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
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1982

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)
FABRIWELD CORPORATION

405 INDUSTRIAL PARKWAY
NORWALK, OH 44857

2b Employer Identification Number (EIN)
34-1619873

2c Plan Sponsor's telephone number
419-668-3358

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.	10/14/2026	LORENA BERRY FOR DAYBRIGHT
	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**	165
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)**	114
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	138
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	166
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	166
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)**	158
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)**	144
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	4
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:

2A 2E 2F 2H 2J 2S 2T 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1619873

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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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)

CARNEGIE INVESTMENT COUNSEL

30300 CHAGRIN BOULEVARD
PEPPER PIKE, OH 44124

26-4766975

(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?
26 27 28 51	INVESTMENT ADVISOR	38771	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE RETIREMENT PLAN COMPANY

38-3712991

(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?
51 60 64	NONE	15497	Yes [X] No [ ]	Yes [X] No [ ]	91	Yes [ ] No [X]

(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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1619873

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	6	2344
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	140682	192760
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	246968	181647
(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)	2419039	2631401
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4759514	5664522
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	7566209	8672674
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4814	8373
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4814	8373
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7561395	8664301

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)	192760	
(B) Participants	2a(1)(B)	347390	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		540150
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25	
(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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	33462	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	303931	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		337393
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	321928	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	349213	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-27285
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	331810	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		331810

		(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)		463604
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1645697
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	486906	
(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)		486906
f Corrective distributions (see instructions)	2f		0
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)	5700	
(3) Recordkeeping fees	2i(3)	8897	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	38771	
(6) Bank or trust company trustee/custodial fees	2i(6)	2517	
(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)		55885
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		542791
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1102906
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: PAYNE NICKLES & COMPANY **(2)** EIN: 34-1664586

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		41
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
FABRIWELD CORPORATION 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1619873

Part I Distributions

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

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

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

EIN(s): 82-3967259

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 Q702561A .

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2025 AND 2024

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PayneNickles & Company
CPAS AND BUSINESS ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
of **Fabriweld Corporation**
401(k) Profit Sharing Plan
Norwalk, Ohio

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

We have performed audits of the accompanying financial statements of Fabriweld Corporation 401(k) Profit Sharing 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 statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

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

Basis for Opinion

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

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o 419 668-2552 F 419 663-3637
422 West Market Street · Sandusky, Ohio 44870
o 419 625-4942 F 419 625-7120
EMAIL cpas@pncpa.biz
WEBSITE pncpa.biz

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Fabriweld Corporation 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Fabriweld Corporation 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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



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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions and assets (held at end of year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 generally accepted auditing standards. 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 Department of Labor'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 Department of Labor'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).

Payne, Nickles & Company

Norwalk, Ohio
October 12, 2026

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
December 31

Assets	**2025**	**2024**
Investments, at fair value:		
Participant-directed investments:		
Mutual funds	$ **3,809,036**	$ 3,063,302
Interest-bearing cash	**34,136**	5,042
Non-interest bearing cash	**2,344**	6
	3,845,516	3,068,350
Nonparticipant-directed investments:		
Mutual funds	**1,353,529**	1,304,946
Exhange traded funds	**501,957**	391,266
Corporate equity securities	**2,631,401**	2,419,039
Interest-bearing cash	**147,511**	241,926
	4,634,398	4,357,177
Total investments	**8,479,914**	7,425,527
Receivables:		
Employer contribution receivable	**192,760**	140,682
Total receivables	**192,760**	140,682
Total assets	**8,672,674**	7,566,209
Liabilities		
Refundable contributions	**8,373**	4,814
Total liabilites	**8,373**	4,814
Net assets available for benefits	$ **8,664,301**	$ 7,561,395

The accompanying notes are an integral part of these financial statements.

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2025

Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	768,129
Dividends		337,393
Interest		25
		1,105,547
Employer contributions		192,760
Employee contributions		347,390
		540,150
Total additions		1,645,697
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants		486,906
Administrative expenses		55,885
Total deductions		542,791
Net increase in net assets available for benefits		1,102,906
Net assets available for benefits:		
Beginning of period - as previously reported		7,610,897
Prior-period adjustment		(49,502)
Beginning of period - as restated		7,561,395
End of period	$	8,664,301

The accompanying notes are an integral part of this financial statement.

