLAHOMA, TN 37388

P.O. BOX 1630-1865 RILEY CREEK RD
TULLAHOMA, TN 37388

2b Employer Identification Number (EIN)
62-0699181

2c Plan Sponsor's telephone number
931-455-4801

2d Business code (see instructions)
332900

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	CHRIS BELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	CHRIS BELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	180
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)**	161
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	172
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	196
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	197
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)**	164
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)**	157
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	16
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 2R 2S 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [ ] **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 2
- **(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
SCHMIEDE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SCHMIEDE CORPORATION

D Employer Identification Number (EIN)
62-0699181

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
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	455860-01	47	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
0	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

(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	

(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	1990373
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2568254
c	Additions: (1) Contributions deposited during the year	7c(1)	174841		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	44983		
	(4) Transferred from separate account	7c(4)	2012172		
	(5) Other (specify below)	7c(5)	8670		
	▶ FORFEITURES				
	(6)Total additions			7c(6)	2240666
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	4808920
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	673999		
	(2) Administration charge made by carrier	7e(2)	-422		
	(3) Transferred to separate account	7e(3)	2144970		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	2818547
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1990373

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 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
SCHMIEDE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SCHMIEDE CORPORATION

D Employer Identification Number (EIN)
62-0699181

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
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-1050034	93629	455860-01	9	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
0	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

(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	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	102355

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 ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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 SCHMIEDE CORPORATION 401K PLAN	**B** Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHMIEDE CORPORATION	**D** Employer Identification Number (EIN) 62-0699181

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

EMPOWER ANNUITY INS. CO. OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	1437	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MCCAY WEALTH ADVISORY LLC

624 N WOODLAND ST
MANCHESTER, TN 37355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	34830	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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
SCHMIEDE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCHMIEDE CORPORATION

D Employer Identification Number (EIN)
62-0699181

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: MFS INTERNATIONAL VALUE EQTY

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

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)
06-1050034-799	P	102355

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2060 I

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

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)
38-4126268-572	C	2417

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2065 I

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

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)
38-7275308-777	C	14969

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2015 I

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

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)
38-4126259-563	C	102785

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2025 I

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

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)
38-4126261-565	C	1281194

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2050 I

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

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)
38-4126266-570	C	53751

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2055 I

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

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)
38-4126267-571	C	805815

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2045 I

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

c EIN-PN 38-4126265-569	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 945940

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TR AMERICAN FUNDS 2035 I

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

c EIN-PN 38-4126263-567	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 547715

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

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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
SCHMIEDE CORPORATION 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SCHMIEDE CORPORATION

D Employer Identification Number (EIN)
62-0699181

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)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		3754586
(10) Value of interest in pooled separate accounts	1c(10)		102355
(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)	14074337	10975849
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2568254	1990373
(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	16642591	16823163
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	16642591	16823163

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)	247764	
(B) Participants	2a(1)(B)	760803	
(C) Others (including rollovers)	2a(1)(C)	82076	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1090643
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)		
(F) Other	2b(1)(F)	44983	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		44983
(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)	739898	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		739898
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1160322
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3035846
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2832622	
(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)		2832622
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	22652	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		22652
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2855274
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		180572
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: FMC CPAS, PLLC **(2)** EIN: 83-1514211

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

SCHMIEDE CORPORATION
401(k) PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2025 and 2024

SCHMIEDE CORPORATION
401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrators
Schmiede Corporation 401(k) Plan
Tullahoma, Tennessee

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Notes B and C 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.
- 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud 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 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter -- Supplemental Schedule Required by ERISA

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

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

In our opinion ---

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

FMC CPAs, PLLC

Nashville, Tennessee
October 9, 2026

SCHMIEDE CORPORATION
401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2025	**2024**
ASSETS		
Investments , at fair value (Note C)		
Shares of mutual funds	$ 10,975,849	$ 14,074,337
Collective trust funds	3,754,586	0
Variable annuity account	102,355	0
Guaranteed investment account	1,990,373	2,568,254
Total Investments	16,823,163	16,642,591
Other employer contributions receivable	3,200	0
TOTAL ASSETS	16,826,363	16,642,591
LIABILITIES		
Excess contributions payable	9,650	0
TOTAL LIABILITIES	9,650	0
NET ASSETS AVAILABLE FOR BENEFITS	$ 16,816,713	$ 16,642,591

See notes to financial statements.

