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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALTRONIX CORP. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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)
ALTRONIX CORP

140 58TH STREET BLDG A
BROOKLYN, NY 11220

2b Employer Identification Number (EIN)
11-2719171

2c Plan Sponsor's telephone number
718-567-8181

2d Business code (see instructions)
335900

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.	10/01/2024	JONATHAN SOHNIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2024	JONATHAN SOHNIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	224
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)**	188
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	179
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	221
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	221
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)**	212
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)**	219
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 Characteristics Codes in the instructions:

2A 2E 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [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 _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ALTRONIX CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRONIX CORP

D Employer Identification Number (EIN)
11-2719171

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

WELLS FARGO

23-2384840

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

MERRILL LYNCH

13-5674085

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(complete as many entries as needed)

a Name: EISNERAMPER LLP
b EIN: 87-1363769
c Position: ACCOUNTING FIRM
d Address: 6900 JERICHO TURNPIKE, SUITE 312
SYOSSET, NY 11791
e Telephone: 516-864-8900

Explanation: PLAN SPONSOR ELECTED TO ENGAGE A LOCAL AUDITOR.

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ALTRONIX CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRONIX CORP

D Employer Identification Number (EIN)
11-2719171

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 reported 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		23596
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	324326	351624
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	351305	244476
(2) U.S. Government securities	1c(2)	6509	4982
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		156440
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3588424	4151839
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	161007	120309
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5649080	6814179
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10080651	11867445
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10080651	11867445

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	351624	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		351624
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12684	
	(B) U.S. Government securities	2b(1)(B)	367	
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	7392	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20443
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	56412	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	248725	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		305137
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2734008	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2612865	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		121143
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	1316321	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1316321

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2114668
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	203600	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		203600
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		21925
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	102349	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		102349
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		327874
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1786794
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PKF O'CONNOR DAVIES, LLP **(2)** EIN: 27-1728945

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		81120
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
ALTRONIX CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRONIX CORP

D Employer Identification Number (EIN)
11-2719171

Part I Distributions

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

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

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

EIN(s): 11-3125785

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 Q703729A .

PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

The Plan Administrator of
Altronix Corp. Profit Sharing Plan

Opinion on the 2023 Financial Statements

We have audited the accompanying financial statements of Altronix Corp. Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2023 Financial Statements

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 Auditors' Responsibilities for the Audit of the 2023 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2023 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

Auditors' Responsibilities for the Audit of the 2023 Financial Statements

Our objectives are to obtain reasonable assurance about whether the 2023 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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.

2023 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (1) Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2023 and (2) Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 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 has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditors' Report on the 2022 Financial Statements

The 2022 financial statements of Altronix Corp. Profit Sharing Plan were audited by predecessor auditors whose report dated October 5, 2023, expressed an unmodified opinion on those financial statements.

PKF O'Connor Davies, LLP

October 9, 2024

Altronx Corp. Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2023	2022
ASSETS		
Investments, at fair value		
Mutual Funds	6,814,179	5,649,080
Corporate stocks	4,151,839	3,588,424
U.S. Government/Municipal Bonds	4,982	6,509
Corporate Debt	156,440	-
Interest-bearing cash	244,476	328,301
Total investments	11,371,916	9,572,314
Receivables		
Employer contributions	351,624	324,326
Notes receivable from participants	120,309	161,007
Total Receivables	471,933	485,333
Non-interest bearing cash	23,596	23,004
Total Assets	11,867,445	10,080,651
LIABILITIES	-	-
Net Assets Available for Benefits	$ 11,867,445	$ 10,080,651

See notes to financial statements

Altronx Corp. Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2023

ADDITIONS	
Contributions	
Employer	$ 351,624
Investment Income	
Net appreciation in fair value of investments	1,437,464
Interest and dividends	318,188
Total Investment Income	1,755,652
Interest on notes receivable from participants	7,392
Total Additions	2,114,668
DEDUCTIONS	
Benefits paid to participants	203,600
Administration expenses	102,349
Deemed Distributions	21,925
Total Deductions	327,874
Net Increase	1,786,794
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	10,080,651
End of year	$ 11,867,445

See notes to financial statements

1. Description of Plan

The following description of the Altronix Corp. Profit Sharing Plan(the "Plan") is provided for general purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of Altronix Corp. (the "Employer" or "the Plan Sponsor"), who have completed one year of service, have worked 1,000 or more hours during the Plan year and are age 21 or older. Participants may enter the Plan on January 1st or July 1st, coinciding with or following the date that the eligibility requirements are first met. The Plan has three eligible employee classifications, one for 10% owners (Class A), one for non-owners (Class B), and one for lineal descendants of 10% owners (Class C). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The custodians of the Plan are Wells Fargo Clearing Servies, LLC ("Wells Fargo") and Merrill Lynch, Pierce, Fenner & Smith Incorporated ("Merrill Lynch").

