# 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
- [X] 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
IROQUOIS INDUSTRIES, INC. & AFFILIATES 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1989

**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)
IROQUOIS INDUSTRIES, INC.

25101 GROESBECK
WARREN, MI 48089

**2b** Employer Identification Number (EIN)
38-1744499

**2c** Plan Sponsor's telephone number
586-771-5734

**2d** Business code (see instructions)
336300

**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. | 10/15/2026 | KRISTA ESCHBACH |
| | **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** | 753 |
| **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)** | 631 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 716 |
| **b** | Retired or separated participants receiving benefits | **6b** | 3 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 96 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 815 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 7 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 822 |
| **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)** | 685 |
| **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)** | 691 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 23 |
| **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:

2J 2K 2S 2T 3H 2E 2F 2G 3D

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | 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)** [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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
IROQUOIS INDUSTRIES, INC. & AFFILIATES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
IROQUOIS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
38-1744499

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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**(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 60 64 65 | RECORDKEEPER | 58332 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

ONEDIGITAL INVESTMENT ADVISORS LLC

43-1451524

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 | ADVISOR | 52115 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

STRAIGHTLINE

37-1433079

| (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 | ACCOUNTANT/AUDITOR | 15121 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AS SPL MID CP VAL IS - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169 | 0.15% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AS SPL SM CAP VAL IS - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169 | 0.15% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MFS GROWTH R4 - MFS SERVICE CENTER<br>04-2865649 | 0.15% |

## Part I Service Provider Information (continued)

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

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MFS INTL INTR VAL R4 - MFS SERVICE<br><br>04-2865649 | 0.15% |

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

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MFS INTL NEW DISC R4 - MFS SERVICE<br><br>04-2865649 | 0.15% |

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

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

## 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
IROQUOIS INDUSTRIES, INC. & AFFILIATES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
38-1744499

**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: MID CAP GROWTH R1

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

| **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) |
|---|---|---|
| 38-4126247-549 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VAL II R1

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

| **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) |
|---|---|---|
| 38-7312964-001 | C | 614761 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND R1

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

| **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) |
|---|---|---|
| 85-4031707-653 | C | 2246471 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH R1

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

| **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) |
|---|---|---|
| 38-4097324-487 | C | 961866 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
IROQUOIS INDUSTRIES, INC. & AFFILIATES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
IROQUOIS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
38-1744499

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 481200 | 566743 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 980111 | 1000614 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 3905491 | 3823098 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 25881906 | 26601907 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **1e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 31248708 | 31992362 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 0 | 0 |
| **1h** Operating payables | 1h | 0 | 0 |
| **1i** Acquisition indebtedness | 1i | 0 | 0 |
| **1j** Other liabilities | 1j | 0 | 0 |
| **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 | 31248708 | 31992362 |

## 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) | 566743 | |
| **(B)** Participants | 2a(1)(B) | 2476348 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 78402 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 3121493 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 84590 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 84590 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1767869 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1767869 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(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) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(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) | | 195641 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 2126976 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 7296569 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 6418802 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 6418802 |
| f Corrective distributions (see instructions) | 2f | | 3675 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 4870 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 300 | |
| (3) Recordkeeping fees | 2i(3) | 58032 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 52115 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 0 | |
| (7) Actuarial fees | 2i(7) | 0 | |
| (8) Legal fees | 2i(8) | 0 | |
| (9) Valuation/appraisal fees | 2i(9) | 0 | |
| (10) Other trustee fees and expenses | 2i(10) | 0 | |
| (11) Other expenses | 2i(11) | 15121 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 125568 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 6552915 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 743654 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

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

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

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

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

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

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

**(1)** Name: GROEN,KLUKA&COMPANY, P.C. **(2)** EIN: 38-2527196

**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 | | 600000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
IROQUOIS INDUSTRIES, INC. & AFFILIATES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
IROQUOIS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
38-1744499

## Part I Distributions

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

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

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

EIN(s): 04-6568107

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

**b** Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES**
**401(k) PLAN**

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**FINANCIAL STATEMENTS AND REPORT OF**
**INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

**December 31, 2025 and 2024**

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GK
&Co.

**Groen, Kluka & Company, P.C.**
*Certified Public Accountants and Management Consultants*

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# INDEPENDENT AUDITOR'S REPORT

**The Plan Administrator**
**Iroquois Industries, Inc. and Affiliates 401(k) Plan**

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

**We have performed an audit of the accompanying financial statements of Iroquois Industries, Inc. and Affiliates 401(k) 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 statement 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 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 audit of Iroquois Industries, Inc. and Affiliates 401(k) 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 2(h) to the financial statements, is complete and accurate.**

***Opinion***

**In our opinion, based on our audit 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 audit in accordance with auditing standards generally accepted in the United States of America. 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 Iroquois Industries, Inc. and Affiliates 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 these 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 Iroquois Industries, Inc. and Affiliates 401(k) 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.**

***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 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 Iroquois Industries, Inc. and Affiliates 401(k) 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 Iroquois Industries, Inc. and Affiliates 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

*Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4i - Schedule of 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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).

Jason Kulpa & Company, P.C.