SCHMIEDE CORPORATION
401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31	
	2025	**2024**
ADDITIONS TO NET ASSETS		
Cash contributions from:		
Employer	$ 250,964	$ 267,591
Participants	751,153	746,336
Others - Participant rollovers	82,076	150,792
Total Contributions	1,084,193	1,164,719
Investment income		
Interest	44,983	39,128
Dividends	739,898	540,920
Net appreciation (depreciation) in fair value of investments	1,160,322	1,163,340
Total income from investments	1,945,203	1,743,388
Total Additions	3,029,396	2,908,107
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	2,832,622	1,647,334
Administrative fees	22,652	588
Total Deductions	2,855,274	1,647,922
NET INCREASE DURING THE PLAN YEAR	$ 174,122	$ 1,260,185
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Plan Year	16,642,591	15,382,406
End of Plan Year	$ 16,816,713	$ 16,642,591

See notes to financial statements.

SCHMIEDE CORPORATION
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

NOTE A -- DESCRIPTION OF THE PLAN

The following description of the Schmiede Corporation 401(k) Plan (the "Plan") is provided for general information purposes only. Participants may review the Plan document for a more complete description of the Plan's provisions. Schmiede Corporation (the "Company") is the sponsor of the Plan, which began on January 1, 1990.

General: The Plan is a defined contribution plan which provides retirement and other benefits for all eligible Company employees. Employees who are at least 21 years of age are eligible to participate in the Plan on the first day of each calendar quarter after completing three consecutive months of employment. The Plan has an automatic enrollment feature that withholds 2% of the compensation of eligible employees, unless participants make a contrary election. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan administrators oversee governance of the Plan, determine the appropriateness of the Plan's investment offerings, and monitor investment performance.

Contributions: Participants in the Plan can elect to contribute through salary deferrals (i.e. payroll deductions) an amount not less than one percent or more than eighty percent of their earnings, as defined in the Plan document and within certain Internal Revenue Code ("IRC") limits subject to annual adjustment for inflation. Participants may elect to change their contribution percentage on a quarterly basis coinciding with the Plan entrance dates. Participants may also elect to cease salary deferrals into the Plan at any time. Participants who attain age 50 before the end of the Plan year may make additional "catch up" contributions to the Plan, subject to applicable IRC limitations. The catch-up contributions are eligible for any Company matching contributions.

Participants direct the investment of their contributions (including employer contributions allocated to their accounts) into various investment options offered by the Plan, the terms of which require each participant to complete an investment election form upon initial enrollment. Participants may elect to invest their entire account, or any portion thereof, in mutual funds, collective trust funds (beginning in 2025), a variable annuity account (beginning in 2025), or a guaranteed investment account offered by a group annuity contract. Effective May 2025, the Plan updated its investment offerings and participants had the opportunity to direct their invested account balances into the Plan's newly offered funds. Effective May 2025, the Plan's Key Guaranteed Portfolio Fund, which yielded an average interest rate of 1.41% for the year ended December 31, 2024, was discontinued and replaced by the Empower Investments Fixed Account ("EIFA"), a general account product of Empower Annuity Insurance Company of America ("EAICA"), which yielded an average interest rate of 2.70% for the year ended December 31, 2025.

During 2025 and 2024, the Company made matching cash contributions to the Plan equal to 50% of the lesser of (1) the participant’s contribution or (2) 6% of the participant's earnings.