Contributions

The Plan does not provide for participant contributions. It is the intention of the Employer to make annual contributions to the Plan in an amount specified by the Employer. Such amounts are not limited to the profits of the Plan Sponsor. In 2023, Non-owners receive a contribution equal to 3% of compensation, 10% owners receive a contribution of 9% of maximum allowable compensation and lineal descendants of 10% owners receive a contribution of 2% of maximum allowable compensation.

Vesting

Vesting in contributions plus actual earnings thereon is as follows:

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

Participant Accounts

Participant accounts are employer directed. Each participant's account is credited with allocations of (a) the employer's contributions, (b) Plan earnings, and (c) charged with an allocation of administrative expenses paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

Upon termination of service for any reason, a participant or their beneficiary may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

1. Description of Plan *(continued)*

Notes Receivable from Participants

A participant may borrow an aggregate amount up to the lesser of $50,000 or 50% of the participant's vested account balance, subject to plan limitations. The minimum loan allowed is $1,000. Interest rate on the loan will be a fixed 5.25% for the life of the loan. Loans must be repaid over a period not to exceed five years. Principal and interest is generally paid ratably through payroll deductions each pay period.

Forfeitures

When certain terminations of participation in the Plan occur, the non-vested portion of a participant's account represents a forfeiture, as defined by the Plan. Forfeitures may be used to pay Plan expenses or reduce future Employer contributions. At December 31, 2023 and 2022, forfeited non-vested accounts totaled $0. During 2023, $9,384 of forfeitures were used to reduce the 2022 Employer contributions.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Also, certain administrative expenses of the Plan are paid by the Plan. Investment related expenses are included in net appreciation (depreciation) in fair value of investments. Fees related to the administration of notes receivable from participants are charged directly to the participant.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

2. Summary of Significant Accounting Policies *(continued)*

Investment Valuation and Income Recognition

All the Plan's investments are stated at fair value. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. These funds are deemed actively traded. Corporate stocks are valued at their last reported closing price in the active market in which the individual security is traded. US government/municipal bonds traded in the over-the counter market for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. Corporate debt that is traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. Cash is valued at the daily closing price as recorded by the fund.

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

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 9, 2024.

3. Investments

The following are the major categories of investments measured at fair value on a recurring basis at December 31, grouped by the fair value hierarchy:

	2023		
	Level 1	Level 2	Total
Mutual Funds	$ 6,814,179	$ -	$ 6,814,179
Corporate Stocks	4,151,839	-	4,151,839
U.S. Government/Municipal Bonds	-	4,982	4,982
Corporate Debt	-	156,440	156,440
Interest-bearing cash	244,476	-	244,476
	$ 11,210,494	$ 161,422	$ 11,371,916

3. Investments *(continued)*

	2022		
	Level 1	Level 2	Total
Mutual Funds	$ 5,649,080	$ -	$ 5,649,080
Corporate Stocks	3,588,424	-	3,588,424
U.S. Government/Municipal Bonds	-	6,509	6,509
Interest-bearing cash	328,301	-	328,301
	$ 9,565,805	$ 6,509	$ 9,572,314

4. Non-Participant Directed Investments

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

Non-participant directed	2023	2022
Mutual Funds	$ 6,814,179	$5,649,080
Corporate stocks	4,151,839	3,588,424
U.S. Government/Municipal Bonds	4,982	6,509
Corporate Debt	156,440	-
Interest-bearing cash	244,476	328,301
Non-interest bearing cash	23,596	23,004
Total non-participant directed:	$ 11,395,512	$9,595,318

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

Changes in net assets for non-participant directed investments:	2023
Contributions	$ 324,326
Participant loan repayments	73,728
Net appreciation in investments	1,437,464
Interest and dividend income	318,188
Loan interest	7,392
Benefit payments	(203,600)
Participant loan withdrawal	(54,955)
Administrative expenses	(102,349)
	$1,800,194

5. Plan Termination

Although it has not expressed any intent to do so, the Employer 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 would become 100% vested in their Employer contributions.

6. Non-exempt Party-in-Interest Transactions

For the 2023 plan year, the Employer failed to transmit to the Plan loan repayments for participants totaling $81,120 within the period prescribed by Department of Labor regulations. The Employer is in the process of making the necessary corrections.

7. Party-in-Interest Transactions

Participants who are active employees may borrow from their accounts and such loans qualify as exempt party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants in the statement of net assets available for benefits.

Investments of the Plan are managed by Wells Fargo and Merrill Lynch, the Plan's custodians and, therefore, transactions related to these investments qualify as exempt party-in-interest transactions. Fees paid to the custodians were $102,349 for the year ended December 31, 2023.

8. Tax Status

On June 30, 2020, the Internal Revenue Service ("IRS") issued an opinion letter to the prototype document preparer indicating that the Plan, as then designed, qualifies under Section 401(a) of the IRC. Although the Plan has been amended, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

9. Risks and Uncertainties

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

The global and domestic economic uncertainty has resulted in significant volatility in financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to December 31, 2023 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted.

* * * * *

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2023 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.)
☒ a single-employer plan; ☐ a DFE (specify) ____

B This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . . ▶ ☐

D Check box if filing under: ☒ 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
Altronix Corp. Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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)

Altronix Corp.