Troy, MI
October 13, 2026

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

**December 31, 2025 & 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Cash | $ - | $ - |
| Investments at fair value | 26,601,907 | 29,787,397 |
| Common collective trusts | 3,823,098 | - |
| Total Investments | 30,425,005 | 29,787,397 |
| Receivables: | | |
| Employer contribution | 566,743 | 481,200 |
| Note receivable - participants | 1,000,614 | 980,111 |
| Total receivables | 1,567,357 | 1,461,311 |
| Total Assets | 31,992,362 | 31,248,708 |
| **Liabilities** | | |
| Accounts payable | - | - |
| Total Liabilities | - | - |
| Net assets available for plan benefits | $ 31,992,362 | $ 31,248,708 |

**See accompanying notes to financial statements.**

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES 401(k) PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**

**December 31, 2025 & 2024**

| | 2025 | 2024 |
|---|---|---|
| **Additions (reductions) to net assets attributed to:** | | |
| **Investment activity:** | | |
| **Net appreciation (depreciation) in fair value of investments** | **$ 2,322,618** | **$ 2,456,502** |
| **Interest, dividends, and other** | **1,767,869** | **1,568,545** |
| **Total investment activity** | **4,090,487** | **4,025,047** |
| **Interest income on notes receivable participants** | **84,590** | **67,675** |
| **Participant contributions** | **2,476,348** | **2,143,441** |
| **Employer contributions** | **566,743** | **481,200** |
| **Other contributions (including rollovers)** | **78,402** | **66,745** |
| **Total Contributions** | **3,121,493** | **2,691,386** |
| **Total additions** | **7,296,569** | **6,784,108** |
| **Deductions from net assets attributed to:** | | |
| **Benefits paid directly to participants** | **6,427,347** | **4,563,049** |
| **Administrative expenses** | **125,568** | **128,721** |
| **Total deductions** | **6,552,915** | **4,691,770** |
| **Net increase (decrease)** | **743,654** | **2,092,338** |
| **Net assets available for plan benefits:** | | |
| **Beginning of year** | **31,248,708** | **29,156,370** |
| **End of year** | **$ 31,992,362** | **$ 31,248,708** |

**See accompanying notes to financial statements.**

## 1. PLAN DESCRIPTION

**The following description of the Iroquois Industries, Inc. and Affiliates 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plans' provisions.**

### (a) GENERAL

**The Plan is a defined contribution plan covering all employees of the Company. The Plan was established in January, 1989, and converted, by amendment effective 7/1/2000 to a Fidelity Prototype Profit Sharing/401(k) Plan. The Plan is a defined contribution plan under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The trustee of the Plan is Fidelity Management Trust Company.**

### (b) PLAN AMENDMENT

**The Company has adopted Fidelity amendments to the Prototype Profit Sharing/401(k) Plan as approved by the Internal Revenue Service. The amendments include changes necessary to reflect provisions of the Pension Protection Act of 2006, certain related provisions of the Worker, Retiree and Employee Recovery Act of 2008 and the Heroes Earnings Assistance and Relief Act of 2008. The amendment also includes provisions permitted by Internal Revenue Code Sections 401(k) and 401(m) to enable a plan to reduce or suspend 401(k) (12) (traditional safe harbor) or 401(k) (B) (Qualified Automatic Contribution Arrangement) nonelective contributions during a plan year. In 2025, the Plan was amended. The Plan and RIA agreed that RIA would be entitled to an advisory fee equal to $45,000 to be paid monthly in arrears. These fees are paid by the plan custodian from plan assets.**

### (c) PARTICIPANT ELIGIBILITY

**Employees become eligible for the Plan after completion of six months of eligibility service, as defined, and have attained the age of 21. Eligible employees may enter the Plan on January 1, or July 1, coinciding with the completion of six months of service. Per the Plan amendment dated September 1, 2015, this remained the same.**

### (d) CONTRIBUTIONS

**The Company annually contributes to the Plan a discretionary matching amount determined by the Company's Board of Directors. Eligible employees can contribute a portion of their compensation as defined by the Plan, limited by requirements of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows participants to deposit into the Plan distributions from other qualified plans – called rollovers. The Company elected to contribute a discretionary matching amount equal to 1.5% of eligible compensation for the current year and prior year. Participants were appropriately advised.**

**1. DESCRIPTION OF THE PLAN (continued)**

**(e) VESTING**

**Participants are fully and immediately vested in their contributions, rollovers and the earnings thereon. Employer contributions vest evenly over five years of continuous service. A participant is 100% vested after five years of credited service.**

**Vesting of Company contributions is based on the following table:**

| Vested Years | Percent % |
|---|---|
| Less than 1 year | 0% |
| 1 year | 20% |
| 2 years | 40% |
| 3 years | 60% |
| 4 years | 80% |
| 5 years | 100% |

**(f) NOTES RECEIVABLE-PARTICIPANTS**

**A participant may borrow the lesser of $50,000 or 50% of their vested account balance, with a minimum loan amount of $1,000. Loans are repayable through payroll deductions over periods ranging up to 60 months and longer when proceeds are used to acquire a personal residence. The interest rate is determined by the Plan Administrator and is fixed over the life of the note. The interest rates at December 31, 2025 for all loans outstanding ranged from 4.25% to 9.5%. Withdrawals from the Company contribution portion can be made in the event of disability, attainment of age 59-1/2 or a serious financial hardship. Loan transactions, including interest earned, are treated as a transfer to/from investment funds from/to the participant loan fund.**