Management determined that excess contributions payable at December 31, 2025 and 2024 were approximately $9,650 and $0, respectively. Accrued excess contributions payable were distributed during the subsequent year or are pending distribution under applicable IRS corrective programs.

SCHMIEDE CORPORATION
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

Participant Accounts: Each participant's account is credited with the participant's salary deferral contributions, the Company's matching contributions, and an allocable portion of the Plan's net investment earnings, and charged with an allocation of administrative expenses. Allocations may be charged pro-rata to each participant in relation to each participant's account balance or may be charged equally to each participant, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their voluntary deferral contributions, participant rollover contributions, and any applicable employer corrective contributions, plus actual earnings on these components of their accounts. Vesting in the employer match contributions, plus actual earnings thereon, is based on years of service, as follows:

Years of Service	Vesting
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Benefits Paid to Participants: Upon termination of service for any reason, the vested portion of the participant's account is to be paid in a lump sum distribution or rolled into an individual retirement account outside of the Plan, if not greater than $5,000, or as directed by the participant (or beneficiary, in cases of distribution upon death of a participant), if greater than $5,000. Terminated participants with vested balances in excess of $5,000 also have the option to receive their vested balance in installment payments or ad-hoc distributions over a period of time, in accordance with Plan provisions.

Withdrawal of part or all of the participant's account may be authorized by the Plan administrators prior to termination of employment if the participant is a qualified reservist or experiences a financial hardship, as defined, including down-payment on the initial purchase of a principal residence, payments to prevent eviction from or foreclosure on a principal residence, non-reimbursed medical expenses, qualified funeral expenses, or qualified dependent educational expenses.

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

Forfeitures: Forfeitures of any non-vested portions of account balances for terminated employees may be used to reduce administrative fees, to reduce future employer contributions, or they may be allocated to remaining Plan participants. At December 31, 2025 and 2024, forfeited non-vested account balances at each year-end were minimal. During 2025 and 2024, employer contributions reduced from forfeited non-vested accounts were also minimal.

Loan Provisions: Loans to a participant from the Plan are not permitted.

Plan Termination: The Company expects the Plan to continue indefinitely. However, the Company retains the right under the Plan to discontinue Company contributions at any time and to terminate the Plan. In the event of Plan termination, participants would become 100 percent vested in their account balances. These balances would continue to be held by the Plan's trustee and custodian until all vested Plan benefits were distributed to the participants.

Plan Amendment: Effective January 1, 2024, the Plan was amended in order to implement key provisions of the *Setting Every Community Up for Retirement Enhancement Act 2.0*, which was signed into law by the president of the United States on December 29, 2022. As amended, the Plan offers Roth contributions to participants that elect to make after tax contributions to the Plan.

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Valuation of Investments: The Plan's investments are stated at fair value. Mutual fund investments are stated at fair value based upon quoted market prices provided by an independent pricing company. Collective trust fund investments are stated at fair value based on net asset value ("NAV") per unit, as reported by the fund sponsor; because the NAV is not publicly available. These investments are measured using the NAV practical expedient in accordance with accounting principles generally accepted in the United States and are not classified within the fair value hierarchy. The variable annuity investment is stated at fair value based on the unit value calculated daily by the annuity provider, which is derived from the quoted prices of the underlying mutual fund adjusted by the expense factor disclosed in the annuity contract. Investments in the guaranteed investment account are stated at fair value, which approximates contract value, and is based on the valuation method disclosed in the fixed annuity contract. The net realized gain or loss from dispositions and the net unrealized gain or loss from changes in fair value of the Plan's investments are combined and presented in the Statements of Changes in Net Assets Available for Benefits as "Net appreciation (depreciation) in fair value of investments". Refer to Note C for information regarding the certification of investments and to Note D for information regarding fair value measurements.