FABRIWELD CORPORATION
401(K) PROFIT SHARING PLAN

Notes to Financial Statements
December 31, 2025 and 2024

1. Description of the plan

The following description of the Fabriweld Corporation 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Effective January 1, 2012, the Fabriweld Profit Sharing Plan was renamed the Fabriweld Corporation 401(k) Profit Sharing Plan. At that same date the Plan was amended, restated and a volume submitter 401(k) profit sharing plan was adopted to allow participants to make deferred salary contributions to the Plan. The following companies are adopting employers of the Plan (the Companies): Fabriweld Corporation, Pinnacle Powder Coatings, Inc., and Allied Pedestal Boom System, LLC.

The Plan is a defined contribution plan covering all employees of the Companies who are at least 18 years of age. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

The Plan provides for annual Company contributions in such amounts as the Companies shall determine, but not to exceed limitations imposed by the Internal Revenue Code as of the beginning of the Plan year.

Participants may elect to make deferred or non-deferred (Roth) salary contributions to the Plan in amounts up to the maximum percentage allowed by the Internal Revenue Code of their total pretax compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants direct the investment of their contributions into various investment options offered by the Plan. Effective July 1, 2024, the Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their pre-tax deferral rate set at 2% of eligible compensation and their contributions invested in accordance with the default investment alternatives established under the Plan.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. The Plan provides for vesting in the Company contributions at the rate of 20% after a year of service, increasing 20% per year thereafter. A person is 100% vested after five years of credited service.

Participant accounts

Each participant's account is credited with an allocation of (a) the Companies' contributions, (b) Plan earnings (losses), and (c) participant contributions. 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.

Payment of benefits

On termination of service or upon reaching normal retirement age, a participant may elect to receive either a lump-sum amount equal to the vested balance of his or her account, or partial withdrawals.

Forfeitures

Forfeitures may be used to offset administrative expenses of the Plan or to reduce employer contributions to the Plan. Forfeitures of terminated participants' nonvested accounts had a balance of $34,002 and $49,502 at December 31, 2025 and 2024, respectively.

2. Summary of significant accounting policies

Basis of accounting

The financial statements of the Plan and the annual return/report are presented under the accrual method of accounting.

Date of management's review

Subsequent events were evaluated through October 12, 2026, which is the date the financial statements were available to be issued.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from these estimates.

Investments

Investments are reported in the statements of net assets available for plan benefits at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. *FASB ASC 820, Fair Value Measurements*, established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The three levels of the fair value hierarchy defined by *FASB ASC 820* are described below:

> Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority.
>
> Level 2 inputs consist of observable inputs other than quoted prices for identical assets.
>
> Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. The fair values of all investments held at December 31, 2025 and 2024 were measured using Level 1 inputs.

Changes in unrealized appreciation (depreciation) of investments are reflected currently in net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for benefits. Realized gains and losses are determined based on the original cost of the assets and are also included in net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for benefits.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Refundable contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability, with a corresponding reduction to contributions.

Administrative expenses

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

Payment of benefits

Benefits are recorded when paid.

2. Summary of significant accounting policies - continued

Financial instruments - concentration of credit risk

The Plan places its investments in accounts which may not be insured or in amounts which may exceed the federally insured deposit limits.

3. Information certified by Charles Schwab Trust Bank

The Plan sponsor entered into an agreement with Charles Schwab Trust Bank which established Charles Schwab Trust Bank as the custodian of the participant-directed investments portion of the Plan. In connection with that agreement, the Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, for that portion of the plan. Accordingly, as permitted under this election, no audit procedures were performed on the participant-directed investments portion (see the Statements of Net Assets Available for Benefits and Note 9) of the financial statements and accompanying supplementary information (other than with respect to contributions, benefit payments, and administrative expenses), except for comparing such information to the information certified by the custodian.

4. Estimated benefits paid in 2026

The amount of estimated benefits applied for prior to December 31, 2025 and that are to be paid by December 31, 2026 is $1,437.

5. Tax status

The Plan adopted a volume submitter profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the form of the plan, as then designed, was in compliance with the applicable requirements of the Code. Although the plan has been amended since receiving the favorable opinion letter, the Plan administrator and the Plan's tax counsel believe that the plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the plan is qualified, and the related trust is tax-exempt. The plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended December 31, 2022.