**(g) BENEFITS**

**Upon termination of service, participants whose balance is less than $1,000, receive a lump-sum distribution equal to the value of their vested account balance. Participants with account balances greater than $1,000 have the choice of receiving payments over a period of time not to extend beyond the life expectancy of the participant and designated beneficiary or receiving a lump sum distribution. All lump sum distributions are in the amount of the participant's account balance less any outstanding loan balances at the time of termination.**

**(h) PARTICIPANT ACCOUNTS**

**Each participant's account is credited with the participant's contribution and allocations of Company contributions, Plan earnings (losses) and charged with an allocation of administrative expenses. 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.**

**1. DESCRIPTION OF THE PLAN (continued)**

**(i) FORFEITED ACCOUNTS**

**At December 31, 2025 and 2024, forfeited non-vested accounts totaled approximately $0 and $0, respectively. These accounts will be used to reduce future employer contributions.**

**(j) INVESTMENT OPTIONS**

**Participants direct contributions, including employer contributions and rollover contributions, into several mutual fund investment options and common collective trusts (CCT). Investments among options can be made in 1% increments. Participants may change their investment elections quarterly. Mutual funds available for investment are reviewed every 6 months by a committee comprised of trustees, participants and investment counsel.**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**(a) ESTIMATES**

**The preparation of the financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.**

**(b) BASIS OF ACCOUNTING**

**The financial statements of the Plan are prepared on the accrual basis of accounting.**

**Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.**

**(c) NOTES RECEIVABLE-PARTICIPANTS**

**Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan documents.**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(d) INVESTMENT VALUATION AND INCOME RECOGNITION**

**Investments are reported at fair value (except for fully benefit-responsive investments contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company (See Note 2(e) for discussion of fair value measurements).**

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

**(e) FAIR VALUE MEASUREMENTS**

**The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. That framework establishes a three level hierarchy, prioritizing the inputs to valuation techniques used to measure fair value where Level 1 is the highest priority and Level 3 is the lowest priority when market prices are not readily available or reliable. The three level hierarchy is described below:**

| | |
|---|---|
| **Level 1** | **Quoted prices in active markets for identical securities.** |
| **Level 2** | **Prices determined using other significant observable inputs. Observable inputs are inputs that other market participants may use in pricing a security. These may include quoted prices for similar securities, interest rates, prepayment speeds, credit risk and others.** |
| **Level 3** | **Prices determined using significant unobservable inputs and significant to the fair value measurement. In situations where quoted prices or observable inputs are unavailable or deemed less relevant (for example, when there is little or no market activity for an investment at the end of the period), unobservable inputs may be used.** |

**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, and Level 2 inputs for the stable value fund - see Note 4.**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(f) ADMINISTRATIVE EXPENSES**

**The majority of administrative expenses are paid by the Company. Certain record keeping (loan fees, administrative fees) and investment based expenses are paid by the Plan.**

**(g) BENEFITS PAYABLE**

**Benefits payable are included in net assets available for benefits until the related cash is distributed. Benefits payable are recorded on Form 5500 as benefit claims that have been processed and approved for payment prior to December 31 but not paid at that date and are deducted from net assets available for benefits – see Note 9.**

**(h) INFORMATION CERTIFIED BY TRUSTEE**

**The Plan administrator has elected the method of annual reporting compliance permitted by Erisa Section 103(a)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Trust Company (the "Trustee") has certified that the following data included in the financial statements and supplemental schedule is complete and accurate:**

- **Investments, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.**
- **Net investment gain (loss), as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2025 and 2024.**
- **Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2025.**

**The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.**

**3. INVESTMENTS-FAIR VALUE MEASUREMENTS**

**During 2025 and 2024, the Plan's investments in mutual funds (including gains and losses on funds bought and sold, as well as held during the year) appreciated (depreciated) in value in the net amount of $2,322,618 and $2,456,502, respectively.**

**The following is a summary of the inputs used, as of December 31, 2025 and 2024 involving the Portfolio's assets carried at fair value. The inputs or methodology used for valuing securities may not be an indication of the risk associated with investing in those securities. For more information on valuation inputs, and their aggregation into the levels used in the tables below, please refer to Valuation section in the accompanying Note 2(e). There have been no changes in the methodologies used at December 31, 2025 and 2024.**

**3. INVESTMENTS-FAIR VALUE MEASUREMENTS (continued)**

**Valuation Inputs at Reporting Date:**

**Mutual Funds:** **Valued at the net asset value (NAV) of shares held by the plan at year end – Level 1, the most reliable evidence of fair value.**

**Common Collective Trust: Valued at net asset value (NAV) per unit (or its equivalent reported by the trustee or investment manager) of each fund – Level 2, the second most reliable evidence of fair value.**

**The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of:**

**December 31, 2025**

| | Level 1 | Level 2 | Total |
|---|---|---|---|
| Mutual Funds | $26,601,907 | $ - | $26,601,907 |
| Investments at Contract Value | - | 3,823,098 | 3,823,098 |
| Total Assets at Fair Value | $30,425,005 | $ - | $30,425,005 |