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

Receivables: Receivables are recorded for contributions and other amounts due to the Plan for financial transactions attributable to a particular Plan year, but collection of the amounts due does not occur until a subsequent Plan year. An allowance for credit losses is provided when necessary to recognize potentially uncollectible receivables and amounts deemed worthless are written off as determined. Due to the nature of these receivables, there were no such allowances against the Plan's receivables at either reporting date.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain Plan expenses are paid by the Company and are therefore excluded from the Plan's financial statements. Investment-related expenses are included in net appreciation or depreciation in fair value of investments. The Plan has a third-party expense offset arrangement wherein certain investment advisory expenses are netted against income. Through this arrangement, revenue sharing amounts derived from Plan investments are paid to the Plan's recordkeeper based on a rate of 10 basis points. Additional amounts based on a rate of 30 basis points are deposited monthly into the Plan's Plan Expense Account and are used to pay service fees to the Plan's investment advisor. Amounts deposited into and immediately paid out of the Plan Expense Account for investment advisory services during the years ended December 31, 2025 and 2024 totaled approximately $48,300 and $44,500, respectively. These monthly deposits are never allocated to participants; therefore, they are not recognized as gross additions to net assets, and their monthly disbursements to the Plan's investment advisor are not recognized as gross reductions of net assets.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan administrators to make estimates and assumptions that affect certain reported amounts and disclosures. Significant estimates used in preparing these financial statements principally include those assumed in establishing the fair values of investments and establishing the carrying amounts of excess contributions payable. Accordingly, actual results may differ from those estimates.

Income Tax Status: The Plan, as amended, is based on a "non-standardized" pre-approved plan document that is in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrators believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code as a duly qualified tax-exempt trust, and it is expected to continue operating in such a manner.

In accordance with GAAP, the Plan administrators evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrators believe the Plan is no longer subject to income tax examinations for years prior to 2022.

Subsequent Events: Management has evaluated subsequent events through October 9, 2026, which is the date the financial statements were available to be issued.

SCHMIEDE CORPORATION
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

NOTE C -- INVESTMENTS – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified as complete and accurate as of and for the years ended December 31, 2025 and 2024, by the Plan's trustee, except for comparing such information with the related information included in the accompanying financial statements, and supplemental schedule.

Accordingly, information presented in Notes C and D, the accompanying financial statements, and the supplemental schedule that pertains to investments held at December 31, 2025 and 2024, and interest and dividend income and net appreciation (depreciation) in fair value of investments for the years then ended, was obtained from the certification issued by Empower Trust Company, LLC and Empower Annuity Insurance Company of America ("ETC" and "EAICA", respectively, and collectively, "Empower"), and is therefore unaudited.

In May 2025, the Plan updated its investment offerings and participants had the opportunity to direct their invested account balances into the Plan's newly offered funds. The Plan's new investment lineup is similarly diversified with a range of funds employing various strategies for capital preservation and growth. The Key Guaranteed Portfolio Fund was discontinued and replaced with the Empower Investments Fixed Account ("EIFA"), a general account product of EAICA. The EIFA is offered through a group annuity contract, with principal and interest for participant-initiated benefit payments fully guaranteed by the entire general account assets of EAICA. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest credited rate, as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly. Any guarantees are subject to the terms and conditions of the contract and the claims-paying ability of the insurer.

SCHMIEDE CORPORATION
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

The fair value information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Empower as follows:

	December 31:	
	2025	**2024**
Shares of Mutual Funds		
Empower SecureFoundation Balanced Inv	$ 493	$ 423
Empower Lifetime 2015 Fund Inv	0	94,743
Empower Lifetime 2025 Fund Inv	0	1,828,874
Empower Lifetime 2035 Fund Inv	0	682,646
Empower Lifetime 2045 Fund Inv	0	927,831
Empower Lifetime 2055 Fund Inv	0	946,778
Empower Conservative Profile Fund Inv	0	2,588
Empower Moderate Profile Fund Inv	0	340,965
Empower Aggressive Profile Fund Inv	0	105,735
American Funds Europacific Growth – R3	0	893,516
American Funds EUPAC R6	1,566,344	0
DFA Emerging Mkts Ex China CR EQ Instl	55,505	0
MFS International Intrinsic Value R2	0	72,221
Columbia Commodity Strategy Inst3	6,321	0
DFA Global Real Estate Securities Port	10,396	0
Macquarie Small Cap Core A	0	212,962
Nomura Small Cap Core R6	206,982	0
Fidelity Small Cap Index	828,315	0
Empower S&P Smallcap 600 Index Fund Inv	0	630,681
Baird MidCap Growth Inv	822,756	752,981
Fidelity Midcap Index	254,203	0
Virtus Ceredex Mid-Cap Value Equity I	0	138,392
Virtus Ceredex Mid-Cap Value Equity R6	157,540	0
IShares S&P 500 Index K	2,671,659	0
Empower S&P 500 Index Fund Inv	0	2,004,364
JP Morgan Large Cap Growth A	0	2,371,147
JP Morgan Large Cap Growth R6	2,369,582	0
MFS Value Fund – A	0	576,810
MFS Value R6	617,943	0
IShares U.S. Aggregate Bond Index K	14,514	0
Empower Multi Sector Bond Inv	0	789,200
Empower Multi Sector Bond Institutional	584,600	0
Pimco Total Return Administration	0	701,482
Pimco Total Return Institutional	808,696	0
Subtotal – Mutual Funds	10,975,849	14,074,337

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

	December 31	
	2025	**2024**
Collective Trust Funds		
Great Gray Trust American Funds 2015 I	102,785	0
Great Gray Trust American Funds 2025 I	1,281,194	0
Great Gray Trust American Funds 2035 I	547,715	0
Great Gray Trust American Funds 2045 I	945,940	0
Great Gray Trust American Funds 2050 I	53,751	0
Great Gray Trust American Funds 2055 I	805,815	0
Great Gray Trust American Funds 2060 I	2,417	0
Great Gray Trust American Funds 2065 I	14,969	0
Subtotal – Collective Trust Funds	3,754,586	0
Variable Annuity		
MFS International Value Eqty (IS Pltfmr)	102,355	0
Guaranteed Investment Accounts		
Key Guaranteed Portfolio Fund	322	2,568,254
Empower Investments Fixed Account	1,990,051	0
Subtotal – Guaranteed Investment Accounts	1,990,373	2,568,254
TOTAL INVESTMENTS, at Fair Value	$ 16,823,163	$ 16,642,591

NOTE D -- FAIR VALUE MEASUREMENTS

Fair value measurements are generally based upon observable and unobservable inputs. Observable inputs are based on market data from independent sources, while unobservable inputs reflect management's view of market assumptions in the absence of observable market information. In accordance with Financial Accounting Standards Board's Accounting Standards Codification 820, *Fair Value Measurements* ("ASC 820"), all Plan assets and liabilities that are carried at fair value are classified and disclosed in one of the following categories:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Quoted market prices for similar assets or liabilities in active markets; quoted prices by independent pricing services for identical or similar assets or liabilities in markets that are not active; and valuations, using models or other valuation techniques, that use observable market data. All significant inputs are observable, or derived from observable information in the marketplace, or are supported by observable levels at which transactions are executed in the market place.

Level 3: Instruments that use non-binding broker quotes or model driven valuations that do not have observable market data.

Investments measured at net asset value ("NAV") per share (or its equivalent) that have been calculated using the NAV practical expedient in accordance with ASC 820 are not classified within the fair value hierarchy. The Plan's investments in collective trust funds are measured at NAV using this practical expedient.