The Plan is subject to routine audits by the Internal Revenue Service; however, there are currently no audits for any tax periods in progress.

6. Plan termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts and each participant or beneficiary will be paid the amount of their account balance in the Plan in a lump sum.

7. 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 value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

8. Transactions with parties-in-interest

Parties-in-interest transactions include the investment in the funds of the custodian, and related dividend income, interest, and the payment of administrative expenses by the Plan. Such transactions are exempt from the prohibited transaction rules of ERISA.

9. Nonparticipant-directed and participant-directed investments

Information about the significant components of the changes in net assets relating to the nonparticipant-directed and participant-directed investments as of December 31, 2025 is as follows:

	Nonparticipant Directed	Participant Directed
Changes in net assets:		
Contributions received	$ 140,683	$ 350,948
Dividends	112,345	225,048
Interest	25	-
Net appreciation in fair value of investments	433,496	334,633
Administrative fees	(26,754)	(29,131)
Administrative fees	(26,053)	26,053
Benefits paid to participants	(356,521)	(130,385)
	$ 277,221	$ 777,166

10. Prior-period adjustment

Subsequent to the issuance of the Plan's December 31, 2024 financial statements, management determined that the employer contribution receivable as of December 31, 2024 was overstated by $49,502. The 2024 employer profit-sharing contribution of $190,184 was recorded in full as a contribution receivable, however $49,502 of that amount was funded by applying forfeitures already held in the Plan's trust rather than by an employer contribution to be received.

The accompanying December 31, 2024 statement of net assets available for benefits has been restated to correct this error. The effect of the restatement is as follows:

Statement of Net Assets Available for Benefits	As Originally Reported	Adjustment	As Restated
Employer contribution receivable	$ 190,184	$ (49,502)	$ 140,682
Total receivables	190,184	(49,502)	140,682
Total assets	7,615,711	(49,502)	7,566,209
Net assets available for benefits	7,610,897	(49,502)	7,561,395

Plan: Fabriweld Corporation 401(k) Profit Sharing Plan Plan # 001
Sponsor: Fabriweld Corporation Employer ID # 34-1619873

Schedule H, Line 4j - Schedule of Reportable Transactions

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category ii								
* Charles Schwab Trust Bank	Schwab Bank Sweep for Employee Benefit Plans - bank deposit, variable interest rate, no maturity; 99 deposits	601,579	-	-	-	601,579	601,579	-
* Charles Schwab Trust Bank	Schwab Bank Sweep for Employee Benefit Plans - bank deposit, variable interest rate, no maturity; 33 withdrawals	-	591,765	-	-	591,765	591,765	-

* DENOTES A PARTY-IN-INTEREST TO THE PLAN

SCHEDULE H
FORM 5500 FINANCIAL SCHEDULES 2025

Plan:	Fabriweld Corporation 401(k) Profit Sharing Plan	Plan # 001
Sponsor:	Fabriweld Corporation	Employer ID # 34-1619873

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan				Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted	Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected*	Contributions Corrected Outside VFCP**	Contributions Pending Correction in VFCP	
41	6/2/2025	7/31/2025	[ ]	41			
			[ ]	-			
			[ ]	-			
			[ ]	-			
			[ ]	-			
			[ ]	-			
			[ ]	-			
			[ ]	-			
			[ ]	-			
$ 41				$ 41	$ -	$ -	$ -

* All employee contributions have been remitted to the Plan. The Plan Sponsor is in the process of finalizing lost earnings.

** Includes the remittance of lost earnings.

Plan:	Fabriweld Corporation 401(k) Profit Sharing Plan	001
Sponsor:	Fabriweld Corporation	34-1619873