**December 31, 2024**

| | Level 1 | Level 2 | Total |
|---|---|---|---|
| Mutual Funds | $29,787,397 | $ - | $29,787,397 |
| Investment at Contract Value | - | - | - |
| Total Assets at Fair Value | $29,787,397 | $ - | $29,787,397 |

**4. FIDELITY ADVISOR STABLE VALUE FUND**

**In 2024 the plan committee removed the Fidelity Advisor Stable Value Fund from the plan's investment options, which is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans, a common collective trust (CCT) managed by Fidelity Management Trust Company. Because of this decision the plan liquidated their investment in the Stable Value Fund.**

**While the plan still invests in common collective trusts, one of them being a Stable Value CIT. The Plan's investment in a stable value CIT is generally not considered a fully benefit-responsive investment contract at the Plan level unless the Plan has a direct interest in qualifying fully benefit-responsive investment contracts. Refer to footnote 3 above for the valuation methods of the current investment breakdown.**

## 5. RELATED PARTY TRANSACTIONS

**Plan investments are shares of mutual funds and common collective trusts. Straightline, Inc. is an investment consultant used by the Plan. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore these transactions qualify as party in-interest transactions. Fees paid to Fidelity and Straightline for miscellaneous administration services amounted to $58,032 and $15,121 in 2025 and $54,455 and $15,104 in 2024.**

## 6. PLAN TERMINATION

**Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.**

## 7. TAX STATUS

**The Plan has received approval from the Internal Revenue Service for use as a prototype plan on June 30, 2020. The Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Including most recent plan amendments, the Plan administrator and the Plan's tax consultant believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.**

## 8. RISKS AND UNCERTAINTIES

**The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.**

**As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.**

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## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

**The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:**

| | December 31 | |
|---|---|---|
| | **2025** | **2024** |
| **Net assets available for benefits per the financial statements** | **$31,425,619** | **$29,156,370** |
| **Adjustment from contract value to fair value for fully benefit responsive investment contract** | **-** | **(112,734)** |
| **Deemed distribution participant loans** | **-** | **-** |
| **New assets available for benefits per Schedule H (line 1L) of Form 5500** | **$31,425,619** | **$29,043,636** |

**The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H Part II of form 5500 as of December 31, 2025:**

| | | |
|---|---|---|
| **Benefits paid to participants per the financial statements** | **$6,427,347** | **$2,506,283** |
| **Add (deduct):** | | |
| **Corrective distributions – 2025 and 2024** | **(3,625)** | **(16,615)** |
| **Deemed distributions of participant loans per Schedule H Line (2g)** | **(4,890)** | **(1,913)** |
| **Benefits paid to participants per Schedule H line 2e(1) of Form 5500** | **$6,418,832** | **$2,487,755** |

**9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)**

**The following is a reconciliation of income earned per the financial statements to Schedule H Part II of Form 5500 as of December 31, 2025:**

| | |
|---|---|
| **Total income/additions per financial statements:** | |
| **Contributions** | **$3,121,493** |
| **Interest-participant loans** | **84,590** |
| **Net investment gain (loss)/dividends-mutual funds** | **4,090,487** |
| | **$7,296,569** |
| **Total income additions** | |
| **Less:** | |
| **Adjustment from contract value to fair value for fully benefit-responsive investment contract** | **-** |
| **Total income per Schedule H (Part 2 line 2d) of Form 5500** | **$7,296,569** |

**The following is a reconciliation of net income earned per the financial statements to Schedule H Part II of Form 5500 as of December 31, 2025:**

| | |
|---|---|
| **Net increase (decrease) in plan assets per financial statements** | **$743,654** |
| **Less:** | |
| **Adjustment from contract value to fair value for fully benefit-responsive investment contract** | **-** |
| **Net income (loss) per Schedule H (Part 2 line 2k) per Form 5500** | **$743,654** |

**10. SUBSEQUENT EVENTS**

**Management has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued and determined there are no other items to disclose.**

**SUPPLEMENTAL INFORMATION**

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES 401(k) PLAN**
**SUPPLEMENTAL INFORMATION**
**SCHEDULE I**
**SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**