140 58th Street, Bldg. A

US Brooklyn NY 11220

2b Employer Identification Number (EIN) 11-2719171

2c Plan Sponsor's telephone number (718) 567-8181

2d Business code (see instructions) 335900

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		10/1/24	Jonathan Sohnis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/1/24	Jonathan Sohnis
	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 and the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	224
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)**	188
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	179
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	42
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	221
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	221
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)**	212
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)**	219
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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 Characteristics Codes in the instructions:

2A 2E 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- (1) [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 ____
- (4) [x] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	COMMON STOCKS	**SHARES / UNITS**		
	Microsoft Corp	765	117,374	$ 287,671
	Amazon Com Inc	1,116	119,867	169,565
	Alphabet Inc SHS CL C	842	53,944	118,663
	Apple Inc	559	52,694	107,624
	NVIDIA	195	65,274	96,568
	Berkshire Hathaway Inc	258	42,980	92,018
	United Health Group Inc	116	40,618	61,071
	Meta Platforms INC	148	28,026	52,386
	Mastercard INC	114	34,928	48,622
	Deere & Co	110	38,921	43,986
	JP Morgan Chase & CO	258	27,958	43,886
	TJJX Cos Inc New	408	26,329	38,274
	First Trust Cyber Security Portfolio Series 28 Reinvest	3,616	30,382	38,024
	Comcast Corp NEW CL A	858	34,833	37,623
	Abbvie INC SHS	242	15,058	37,503
	Tapestry Inc	1,000	35,532	36,810
	Broadcom Inc	32	16,042	35,720
	Abbott Labs	315	35,048	34,672
	Alphabet Inc SHS CL A	245	17,653	34,224
	Eli Lilly & CO	54	28,089	31,478
	Eaton Corp PLC	125	20,466	30,103
	Walmart INC	186	21,066	29,323
	LINDE PLC NEW	71	16,138	29,160
	Nike INC CL B	267	27,495	28,988
	American Tower Reit Inc	131	23,627	28,280
	Texas Instruments	165	20,085	28,126
	Chevron Corp	188	23,510	28,042
	Motorola Solutions INC	87	12,750	27,239
	Accentrue PLC SHS	77	11,605	27,020
	Johnson and Johnson Com	163	22,707	25,549
	Mondelez International	352	17,567	25,495
	Pepsico Inc	147	17,223	24,966
	Nextera Energy Inc SHS	407	19,598	24,721
	Exxon Mobil Corp Com	246	23,975	24,595
	LVMH MOET HENNESSY LOUIS VUITTON	150	26,942	24,368
	Lowe's Companies INC	108	12,834	24,035
	Amer Express Company	128	10,776	23,980
	PROLOGIS INC	177	19,296	23,594
	Procter & Gamble Co	158	16,774	23,153
	Adobe INC	37	12,823	22,074
	Honeywell INTL INC DEL	103	13,804	21,600
	Schwab Charles Corp New	313	17,685	21,534
	Novo Nordisk A S ADR NVO	200	20,241	20,690
	Marsh & MCLENNAN COS IN	109	8,123	20,652
	Union Pacific Corp	83	11,792	20,386
	Brookfield Corporation	500	20,505	20,060
	Elevance Health INC	41	12,198	19,334
	Wells Fargo & CO	389	15,615	19,146
	Danaher Corp DEL COM	81	18,532	18,739
	McDonalds Corp Com	63	12,893	18,680
	Workday Inc CL A	66	11,879	18,220
	ASML HLDG NV NY REG SHS	24	13,364	18,166
	Applied Material Inc	112	10,692	18,152
	Qualys Inc Com	91	9,567	17,861
	Philip Morris INTL INC	186	16,628	17,499
	EMCOR Group Inc	81	12,183	17,450
	FID National FINL INC	337	11,503	17,194
	Crane Holdings CO Reg	141	12,021	16,658
	Saia Inc	37	10,718	16,214
	BJS WHSL Club HLDGS Inc	243	17,796	16,198
	Keysight Technologies	99	10,540	15,750
	Caterpillar Inc Del	53	9,368	15,671
	Progressive CRP OHIO	97	12,132	15,450
	Monolithic PWR Systems	24	3,758	15,139
	Arch Capital GRP LD BM	201	8,969	14,928
	SPS Comm Inc	77	11,284	14,926
	CONOCOPHILLIPS	128	5,487	14,857
	Visa Inc CL A SHRS	57	7,924	14,840
	Carried Forward			2,465,193