Schedule H, line 4i—Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	CASH	NON-INTEREST BEARING CASH	**	2,344
*	SCHWAB GOVERNMENT MONEY	INTEREST BEARING CASH	83,142	83,142
*	CHARLES SCHWAB BANK SWEEP	INTEREST-BEARING CASH	64,369	64,369
*	SCHWAB PRIME ADVANTAGE MONEY INV	INTEREST-BEARING CASH	**	34,136
	ABBOTT LABORATORIES	COMMON STOCK	46,549	55,482
	ALPHABET INC	COMMON STOCK	24,018	140,850
	AMAZON.COM INC	COMMON STOCK	59,198	80,787
	AMERICAN ELEC POWER CO INC	COMMON STOCK	21,358	23,062
	AMETEK INC NEW	COMMON STOCK	34,980	41,062
	AMGEN INC	COMMON STOCK	39,166	65,462
	APPLE INC	COMMON STOCK	6,995	95,151
	APPLIED MATERIALS	COMMON STOCK	45,183	84,807
	ARISTA NETWORKS INC	COMMON STOCK	15,757	17,689
	BERKSHIRE HATHAWAY	COMMON STOCK	22,884	100,530
	BLACKROCK INC NEW	COMMON STOCK	43,867	69,572
*	CHARLES SCHWAB CORP	COMMON STOCK	43,286	74,933
	CISCO SYSTEMS INC	COMMON STOCK	34,730	57,772
	DELL TECHNOLOGIES INC	COMMON STOCK	19,845	15,735
	EATON CORP PLC F	COMMON STOCK	35,811	79,627
	ECOLAB INC	COMMON STOCK	32,840	52,504
	EMERSON ELECTRIC CO	COMMON STOCK	32,638	53,088
	JP MORGAN CHASE & CO	COMMON STOCK	9,629	96,666
	KIMCO REALTY CORP	COMMON STOCK	22,197	20,270
	LOWES COMPANIES INC	COMMON STOCK	7,159	84,406
	MCDONALDS CORP	COMMON STOCK	19,826	30,563
	META PLATFORMS INC	COMMON STOCK	28,341	26,404
	MICROSOFT CORP	COMMON STOCK	17,915	84,634
	NEXTERA ENERGY INC	COMMON STOCK	45,090	52,182
	ORACLE CORPORATION	COMMON STOCK	42,865	68,219
	POST HOLDINGS INC	COMMON STOCK	31,932	28,229
	PROGRESSIVE CORP OHIO	COMMON STOCK	27,857	85,395
	REPUBLIC SERVICES INC	COMMON STOCK	9,993	52,982
	ROCKWELL AUTOMATION INC	COMMON STOCK	22,999	48,634
	RTX CORP	COMMON STOCK	40,027	91,700
	SHERWIN WILLIAMS CO	COMMON STOCK	25,118	64,806
	STRYKER CORP	COMMON STOCK	35,642	70,294
	T-MOBILE US INC	COMMON STOCK	28,104	40,608
	TE CONNECTIVITY LTD F	COMMON STOCK	48,517	91,004
	THERMO FISHER SCIENTIFIC	COMMON STOCK	6,195	63,739
	TJX COMPANIES INC NEW	COMMON STOCK	16,910	92,166
	UBER TECHNOLOGIES INC	COMMON STOCK	45,693	49,026
	UNION PACIFIC CORP	COMMON STOCK	26,137	63,613
	VISA INC	COMMON STOCK	5,347	96,445
	WALMART INC	COMMON STOCK	36,988	83,557
	ZOETIS INC	COMMON STOCK	31,269	37,746
	ISHARES CORE S&P MID CAP	EXCHANGE TRADED FUND	17,973	18,150
	ISHARES CORE S&P SMALL	EXCHANGE TRADED FUND	147,655	192,288
	ISHARES MSCI EAFE ETF	EXCHANGE TRADED FUND	97,313	135,882
	ISHS MSCI INTL QUALITY	EXCHANGE TRADED FUND	68,982	89,764

Plan:	Fabriweld Corporation 401(k) Profit Sharing Plan	001
Sponsor:	Fabriweld Corporation	34-1619873