| IDENTITY OF ISSUER (b) | DESCRPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE (c) | COST (d) | CURRENT VALUE (e) |
|---|---|---|---|
| | Stable Value Fund R1 | 2,146,481.39 | 2,246,471 |
| | PIMCO Income Inst | 1,028,597.56 | 1,037,817 |
| | PIM Total RT Inst | 1,456,835.75 | 1,384,945 |
| | First Eagle GLBL R6 | 754,256.19 | 925,459 |
| | AF TD Income 2010 R6 | 78,023.27 | 76,500 |
| | AF TD Income 2020 R6 | 455,471.94 | 452,542 |
| | AF Target Date 2030 R6 | 2,850,444.66 | 2,972,267 |
| | AF Target Date 2040 R6 | 1,340,067.67 | 1,499,570 |
| | AF Target Date 2050 R6 | 1,290,245.89 | 1,468,004 |
| | AF Target Date 2015 R6 | 23,646.94 | 24,167 |
| | AF Target Date 2025 R6 | 1,765,435.76 | 1,787,531 |
| | AF Target Date 2035 R6 | 1,255,848.77 | 1,376,944 |
| | AF Target Date 2045 R6 | 1,063,747.12 | 1,220,498 |
| | AF Target Date 2055 R6 | 1,095,196.11 | 1,251,141 |
| | AF Target Date 2065 R6 | 168,160.20 | 192,807 |
| | Small Cap Growth R1 | 660,222.25 | 961,866 |
| | AF TRGT Date 2070 R6 | 7,953.58 | 8,109 |
| | Artisan INTL VAL IS | 1,676,507.45 | 1,726,315 |
| | MFS INTL New Disc R6 | 66,186.41 | 65,669 |
| | MFS Growth R6 | 3,451,483.60 | 3,194,065 |
| | AF New World R6 | 210,560.06 | 239,919 |
| | JPM Equity Income R6 | 1,053,938.72 | 1,088,894 |
| | AF Trgt Date 2060 R6 | 452,926.18 | 534,706 |
| | AS SPL SM CAP VAL R6 | 273,349.62 | 263,195 |
| | JPM MID CAP GRTH R6 | 628,945.99 | 582,298 |
| | MID CAP VAL II R1 | 592,974.08 | 614,761 |
| | FID US BOND IDX | 52,420.10 | 53,858 |
| | FID 500 Index | 2,163,103.23 | 3,109,464 |
| | FID Extd MKT IDX | 23,653.75 | 31,559 |
| | FID Total INTL IDX | 26,583.26 | 33,664 |
| | Outsanding Loan Balance | - | 1,000,614 |
| | | | $ 31,425,619 |

*** Parties-in-interest.**
**** Cost information is omitted with respect to participant or beneficiary directed transactions under an individual account plan.**

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES**
**401(k) PLAN**

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**FINANCIAL STATEMENTS AND REPORT OF**
**INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

**December 31, 2025 and 2024**

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GK
&Co.

**Groen, Kluka & Company, P.C.**
*Certified Public Accountants and Management Consultants*

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# INDEPENDENT AUDITOR'S REPORT

**The Plan Administrator**
**Iroquois Industries, Inc. and Affiliates 401(k) Plan**

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

**We have performed an audit of the accompanying financial statements of Iroquois Industries, Inc. and Affiliates 401(k) 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 statement 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 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 audit of Iroquois Industries, Inc. and Affiliates 401(k) 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 2(h) to the financial statements, is complete and accurate.**

***Opinion***

**In our opinion, based on our audit 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 audit in accordance with auditing standards generally accepted in the United States of America. 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 Iroquois Industries, Inc. and Affiliates 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 these 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 Iroquois Industries, Inc. and Affiliates 401(k) 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.**

***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 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 Iroquois Industries, Inc. and Affiliates 401(k) 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 Iroquois Industries, Inc. and Affiliates 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

*Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4i - Schedule of 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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).

Jason Kulpa & Company, P.C.

Troy, MI
October 13, 2026

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

**December 31, 2025 & 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Cash | $ - | $ - |
| Investments at fair value | 26,601,907 | 29,787,397 |
| Common collective trusts | 3,823,098 | - |
| Total Investments | 30,425,005 | 29,787,397 |
| Receivables: | | |
| Employer contribution | 566,743 | 481,200 |
| Note receivable - participants | 1,000,614 | 980,111 |
| Total receivables | 1,567,357 | 1,461,311 |
| Total Assets | 31,992,362 | 31,248,708 |
| **Liabilities** | | |
| Accounts payable | - | - |
| Total Liabilities | - | - |
| Net assets available for plan benefits | $ 31,992,362 | $ 31,248,708 |

**See accompanying notes to financial statements.**

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES 401(k) PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**

**December 31, 2025 & 2024**

| | 2025 | 2024 |
|---|---|---|
| **Additions (reductions) to net assets attributed to:** | | |
| **Investment activity:** | | |
| **Net appreciation (depreciation) in fair value of investments** | **$ 2,322,618** | **$ 2,456,502** |
| **Interest, dividends, and other** | **1,767,869** | **1,568,545** |
| **Total investment activity** | **4,090,487** | **4,025,047** |
| **Interest income on notes receivable participants** | **84,590** | **67,675** |
| **Participant contributions** | **2,476,348** | **2,143,441** |
| **Employer contributions** | **566,743** | **481,200** |
| **Other contributions (including rollovers)** | **78,402** | **66,745** |
| **Total Contributions** | **3,121,493** | **2,691,386** |
| **Total additions** | **7,296,569** | **6,784,108** |
| **Deductions from net assets attributed to:** | | |
| **Benefits paid directly to participants** | **6,427,347** | **4,563,049** |
| **Administrative expenses** | **125,568** | **128,721** |
| **Total deductions** | **6,552,915** | **4,691,770** |
| **Net increase (decrease)** | **743,654** | **2,092,338** |
| **Net assets available for plan benefits:** | | |
| **Beginning of year** | **31,248,708** | **29,156,370** |
| **End of year** | **$ 31,992,362** | **$ 31,248,708** |