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	Brought Forward			2,465,193
	PPG Industries INC SHS	99	11,433	14,805
	Thermo Fisher Scientific	27	11,789	14,331
	1st CTZNS BNCSHS INC A	10	7,578	14,190
	Netflix COM INC	29	10,699	14,120
	Deckers Outdoors Corp	21	6,483	14,037
	Zoetis Inc	71	13,102	14,013
	Cencora INC	66	7,207	13,555
	Entegris Inc Minnesota	113	8,297	13,540
	Factset Resh SYS INC	28	11,925	13,357
	Ulta Beauty Inc	27	10,236	13,230
	S&P Global Inc	30	11,749	13,216
	Watts Water Tech Inc	63	10,824	13,125
	NVENT Elec PLC Reg SHS	221	12,302	13,059
	Vertex Pharmctls Inc	32	10,089	13,020
	Siemens AG ADR	138	8,404	12,909
	Booz Allen Hamilton HLDG	100	8,149	12,791
	Church & Dwight CO Inc	135	9,118	12,766
	Copart Inc Com	260	3,907	12,740
	Darden Restaurants Inc	77	11,331	12,651
	Norfolk Southern Corp	53	10,160	12,528
	Laboratory CP AMER HLDGS	55	8,532	12,501
	WEC Energy Group INC SHS	147	11,106	12,373
	Pool Corporation	31	4,173	12,360
	Steris PLC Reg SHS	56	6,070	12,312
	Trane Technologies PLC	50	3,377	12,195
	Northrop Grumman Corp	26	12,206	12,172
	Teledyne Tech Inc	27	8,215	12,050
	Hilton Worldwide	66	7,540	12,018
	Championx	408	11,952	11,918
	Humana Inc	26	1,106	11,903
	Medtronic PLC SHS	144	13,490	11,863
	US Bancorp	274	11,267	11,859
	Take Two INTER Software	73	10,245	11,749
	Cooper Cos Inc Com New	31	7,348	11,732
	Avery Dennison Corp	58	10,707	11,725
	West Pharmactl SVCS Inc	33	7,772	11,620
	Fabrinet	61	11,169	11,610
	Allstate Corp Del Com	82	10,352	11,478
	United Parcel SVC CL B	72	10,735	11,321
	EOG Resources INC	92	7,506	11,127
	Raymond James FINL Inc	99	6,012	11,039
	Bruker Corp	149	12,150	10,949
	Mettler-Toledo INTL Inc	9	4,581	10,917
	Travellers Cos Inc	57	7,459	10,858
	Diodes Inc Com	134	5,969	10,790
	Charles River Labs INTL	45	6,958	10,638
	Costar Group Inc Com	121	8,188	10,574
	Paycom Software Inc	51	7,899	10,543
	Air Products & Chem	38	8,252	10,404
	Hologic Inc	145	12,199	10,360
	CINTAS Corp OHIO	17	3,681	10,245
	Resmed Inc	59	6,085	10,149
	Howmet Aerospace Inc	187	7,092	10,120
	Perficient Inc	153	12,468	10,070
	Home Depot INC	29	5,314	10,050
	Valvoline Inc SHS	264	9,752	9,921
	Cadence Design SYS Inc	36	2,566	9,805
	Waste Management INC NEW	54	5,966	9,671
	Freeport-McMoran INC	227	5,738	9,663
	Willscot Mobile Mini	216	11,230	9,612
	CIGNA Group	32	8,153	9,582
	Dollar Tree Inc	67	7,172	9,517
	Sun Commntys Inc	71	9,950	9,489
	Sanofi ADR	188	9,291	9,349
	Marriott INTL Inc NEW A	41	7,143	9,246
	Cognizant Tech SOLUTNS A	122	7,418	9,215
	Carried Forward			3,233,838