SCHMIEDE CORPORATION
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

FAIR VALUE MEASUREMENTS – INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED): The financial information presented below was certified as complete and accurate by Empower, the Plan's trustee, and is therefore unaudited as previously described in Note C. Summarized information regarding the fair value of the Plan's total investment interests in mutual funds, collective trust funds, the variable annuity account, and the Empower Investments Fixed Account, categorized in accordance with the U.S. GAAP fair value hierarchy, is as follows:

	Fair Value Hierarchy			Net Asset	
	Level 1	Level 2	Level 3	Value	Total
December 31, 2025					
Mutual funds	$ 10,975,849	$ 0	$ 0	$ 0	$ 10,975,849
Collective trust funds	0	0	0	3,754,586	3,754,586
Variable annuity account	0	102,355	0	0	102,355
Guaranteed investment account	0	1,990,373	0	0	1,990,373
Total	$ 10,975,849	$ 2,092,728	$ 0	$ 3,754,586	$ 16,823,163
December 31, 2024					
Mutual funds	$ 14,074,337	$ 0	$ 0	$ 0	$ 14,074,337
Collective trust funds	0	0	0	0	0
Variable annuity account	0	0	0	0	0
Guaranteed investment account	0	2,568,254	0	0	2,568,254
Total	$ 14,074,337	$ 2,568,254	$ 0	$ 0	$ 16,642,591

NOTE E -- TRANSACTIONS WITH PARTIES-IN-INTEREST

Transactions with parties-in-interest include purchases and sales of assets made through the Trustee and contributions made by the Company. In addition, the Company pays certain operating expenses incurred in the ongoing administration of the Plan. These transactions are exempt from the prohibited transaction rules of ERISA.

SCHMIEDE CORPORATION
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

NOTE F -- RISKS AND UNCERTANTIES - INVESTMENTS

The Plan's investments include various types of investment securities, which are exposed to several 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 the amounts reported in the Plan's financial statements and schedule.

NOTE H -- RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

Net assets available for benefits per the financial statements	$ 16,816,713
Employer contributions receivable	(3,200)
Excess contributions payable	9,650
Net assets available for benefits per Schedule H of Form 5500	$ 16,823,163

The following is a reconciliation of net increase during the Plan year per the financial statements to "net income (loss)" on Schedule H of Form 5500 for the year ended December 31, 2025:

Net increase during the Plan year per the financial statements	$ 174,122
Employer contributions receivable	(3,200)
Excess contributions payable	9,650
Net income (loss) per Schedule H of Form 5500	$ 180,572

SUPPLEMENTAL SCHEDULE

SCHMIEDE CORPORATION
401(k) PLAN

Schedule H, Line 4i -- Schedule of Assets (Held at End of Year)

December 31, 2025

Name of plan	Three-digit	
Schmiede Corporation 401(k) Plan	plan number►	003
Plan sponsor's name as shown on line 2a of form 5500	Employer Identification Number	
Schmiede Corporation	62-0699181	

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Empower SecureFoundation Balanced Inv	Mutual Fund	(1)	$ 493
	Baird MidCap Inv	Mutual Fund	(1)	822,756
	American Funds Europacific R6	Mutual Fund	(1)	1,566,344
	Columbia Commodity Strategy Fund – Institutional 3	Mutual Fund	(1)	6,321
	DFA Emerging Markets ex China Core Equity Portfoli	Mutual Fund	(1)	55,505
	DFA Global Real Estate Securities Portfolio	Mutual Fund	(1)	10,396
*	Empower Multi-Sector Bond Institutional	Mutual Fund	(1)	584,600
	Fidelity Mid Cap Index Fund	Mutual Fund	(1)	254,203
	Fidelity Small Cap Index Fund	Mutual Fund	(1)	828,315
	iShares S&P 500 Index Fund K	Mutual Fund	(1)	2,671,659
	iShares U.S. Aggregate Bond Index Fund K	Mutual Fund	(1)	14,514
	JP Morgan Large Cap Growth R6	Mutual Fund	(1)	2,369,582
	MFS Value Fund Class R6	Mutual Fund	(1)	617,943
	Nomura Small Cap Core Fund R6	Mutual Fund	(1)	206,982
	PIMCO Total Return Fund Insitutional	Mutual Fund	(1)	808,696
	Virtus Ceredex Mid-Cap Value Equity R6	Mutual Fund	(1)	157,540
	Great Gray Trust American Funds 2015	Collective Trust Fund	(1)	102,785
	Great Gray Trust American Funds 2025	Collective Trust Fund	(1)	1,281,194
	Great Gray Trust American Funds 2035	Collective Trust Fund	(1)	547,715
	Great Gray Trust American Funds 2045	Collective Trust Fund	(1)	945,940
	Great Gray Trust American Funds 2050	Collective Trust Fund	(1)	53,751
	Great Gray Trust American Funds 2055	Collective Trust Fund	(1)	805,815
	Great Gray Trust American Funds 2060	Collective Trust Fund	(1)	2,417
	Great Gray Trust American Funds 2065	Collective Trust Fund	(1)	14,969
	MFS International Value Equity Fund Institutional Pl	Variable Annuities	(1)	102,355
*	Empower Life and Annuity Insurance Company	Fixed Annuities	(1)	1,990,373
		Total		$ 16,823,163