**See accompanying notes to financial statements.**

## 1. PLAN DESCRIPTION

**The following description of the Iroquois Industries, Inc. and Affiliates 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plans' provisions.**

### (a) GENERAL

**The Plan is a defined contribution plan covering all employees of the Company. The Plan was established in January, 1989, and converted, by amendment effective 7/1/2000 to a Fidelity Prototype Profit Sharing/401(k) Plan. The Plan is a defined contribution plan under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The trustee of the Plan is Fidelity Management Trust Company.**

### (b) PLAN AMENDMENT

**The Company has adopted Fidelity amendments to the Prototype Profit Sharing/401(k) Plan as approved by the Internal Revenue Service. The amendments include changes necessary to reflect provisions of the Pension Protection Act of 2006, certain related provisions of the Worker, Retiree and Employee Recovery Act of 2008 and the Heroes Earnings Assistance and Relief Act of 2008. The amendment also includes provisions permitted by Internal Revenue Code Sections 401(k) and 401(m) to enable a plan to reduce or suspend 401(k) (12) (traditional safe harbor) or 401(k) (B) (Qualified Automatic Contribution Arrangement) nonelective contributions during a plan year. In 2025, the Plan was amended. The Plan and RIA agreed that RIA would be entitled to an advisory fee equal to $45,000 to be paid monthly in arrears. These fees are paid by the plan custodian from plan assets.**

### (c) PARTICIPANT ELIGIBILITY

**Employees become eligible for the Plan after completion of six months of eligibility service, as defined, and have attained the age of 21. Eligible employees may enter the Plan on January 1, or July 1, coinciding with the completion of six months of service. Per the Plan amendment dated September 1, 2015, this remained the same.**

### (d) CONTRIBUTIONS

**The Company annually contributes to the Plan a discretionary matching amount determined by the Company's Board of Directors. Eligible employees can contribute a portion of their compensation as defined by the Plan, limited by requirements of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows participants to deposit into the Plan distributions from other qualified plans – called rollovers. The Company elected to contribute a discretionary matching amount equal to 1.5% of eligible compensation for the current year and prior year. Participants were appropriately advised.**

**1. DESCRIPTION OF THE PLAN (continued)**

**(e) VESTING**

**Participants are fully and immediately vested in their contributions, rollovers and the earnings thereon. Employer contributions vest evenly over five years of continuous service. A participant is 100% vested after five years of credited service.**

**Vesting of Company contributions is based on the following table:**

| Vested Years | Percent % |
|---|---|
| Less than 1 year | 0% |
| 1 year | 20% |
| 2 years | 40% |
| 3 years | 60% |
| 4 years | 80% |
| 5 years | 100% |

**(f) NOTES RECEIVABLE-PARTICIPANTS**

**A participant may borrow the lesser of $50,000 or 50% of their vested account balance, with a minimum loan amount of $1,000. Loans are repayable through payroll deductions over periods ranging up to 60 months and longer when proceeds are used to acquire a personal residence. The interest rate is determined by the Plan Administrator and is fixed over the life of the note. The interest rates at December 31, 2025 for all loans outstanding ranged from 4.25% to 9.5%. Withdrawals from the Company contribution portion can be made in the event of disability, attainment of age 59-1/2 or a serious financial hardship. Loan transactions, including interest earned, are treated as a transfer to/from investment funds from/to the participant loan fund.**

**(g) BENEFITS**

**Upon termination of service, participants whose balance is less than $1,000, receive a lump-sum distribution equal to the value of their vested account balance. Participants with account balances greater than $1,000 have the choice of receiving payments over a period of time not to extend beyond the life expectancy of the participant and designated beneficiary or receiving a lump sum distribution. All lump sum distributions are in the amount of the participant's account balance less any outstanding loan balances at the time of termination.**

**(h) PARTICIPANT ACCOUNTS**

**Each participant's account is credited with the participant's contribution and allocations of Company contributions, Plan earnings (losses) and charged with an allocation of administrative expenses. 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.**

**1. DESCRIPTION OF THE PLAN (continued)**

**(i) FORFEITED ACCOUNTS**

**At December 31, 2025 and 2024, forfeited non-vested accounts totaled approximately $0 and $0, respectively. These accounts will be used to reduce future employer contributions.**

**(j) INVESTMENT OPTIONS**

**Participants direct contributions, including employer contributions and rollover contributions, into several mutual fund investment options and common collective trusts (CCT). Investments among options can be made in 1% increments. Participants may change their investment elections quarterly. Mutual funds available for investment are reviewed every 6 months by a committee comprised of trustees, participants and investment counsel.**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**(a) ESTIMATES**

**The preparation of the financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.**

**(b) BASIS OF ACCOUNTING**

**The financial statements of the Plan are prepared on the accrual basis of accounting.**

**Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.**

**(c) NOTES RECEIVABLE-PARTICIPANTS**

**Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan documents.**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(d) INVESTMENT VALUATION AND INCOME RECOGNITION**

**Investments are reported at fair value (except for fully benefit-responsive investments contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company (See Note 2(e) for discussion of fair value measurements).**