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	Brought Forward			3,233,838
	RTX Corp	108	9,325	9,087
	Automatic Dat Proc	39	5,844	9,086
	Bristol-Myers Squibb Co	177	9,672	9,082
	Brown & Brown INC FLA	127	8,849	9,031
	Blackrock Inc	11	4,567	8,930
	Verizon Communicatns Com	236	8,767	8,896
	Fidelity NATL Info SVCS	148	16,902	8,890
	Dominion Energy	189	10,323	8,883
	Blackstone Inc	66	5,904	8,641
	Servicenow INC	12	4,089	8,478
	Oracle Corp $.01 Del	79	5,322	8,329
	Packaging Corp America	51	4,831	8,308
	Coca Cola COM	137	7,422	8,073
	ANSYS Inc.	22	6,146	7,983
	Merck and Co INC SHS	72	5,274	7,849
	FISERV INC WISC PV 1CT	58	5,882	7,705
	Shell PLC	116	6,947	7,633
	Salesforce INC	29	5,333	7,631
	CME Group INC	36	6,603	7,582
	GENL Dynamics Corp Com	29	5,718	7,530
	Capital One FINL	57	5,880	7,474
	Ross Sores INC COM	54	4,595	7,473
	REINSURNCE Group America	46	4,947	7,442
	PTC INC SHS	42	4,650	7,348
	Becton Dickinson Co	30	6,800	7,315
	FOX CORP REG SHS CL A	242	7,526	7,180
	Morgan Stanley	77	3,605	7,180
	Analog Devices Inc	36	3,222	7,148
	PNC FINCL Services Group	46	5,741	7,123
	LAM Research Corp COM	9	4,725	7,049
	Lincoln Elec HLDGS Inc	32	5,745	6,959
	Suncor Energy INC New	217	6,915	6,953
	Ferguson PLC REG SHS	36	6,074	6,951
	Pub SVC Enterprise GRP	112	5,496	6,849
	Telephone & Data Sys INC	373	6,307	6,845
	Marvell Tech Inc	113	5,148	6,815
	Skechers USA Inc CL A	109	3,510	6,795
	BP PLC SPON ADR	1,941	5,642	6,761
	Corteva Inc REG SHS	141	3,894	6,757
	Kinder Morgan Inc. Del	382	6,353	6,738
	TENET HEALTHCARE CORP	89	5,047	6,726
	Illumina Inc Com	48	8,198	6,684
	Amphenol Corp CL A New	67	2,717	6,642
	W W Grainger Incorp	8	3,757	6,630
	Roper Technologies INC	12	33,668	6,542
	Republic Services Inc	39	3,342	6,431
	KLA Corp	11	1,261	6,394
	Gartner INC	14	4,635	6,316
	Liberty Media Corp Reg	205	5,730	6,262
	WEX Inc	32	5,991	6,225
	Metlife Inc Com	94	4,276	6,216
	Advncd Micro D INC	41	2,670	6,177
	General Motors CO	171	6,454	6,142
	CNH Industrial NV	500	5,851	6,090
	Dun and Bradstreet HLDGS	515	6,424	6,026
	McKesson Corporation COM	13	4,268	6,019
	Stryker Corp	20	4,215	5,989
	NXP Semiconductors NV	26	4,430	5,972
	CDW Corp	26	1,941	5,910
	Chemed Corp	10	4,967	5,848
	Bio Rad Labs CL A	18	6,572	5,812
	Illinois Tool Works Inc	22	2,947	5,763
	Liberty Global LTD	323	6,901	5,740
	Hartford DNL SVCS Group	71	2,983	5,707
	O'Reilly Automotive INC	6	1,563	5,700
	Dover Corp	37	3,375	5,691
	Avantor Inc	249	5,172	5,685
	Carried Forward			3,707,959

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	Brought Forward			3,707,959
	Markel Group Inc Com	4	4,317	5,680
	Synopsys Inc	11	1,938	5,664
	Everest Group LTD	16	5,793	5,657
	Hershy Company	30	4,572	5,593
	Atlassian Corp	23	4,006	5,471
	Huntington Ingalls INDS	21	4,175	5,452
	HCA Healthcare INC	20	2,422	5,414
	Ciena Corp	119	5,137	5,356
	Graphic Packaging HLDG C	216	4,354	5,324
	Nisource Inc	200	4,743	5,310
	Dollar General Corp	39	7,042	5,302
	VOYA FINL INC SHS	72	4,485	5,253
	Amgen Inc Com	18	3,562	5,184
	Liberty Broadband Corp	64	6,813	5,158
	EQT Corp	130	2,635	5,026
	Lockheed Martin Corp	11	4,937	4,986
	Tesla Inc	20	4,831	4,970
	T-Mobile US IN SHS	31	3,400	4,970
	Lear Corp SHS	35	3,745	4,942
	Axalta Coating Systems	142	3,510	4,824
	Pioneer Natural Res Co	21	3,332	4,722
	SS And C Technologies	75	4,753	4,583
	Willis Towers Watson PLC	19	3,981	4,583
	Fortinet INC	78	1,602	4,565
	Ecolab Inc	23	3,389	4,562
	Evergy Inc	84	4,893	4,385
	Centene Corp	59	3,714	4,378
	Paypal Holdings Inc SHS	71	5,349	4,360
	OGE Energy Corp PV $.01	124	4,062	4,331
	Chubb LTD	19	2,651	4,294
	CBRE Group INC CL A	46	3,173	4,282
	Clarivate PLC	458	3,737	4,241
	Ally FINL Inc	120	2,663	4,190
	New Newscorp LLC SHS	170	2,860	4,174
	Perrigo Co PLC	129	4,956	4,151
	Post Holdings Inc SHS	47	2,946	4,139
	AES Corp	211	3,038	4,062
	Citigroup INC COM NEW	76	4,586	3,909
	Unilever PLC NEW ADR	80	4,503	3,878
	LKQ Corp	81	2,646	3,871
	Caesars Entertainment	80	5,369	3,750
	Vistra Corp	97	1,566	3,736
	Fleetcor Technologis INC	13	2,755	3,674
	LPL Financial Holdings	16	3,418	3,642
	Sealed Air Corp (New)	99	5,251	3,615
	Koninkl Phil NV SH New	154	4,322	3,593
	AMN Elec Power Co	44	3,557	3,574
	Vontier Corp	103	3,164	3,558
	Williams Companies Del	102	2,167	3,553
	Palo Alto Networks Inc	12	2,005	3,539
	Centerpoint Energy Inc	123	3,099	3,514
	IAC INC	67	6,039	3,509
	Madrigal Pharmaceuticals	15	2,643	3,471
	Regions FINL Corp	179	2,815	3,469
	Global PMTS Inc Georgia	27	3,162	3,429
	Ameriprise Finl Inc	9	1,321	3,418
	SYSCO Corporation	46	3,581	3,364
	ADVNCD Micro D Inc	22	1,980	3,243
	Parker Hannifin Corp	7	1,396	3,225
	Intuit Inc Com	5	1,389	3,125
	Celanese Corp DEL SER A	20	1,946	3,107
	INTL Business Machines	19	2,485	3,107
	XCEL Energy INC	50	1,973	3,096
	Exelon Corporation	84	3,220	3,016
	Gallagher Arthur J & CO	13	599	2,923
	Pfizer Inc	100	4,892	2,879
	CVS Health Corp	36	3,112	2,843
	Carried Forward			3,990,127