* Represents a party-in-interest.

(1) Cost information is not required because investments are participant directed.

See independent auditor's report.

SCHMIEDE CORPORATION
401(k) PLAN

Schedule H, Line 4i -- Schedule of Assets (Held at End of Year)

December 31, 2025

Name of plan	Three-digit plan number►	
Schmiede Corporation 401(k) Plan		003
Plan sponsor's name as shown on line 2a of form 5500	Employer Identification Number	
Schmiede Corporation	62-0699181	

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Empower SecureFoundation Balanced Inv	Mutual Fund	(1)	$ 493
	Baird MidCap Inv	Mutual Fund	(1)	822,756
	American Funds Europacific R6	Mutual Fund	(1)	1,566,344
	Columbia Commodity Strategy Fund – Institutional	Mutual Fund	(1)	6,321
	DFA Emerging Markets ex China Core Equity Portfol	Mutual Fund	(1)	55,505
	DFA Global Real Estate Securities Portfolio	Mutual Fund	(1)	10,396
*	Empower Multi-Sector Bond Institutional	Mutual Fund	(1)	584,600
	Fidelity Mid Cap Index Fund	Mutual Fund	(1)	254,203
	Fidelity Small Cap Index Fund	Mutual Fund	(1)	828,315
	iShares S&P 500 Index Fund K	Mutual Fund	(1)	2,671,659
	iShares U.S. Aggregate Bond Index Fund K	Mutual Fund	(1)	14,514
	JP Morgan Large Cap Growth R6	Mutual Fund	(1)	2,369,582
	MFS Value Fund Class R6	Mutual Fund	(1)	617,943
	Nomura Small Cap Core Fund R6	Mutual Fund	(1)	206,982
	PIMCO Total Return Fund Insitutional	Mutual Fund	(1)	808,696
	Virtus Ceredex Mid-Cap Value Equity R6	Mutual Fund	(1)	157,540
	Great Gray Trust American Funds 2015	Collective Trust Fund	(1)	102,785
	Great Gray Trust American Funds 2025	Collective Trust Fund	(1)	1,281,194
	Great Gray Trust American Funds 2035	Collective Trust Fund	(1)	547,715
	Great Gray Trust American Funds 2045	Collective Trust Fund	(1)	945,940
	Great Gray Trust American Funds 2050	Collective Trust Fund	(1)	53,751
	Great Gray Trust American Funds 2055	Collective Trust Fund	(1)	805,815
	Great Gray Trust American Funds 2060	Collective Trust Fund	(1)	2,417
	Great Gray Trust American Funds 2065	Collective Trust Fund	(1)	14,969
	MFS International Value Equity Fund Institutional P	Variable Annuities	(1)	102,355
*	Empower Life and Annuity Insurance Company	Fixed Annuities	(1)	1,990,373
		Total		$ 16,823,163

* Represents a party-in-interest.

(1) Cost information is not required because investments are participant directed.