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

**(e) FAIR VALUE MEASUREMENTS**

**The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. That framework establishes a three level hierarchy, prioritizing the inputs to valuation techniques used to measure fair value where Level 1 is the highest priority and Level 3 is the lowest priority when market prices are not readily available or reliable. The three level hierarchy is described below:**

| | |
|---|---|
| **Level 1** | **Quoted prices in active markets for identical securities.** |
| **Level 2** | **Prices determined using other significant observable inputs. Observable inputs are inputs that other market participants may use in pricing a security. These may include quoted prices for similar securities, interest rates, prepayment speeds, credit risk and others.** |
| **Level 3** | **Prices determined using significant unobservable inputs and significant to the fair value measurement. In situations where quoted prices or observable inputs are unavailable or deemed less relevant (for example, when there is little or no market activity for an investment at the end of the period), unobservable inputs may be used.** |

**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, and Level 2 inputs for the stable value fund - see Note 4.**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**(f) ADMINISTRATIVE EXPENSES**

**The majority of administrative expenses are paid by the Company. Certain record keeping (loan fees, administrative fees) and investment based expenses are paid by the Plan.**

**(g) BENEFITS PAYABLE**

**Benefits payable are included in net assets available for benefits until the related cash is distributed. Benefits payable are recorded on Form 5500 as benefit claims that have been processed and approved for payment prior to December 31 but not paid at that date and are deducted from net assets available for benefits – see Note 9.**

**(h) INFORMATION CERTIFIED BY TRUSTEE**

**The Plan administrator has elected the method of annual reporting compliance permitted by Erisa Section 103(a)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Trust Company (the "Trustee") has certified that the following data included in the financial statements and supplemental schedule is complete and accurate:**

- **Investments, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.**
- **Net investment gain (loss), as shown in the statement of changes in net assets available for plan benefits for the year ended December 31, 2025 and 2024.**
- **Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2025.**

**The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.**

**3. INVESTMENTS-FAIR VALUE MEASUREMENTS**

**During 2025 and 2024, the Plan's investments in mutual funds (including gains and losses on funds bought and sold, as well as held during the year) appreciated (depreciated) in value in the net amount of $2,322,618 and $2,456,502, respectively.**

**The following is a summary of the inputs used, as of December 31, 2025 and 2024 involving the Portfolio's assets carried at fair value. The inputs or methodology used for valuing securities may not be an indication of the risk associated with investing in those securities. For more information on valuation inputs, and their aggregation into the levels used in the tables below, please refer to Valuation section in the accompanying Note 2(e). There have been no changes in the methodologies used at December 31, 2025 and 2024.**

**3. INVESTMENTS-FAIR VALUE MEASUREMENTS (continued)**

**Valuation Inputs at Reporting Date:**

**Mutual Funds:** **Valued at the net asset value (NAV) of shares held by the plan at year end – Level 1, the most reliable evidence of fair value.**

**Common Collective Trust: Valued at net asset value (NAV) per unit (or its equivalent reported by the trustee or investment manager) of each fund – Level 2, the second most reliable evidence of fair value.**

**The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of:**

**December 31, 2025**

| | Level 1 | Level 2 | Total |
|---|---|---|---|
| Mutual Funds | $26,601,907 | $ - | $26,601,907 |
| Investments at Contract Value | - | 3,823,098 | 3,823,098 |
| Total Assets at Fair Value | $30,425,005 | $ - | $30,425,005 |

**December 31, 2024**

| | Level 1 | Level 2 | Total |
|---|---|---|---|
| Mutual Funds | $29,787,397 | $ - | $29,787,397 |
| Investment at Contract Value | - | - | - |
| Total Assets at Fair Value | $29,787,397 | $ - | $29,787,397 |

**4. FIDELITY ADVISOR STABLE VALUE FUND**

**In 2024 the plan committee removed the Fidelity Advisor Stable Value Fund from the plan's investment options, which is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans, a common collective trust (CCT) managed by Fidelity Management Trust Company. Because of this decision the plan liquidated their investment in the Stable Value Fund.**

**While the plan still invests in common collective trusts, one of them being a Stable Value CIT. The Plan's investment in a stable value CIT is generally not considered a fully benefit-responsive investment contract at the Plan level unless the Plan has a direct interest in qualifying fully benefit-responsive investment contracts. Refer to footnote 3 above for the valuation methods of the current investment breakdown.**

## 5. RELATED PARTY TRANSACTIONS

**Plan investments are shares of mutual funds and common collective trusts. Straightline, Inc. is an investment consultant used by the Plan. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore these transactions qualify as party in-interest transactions. Fees paid to Fidelity and Straightline for miscellaneous administration services amounted to $58,032 and $15,121 in 2025 and $54,455 and $15,104 in 2024.**

## 6. PLAN TERMINATION

**Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.**

## 7. TAX STATUS

**The Plan has received approval from the Internal Revenue Service for use as a prototype plan on June 30, 2020. The Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Including most recent plan amendments, the Plan administrator and the Plan's tax consultant believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.**