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	Brought Forward			3,990,127
	Sherwin Williams	9	2,401	2,807
	Tyson Foods INC CL A	52	2,842	2,795
	Moody's Corp	7	1,312	2,734
	Vulcan Materials CO	12	2,162	2,724
	Olin Corp $1 New	50	2,661	2,698
	Chesapeake Energy Corp	35	2,517	2,693
	Jabil Circuit Inc	21	1,329	2,675
	Crown HLDGS Inc	29	2,416	2,671
	ARGENX SE	7	2,742	2,663
	JBG Smith Properties Reg	156	4,652	2,654
	Disney Co COM STK	29	3,626	2,618
	Old Repub INTL Corp	89	2,156	2,617
	Uber Technologies INC	42	1,313	2,586
	Manhattan Assocs Inc	12	1,638	2,584
	Intel Corp	51	1,977	2,563
	Rivian Automotive Inc	108	5,127	2,534
	Fedex Corp Delaware Com	10	1,614	2,530
	Microchip Technology INC	28	2,496	2,525
	Pulte Group	24	990	2,477
	Royal Caribbean Group	19	1,722	2,460
	Mongodb INC CL A	6	1,411	2,453
	Intercontinental	19	2,158	2,440
	Louisiana Pac Corp	34	2,283	2,408
	Seagate Tech HLDGS PUB	28	2,162	2,390
	Flex LTD	78	1,381	2,376
	Corning Inc	77	2,779	2,345
	Builders Firstsource Inc	14	945	2,337
	Starbucks Corp	24	2,186	2,304
	Canadian PAC KANS CITY	29	1,954	2,293
	CACI INTL INC CL A	7	155	2,267
	Hewlett Packard	132	2,245	2,241
	CMS Energy Corp	38	1,368	2,207
	Molina Healthcare Inc	6	791	2,168
	Emerson Elec Co	22	1,993	2,141
	Arista Networks Inc	9	1,658	2,120
	Southern Company	30	1,728	2,104
	Kenvue Inc	97	2,190	2,088
	Gaming and Leisure	42	1,707	2,073
	Best Buy Co Inc	26	2,536	2,035
	Truist FINL Corp	55	1,832	2,031
	Tetra Tech Inc New	12	1,491	2,003
	HF Sinclair Corp	36	1,274	2,001
	Jazz Pharmaceuticals PLC	16	2,142	1,968
	NAT Fuel Gas Co NJ $1	39	2,200	1,957
	ELF Beauty Inc SHS	13	978	1,876
	Paccar Inc	19	1,456	1,855
	Marathon Oil Corp	75	1,227	1,812
	Warner Bros Discovery	157	1,664	1,787
	US Foods HLDG Corp INC	39	1,582	1,771
	Mid America APT CMNTYS	13	1,756	1,748
	Pure Storage INC SHS CL A	49	1,394	1,747
	MGM Resorts International	39	1,284	1,743
	Diamondback Energy Inc	11	1,560	1,706
	Vertiv HLDG CO	35	1,265	1,681
	The Mosaic Company	46	2,414	1,644
	Arcelormittal SA NY Reg	55	1,689	1,561
	Rockwell Automation INC	5	1,195	1,552
	Gilead Sciences INC COM	19	1,615	1,539
	Insulet Corp	7	1,324	1,519
	Cardinal Health INC OHIO	15	1,530	1,512
	Avalonbay Cmmun INC	8	1,745	1,498
	Datadog Inc Reg SHS CL A	12	1,241	1,457
	Schlumberger LTD	27	1,530	1,405
	Advance Auto Parts Inc	23	2,508	1,404
	DOW Inc Reg	25	1,603	1,371
	Ventas Inc	27	1,683	1,345
	Owens Corning Inc	9	977	1,334
	Carried Forward			4,132,352