Schedule H, line 4i—Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	SCHWAB EMERGING MARKETS	EXCHANGE TRADED FUND	46,237	49,125
	VANGUARD MID CAP GROWTH	EXCHANGE TRADED FUND	17,380	16,748
	FPA NEW INCOME INSTL	REGISTERED INVESTMENT COMPANY	815,446	815,815
	ALLSPRING SPECIAL MID CAP FUND	REGISTERED INVESTMENT COMPANY	114,096	164,924
	COLUMBIA DIVIDEND INCOME	REGISTERED INVESTMENT COMPANY	46,494	55,186
	FULLER & THALER BEHAVIOR	REGISTERED INVESTMENT COMPANY	60,463	81,343
*	SCHWAB INTERNATIONAL IND	REGISTERED INVESTMENT COMPANY	114,146	120,967
	VICTORY RS INTERNATIONAL	REGISTERED INVESTMENT COMPANY	85,020	115,294
	ALLSPRING SPECIAL MID CAP VAL FD R6	REGISTERED INVESTMENT COMPANY	**	4,419
	AMERICAN BALANCED FD INC R5	REGISTERED INVESTMENT COMPANY	**	8,029
	AMERICAN FD 2055 TRGT DATE RET R6	REGISTERED INVESTMENT COMPANY	**	205,427
	AMERICAN FD 2060 TRGT DATE RET R6	REGISTERED INVESTMENT COMPANY	**	82,231
	AMERICAN FD 2065 TRGT DATE RET R6	REGISTERED INVESTMENT COMPANY	**	132,557
	AMERICAN FDS TRGT DATE RET 2025 R6	REGISTERED INVESTMENT COMPANY	**	262,179
	AMERICAN FDS TRGT DATE RET 2030 R6	REGISTERED INVESTMENT COMPANY	**	928,280
	AMERICAN FDS TRGT DATE RET 2035 R6	REGISTERED INVESTMENT COMPANY	**	626,591
	AMERICAN FDS TRGT DATE RET 2045 R6	REGISTERED INVESTMENT COMPANY	**	351,593
	AMERICAN FDS TRGT DATE RET 2050 R6	REGISTERED INVESTMENT COMPANY	**	311,226
	AMERICAN FDS TRGT DATE RET 2040 R6	REGISTERED INVESTMENT COMPANY	**	460,013
	AMERICAN FUNDS WASHINGTON MUTUAL R6	REGISTERED INVESTMENT COMPANY	**	3,396
	ARTISAN INTL FUND	REGISTERED INVESTMENT COMPANY	**	8,374
	COLUMBIA DIVIDEND INCOME	REGISTERED INVESTMENT COMPANY	**	38,694
	DF EMERG MKTS CORE EQTY PORT INSTL	REGISTERED INVESTMENT COMPANY	**	9,451
	DIAMOND HILL SMALL MID CAP FD CL A	REGISTERED INVESTMENT COMPANY	**	6,048
	FIDELITY BLUE CHIP GWTH FD K6	REGISTERED INVESTMENT COMPANY	**	77,343
	FIDELITY OVERSEAS FUND K	REGISTERED INVESTMENT COMPANY	**	10,315
	FPA NEW INCOME INC COM	REGISTERED INVESTMENT COMPANY	**	57,031
	HARTFORD MIDCAP FD CL A	REGISTERED INVESTMENT COMPANY	**	9,621
	INVESCO OPPENHEIMER DEV MKTS FD A	REGISTERED INVESTMENT COMPANY	**	4,927
	JPMORGAN CORE BOND R6	REGISTERED INVESTMENT COMPANY	**	16,748
	JPMORGAN LARGE CAP GROWTH R6	REGISTERED INVESTMENT COMPANY	**	54,809
	JPMORGAN MID CAP GROWTH FUND R6	REGISTERED INVESTMENT COMPANY	**	4,853
	JPMORGAN US EQUITY CL R6	REGISTERED INVESTMENT COMPANY	**	45,492
	MFS GROWTH FUND R6	REGISTERED INVESTMENT COMPANY	**	4,632
	MFS MID CAP GROWTH R6	REGISTERED INVESTMENT COMPANY	**	11,782
*	SCHWAB INTL INDEX FD	REGISTERED INVESTMENT COMPANY	**	11,892
*	SCHWAB S&P 500 INDEX FUND - SELECT S	REGISTERED INVESTMENT COMPANY	**	13,137
*	SCHWAB SMALL CAP INDEX SELECT	REGISTERED INVESTMENT COMPANY	**	19,555
	VANGUARD EXPLORER FD ADMIRAL SHARES	REGISTERED INVESTMENT COMPANY	**	4,551
	VICTORY RS INTERNATIONAL FUND Y	REGISTERED INVESTMENT COMPANY	**	23,840
	TOTAL			8,479,914

* DENOTES A PARTY-IN-INTEREST TO THE PLAN
** COST OMITTED FOR PARTICIPANT-DIRECTED INVESTMENTS