## 8. RISKS AND UNCERTAINTIES

**The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the statement of net assets available for benefits.**

**As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.**

.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

**The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:**

| | December 31 | |
|---|---|---|
| | **2025** | **2024** |
| **Net assets available for benefits per the financial statements** | **$31,425,619** | **$29,156,370** |
| **Adjustment from contract value to fair value for fully benefit responsive investment contract** | **-** | **(112,734)** |
| **Deemed distribution participant loans** | **-** | **-** |
| **New assets available for benefits per Schedule H (line 1L) of Form 5500** | **$31,425,619** | **$29,043,636** |

**The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H Part II of form 5500 as of December 31, 2025:**

| | | |
|---|---|---|
| **Benefits paid to participants per the financial statements** | **$6,427,347** | **$2,506,283** |
| **Add (deduct):** | | |
| **Corrective distributions – 2025 and 2024** | **(3,625)** | **(16,615)** |
| **Deemed distributions of participant loans per Schedule H Line (2g)** | **(4,890)** | **(1,913)** |
| **Benefits paid to participants per Schedule H line 2e(1) of Form 5500** | **$6,418,832** | **$2,487,755** |

**9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)**

**The following is a reconciliation of income earned per the financial statements to Schedule H Part II of Form 5500 as of December 31, 2025:**

| | |
|---|---|
| **Total income/additions per financial statements:** | |
| **Contributions** | **$3,121,493** |
| **Interest-participant loans** | **84,590** |
| **Net investment gain (loss)/dividends-mutual funds** | **4,090,487** |
| | **$7,296,569** |
| **Total income additions** | |
| **Less:** | |
| **Adjustment from contract value to fair value for fully benefit-responsive investment contract** | **-** |
| **Total income per Schedule H (Part 2 line 2d) of Form 5500** | **$7,296,569** |

**The following is a reconciliation of net income earned per the financial statements to Schedule H Part II of Form 5500 as of December 31, 2025:**

| | |
|---|---|
| **Net increase (decrease) in plan assets per financial statements** | **$743,654** |
| **Less:** | |
| **Adjustment from contract value to fair value for fully benefit-responsive investment contract** | **-** |
| **Net income (loss) per Schedule H (Part 2 line 2k) per Form 5500** | **$743,654** |

**10. SUBSEQUENT EVENTS**

**Management has evaluated subsequent events through October 13, 2025, the date on which the financial statements were available to be issued and determined there are no other items to disclose.**

**SUPPLEMENTAL INFORMATION**

**IROQUOIS INDUSTRIES, INC. AND AFFILIATES 401(k) PLAN**
**SUPPLEMENTAL INFORMATION**
**SCHEDULE I**
**SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2025**

| IDENTITY OF ISSUER (b) | DESCRPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE (c) | COST (d) | CURRENT VALUE (e) |
|---|---|---|---|
| | Stable Value Fund R1 | 2,146,481.39 | 2,246,471 |
| | PIMCO Income Inst | 1,028,597.56 | 1,037,817 |
| | PIM Total RT Inst | 1,456,835.75 | 1,384,945 |
| | First Eagle GLBL R6 | 754,256.19 | 925,459 |
| | AF TD Income 2010 R6 | 78,023.27 | 76,500 |
| | AF TD Income 2020 R6 | 455,471.94 | 452,542 |
| | AF Target Date 2030 R6 | 2,850,444.66 | 2,972,267 |
| | AF Target Date 2040 R6 | 1,340,067.67 | 1,499,570 |
| | AF Target Date 2050 R6 | 1,290,245.89 | 1,468,004 |
| | AF Target Date 2015 R6 | 23,646.94 | 24,167 |
| | AF Target Date 2025 R6 | 1,765,435.76 | 1,787,531 |
| | AF Target Date 2035 R6 | 1,255,848.77 | 1,376,944 |
| | AF Target Date 2045 R6 | 1,063,747.12 | 1,220,498 |
| | AF Target Date 2055 R6 | 1,095,196.11 | 1,251,141 |
| | AF Target Date 2065 R6 | 168,160.20 | 192,807 |
| | Small Cap Growth R1 | 660,222.25 | 961,866 |
| | AF TRGT Date 2070 R6 | 7,953.58 | 8,109 |
| | Artisan INTL VAL IS | 1,676,507.45 | 1,726,315 |
| | MFS INTL New Disc R6 | 66,186.41 | 65,669 |
| | MFS Growth R6 | 3,451,483.60 | 3,194,065 |
| | AF New World R6 | 210,560.06 | 239,919 |
| | JPM Equity Income R6 | 1,053,938.72 | 1,088,894 |
| | AF Trgt Date 2060 R6 | 452,926.18 | 534,706 |
| | AS SPL SM CAP VAL R6 | 273,349.62 | 263,195 |
| | JPM MID CAP GRTH R6 | 628,945.99 | 582,298 |
| | MID CAP VAL II R1 | 592,974.08 | 614,761 |
| | FID US BOND IDX | 52,420.10 | 53,858 |
| | FID 500 Index | 2,163,103.23 | 3,109,464 |
| | FID Extd MKT IDX | 23,653.75 | 31,559 |
| | FID Total INTL IDX | 26,583.26 | 33,664 |
| | Outsanding Loan Balance | - | 1,000,614 |
| | | | $ 31,425,619 |

*** Parties-in-interest.**
**** Cost information is omitted with respect to participant or beneficiary directed transactions under an individual account plan.**