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	Brought Forward			4,132,352
	Kraft Heinz Co SHS	36	1,428	1,331
	Wintrust FINL CP ILL Com	14	1,058	1,298
	W R Berkley Corp	18	1,329	1,273
	Baxter Interntl Inc	32	1,529	1,237
	Zimmer Biomet Holdi	10	1,368	1,217
	Assurant Inc	7	1,158	1,179
	Fortrea Holdings Inc Reg	33	884	1,152
	Catalent Inc SHS	24	1,070	1,078
	Portland Gen Elec Co	24	1,288	1,040
	Alexandria Real Est EQTS	8	1,041	1,014
	Healthpeak PPTYS Inc	50	972	990
	Atkore Inc	6	823	960
	Organon and Co Reg SHS	66	1,951	952
	Disch Network Corporation	158	4,234	912
	Altice USA Inc CL A	271	4,071	881
	Smartsheet	18	813	861
	Boston PPTYS Inc	12	766	842
	Exact Sciences Corp COM	10	947	740
	Noble Corp PLC REG SHS	11	509	530
	Total Common Stock			4,151,839
	MUTUAL FUNDS			
	Hartford MUT FDS INC Balanced Income FD CL I	31,222	429,390	446,475
	Calamos INVT TR New Growth & Income FD CL I	8,490	342,734	340,441
	Putnam Large Cap Value Fund Class Y	9,706	302,114	299,518
	SPDR S&P 500 ETF Trust	530	106,797	251,914
	Invesco QQQ TR SER 1	545	58,851	223,188
	PIMCO FDS Income FD INSTL CL	20,791	242,135	220,800
	Pioneer Series TR IV Multi Asset Income Fund Class Y	16,016	164,026	179,544
	Hartford Schroders US MIDCAP Opportunities Fund Class I	9,685	137,035	176,462
	Delaware Group Income FDS INC Floating Rate Fund CL I	21,293	165,655	170,982
	American Funds New Perspective Fund CL F2	2,808	108,224	156,252
	Undiscovered Managers Behavioral Value Class L	1,943	167,338	154,948
	BNY Mellon FD Natural Resources FD CL I	3,126	148,484	145,131
	JP Morgan Trust II Large Cap Value Fund I CL	7,287	113,628	137,137
	Thornburg INVT TR INVT Income Builder FD CL I	5,412	125,634	130,159
	Calvert Equity Fund CL I	1,411	105,319	128,995
	Guggenheim FDS TR Total Return BD FD INSTL CL	5,322	140,448	126,781
	Lord Abbett Investment TR- Income FU CL I	51,517	148,784	126,731
	BNY Mellon Dynamic Value Fund Class I	2,773	114,508	114,652
	First TR NASDAQ	2,100	65,114	113,064
	Baron Select Funds Partners FD INSTL SHS	679	65,538	112,774
	Polen Growth Fund	2,637	103,953	111,767
	Baron INVT Funds Trust Growth FD INSTL SHS CLASS I	1,020	72,502	103,090
	PGIM Ultra Short Bond	2,000	98,378	98,780
	Federated Hermes Treasury Obligations Fund CL IS	93,597	93,597	93,597
	Lord Abbett Short	24,055	92,117	92,610
	Vanguard Small Cap	433	56,324	92,372
	Virtus Newfleet Multi-Sector SHT TRM BOND FD I	20,002	93,974	89,608
	ARK Next Generation	1,100	59,598	83,490
	Invesco S&P SMLCAP 600 R	2,010	42,260	83,274
	Vanguard Scottsdale	1,000	78,589	81,280
	American Mutual Fund Inc Class F2	1,589	64,437	80,996
	Eaton Vance Floating	7,778	82,967	78,248
	Vanguard Growth ETF	250	26,713	77,720
	Vanguard Large-Cap	354	44,841	77,225
	Delaware Floating	9,343	73,102	75,028
	Guggenheim Limited	3,022	71,580	72,700
	Wisdomtree US MIDCAP DIV	1,509	43,302	68,946
	Delaware Healthcare FD SHS Institutional Class	2,734	71,094	68,466
	Calamos Market Neutral	4,770	62,128	67,639
	Vanguard FTSE All World	1,150	60,875	64,561
	First TR Utilities	2,000	45,088	63,360
	First Trust Rising	1,200	43,431	62,004
	Vanguard Mid-Cap ETF	250	41,260	58,160
	Invesco S&P 500 Revenue	640	26,529	54,618
	Credit Suisse Floating	8,442	55,866	53,775
	Carried Forward			5,709,262

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	Brought Forward			5,709,262
	American Funds New World FUND CL F2	711	51,437	53,137
	Vanguard Value ETF	350	47,848	52,325
	Baron Select Funds Real Estate Fund INSTL SHS	1,459	41,238	52,142
	Vanguard Hiogh DVD Yield	459	32,432	51,238
	Vanguard Dividend Appreciation ETF	300	29,563	51,120
	AMG Funds Yacktman Fund Class I	2,167	44,367	50,585
	Baron Asset Fund Institutional CL SHS	424	31,646	44,114
	Vanguard Information Tech ETF	87	10,048	42,108
	AMER Funds American	1,295	34,577	41,394
	Technology Select	215	10,006	41,383
	ISH TR CORE DIVID Growth	744	32,977	40,042
	Aristotle Startegic	3,740	40,090	39,304
	Goldman Sachs ETF Trust	400	23,846	37,524
	Global X Cloud Computing	1,650	35,787	37,389
	Baron Discovery FD CL Institutional	1,283	29,575	35,941
	Vanguard Health Care ETF	140	24,179	35,098
	Global X Funds SHS US	1,000	29,420	34,459
	First Trust Water ETF	350	26,807	33,179
	Vanguard Industrial ETF	150	29,300	33,065
	Vanguard Total INTL STK ETF	543	28,182	31,472
	American Beacon AHL MANG	3,102	35,070	30,553
	Abbey Capital Multi	2,721	32,264	30,472
	Global X Autonomous And Elec Vehicles	1,200	29,846	29,604
	NASDAQ Clean Edge Green	630	31,682	26,567
	Ishares MSCI India	517	15,186	25,235
	Global X Lithium & Battery Tech ETF	480	32,984	24,451
	Wisdomtree Europe Hedged Equity Fund	384	9,941	16,454
	Vanguard Short-Term	200	16,589	15,474
	SPDR KBW Bank ETF	320	10,664	14,726
	Janus Henderson Short	300	15,105	14,496
	PIMCO Low Duration Income Fund CL I2	1,753	14,950	13,922
	SPDR KBW Regional Bankin	250	10,079	13,108
	Wisdomtree US Smallcap	399	9,993	12,836
	Total Mutual Funds			6,814,179
	US GOVERNMENT/MUNICIPAL BONDS			
	GNMA II Pass Thru Pool- 6.500% Due 1/20/32	250,000	2,274	820
	GNMA II Pass Thru Pool- 7.500% Due 2/20/30	560,000	4,513	612
	GNMA II Pass Thru Pool- 7.000% Due 6/20/31	260,000	3,393	583
	GNMA Pass Thru Pool- 7.000% Due 7/15/31	325,000	2,006	537
	GNMA II Pass Thru Pool- 6.500% Due 5/20/29	248,000	969	446
	GNMA II Pass Thru Pool- 7.500% Due 3/20/30	400,000	3,049	316
	GNMA II Pass Thru- 6.500% Due 8/20/28	200,000	737	290
	GNMA Pass Thur Pool- 6.000% 11/15/31	45,000	1,713	237
	GNMA Pass Thru - 7.000% Due 6/15/26	270,000	3,781	191
	GNMA Pass Thru- 6.250% Due 3/15/29	65,000	2,024	189
	FNMA Pass Thru- 6.500% Due 1/1/29	50,000	1,946	187
	GNMA Pass Thru Pool- 6.500% Due 9/15/28	50,000	1,439	178
	GNMA Pass Thr Pool- 6.000% Due 4/15/29	40,000	1,022	141
	GNMA II Pass Thru Pool- 6.500% Due 3/20/32	50,000	1,056	123
	GNMA Pass Thru Pool- 6.000% Due 12/15/28	95,000	2,763	75
	GNMA Pass Thru- 6.500% Due 7/15/28	55,000	947	38
	FNMA Pass Thru- 6.000% Due 9/1/31	50,000	542	19
	Total US Government/Municipal Bonds			4,982
	CORPORATE DEBT			
	CD Sallie Mae Bank - 1.700% Due 2/23/24	33,000	32,182	32,819
	CD BMO Harris Bank NA- 5.100% Due 2/26/24	30,000	29,998	29,990
	CD Synchrony Bank- 3.300% Due 2/28/24	25,000	24,680	24,906
	CD BMW BK North AMER- .250% Due 2/26/24	25,000	24,180	24,802
	CD Hancock Whitney Bank- 5.250% Due 2/28/24	24,000	24,005	23,998
	CD State Bank of India- 3.150% Due 2/28/24	20,000	19,699	19,925
	Total Corporate Debt			156,440

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2023

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

EIN #: 11-2719171
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost Basis	(e) Current Value
	INTEREST-BEARING CASH			
	Preferred Deposit (Bus)	87,050	87,050	87,050
	GS FSQ Government INSTL	1	N/A	63,040
	BLF Bedfund Cash Reserve	42,295	42,295	42,295
	BLF Bedfund Cash Reserve	37,125	37,125	37,125
	BLF Bedfund Cash Reserve	11,946	11,946	11,946
	Total Interest-bearing cash			244,476
	Total Investments			$ 11,371,916
*	**NOTES RECEIVABLE FROM PARTICIPANTS**	Interest rate of 5.25% with maturities through 2027		120,309
	Total Assets (Held at End of Year)			$ 11,492,225

* - Denotes a party-in-interest as defined by ERISA.

See independent auditors' report

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2023 and Ending 12/31/2023

Name of Plan: Altronix Corp. Profit Sharing Plan

Employer Identification Number: 11-2719171 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$81,120	$81,120	$0	$0	$0

Schedule I, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2023 and Ending 12/31/2023
Name of Plan: Altronix Corp. Profit Sharing Plan
Employer Identification Number: 11-2719171 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$81,120	$0	$81,120	$0	$0

Schedule I, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2023 and Ending 12/31/2023
Name of Plan: Altronix Corp. Profit Sharing Plan
Employer Identification Number: 11-2719171 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$81,120	$0	$81,120	$0	$0