

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: ALTIRA, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name, mailing address, city, state, ZIP: ALTIRA, INC., 3225 N.W. 112 ST., MIAMI, FL 33167
2b Employer Identification Number (EIN): 59-2472239
2c Plan Sponsor's telephone number: 305-687-8074
2d Business code (see instructions): 325900

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	265
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	197
	<b>6a(2)</b>	183
	<b>6b</b>	0
	<b>6c</b>	50
	<b>6d</b>	233
	<b>6e</b>	0
	<b>6f</b>	233
	<b>6g(1)</b>	252
<b>6g(2)</b>	232	
<b>6h</b>	2	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ALTIRA, INC. PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTIRA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>59-2472239</b>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

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

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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)

EVENSKY & KATZ WEALTH MANAGEMENT

2333 PONCE DE LEON BLVD. SUITE 1100  
CORAL GABLES, LA 33134

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	35248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALTIRA, INC. PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTIRA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>59-2472239</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	28496	50484
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	200000	100000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	0	0
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5643010	6124501
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	5871506	6274985
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5871506	6274985

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	100000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	0	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>	0	100000
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	0	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	176119	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		176119
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	439597	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		0
<b>c</b> Other income .....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		715716

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	276989	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		276989
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	0	
(3) Recordkeeping fees .....	<b>2i(3)</b>	35248	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		35248
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		312237

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		403479
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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)  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)  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: **TOPPING, KESSLER & CO.**

(2) EIN: **65-0517158**

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ALTIRA, INC. PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTIRA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>59-2472239</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> 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): 65-6163381

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	
--	---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 Q703912A.

ALTIRA, INC. PROFIT SHARING PLAN  
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES  
YEARS ENDED DECEMBER 31, 2024 AND 2023

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TOPPING KESSLER

Certified Public Accountants

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

TO THE PLAN ADMINISTRATORS OF THE  
ALTIRA, INC. PROFIT SHARING PLAN  
MIAMI, FLORIDA

**OPINION**

WE HAVE AUDITED THE ACCOMPANYING FINANCIAL STATEMENTS OF THE ALTIRA, INC. PROFIT SHARING PLAN, AN EMPLOYEE BENEFIT PLAN SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA), WHICH COMPRISE THE STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023, AND THE RELATED STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2024, 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 ALTIRA, INC. PROFIT SHARING PLAN AS OF DECEMBER 31, 2024 AND 2023, AND THE CHANGES IN ITS NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2024, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

**BASIS FOR OPINION**

WE CONDUCTED OUR AUDITS IN ACCORDANCE WITH AUDITING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. OUR RESPONSIBILITIES UNDER THOSE STANDARDS ARE FURTHER DESCRIBED IN THE AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS SECTION OF OUR REPORT. WE ARE REQUIRED TO BE INDEPENDENT OF THE ALTIRA, INC. PROFIT SHARING PLAN AND TO MEET OUR OTHER ETHICAL RESPONSIBILITIES, IN ACCORDANCE WITH THE RELEVANT ETHICAL REQUIREMENTS RELATING TO OUR AUDITS. WE BELIEVE THAT THE AUDIT EVIDENCE WE HAVE OBTAINED IS SUFFICIENT AND APPROPRIATE TO PROVIDE A BASIS FOR OUR AUDIT OPINION.

**RESPONSIBILITIES OF MANAGEMENT FOR THE FINANCIAL STATEMENTS**

MANAGEMENT IS RESPONSIBLE FOR THE PREPARATION AND FAIR PRESENTATION OF THE FINANCIAL STATEMENTS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, AND FOR THE DESIGN, IMPLEMENTATION, AND MAINTENANCE OF INTERNAL CONTROL RELEVANT TO THE PREPARATION AND FAIR PRESENTATION OF FINANCIAL STATEMENTS THAT ARE FREE FROM MATERIAL MISSTATEMENT, WHETHER DUE TO FRAUD 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 ALTIRA, INC. PROFIT SHARING PLAN'S ABILITY TO CONTINUE AS A GOING CONCERN FOR ONE YEAR AFTER THE DATE THE FINANCIAL STATEMENTS ARE AVAILABLE TO BE ISSUED.

MANAGEMENT IS ALSO RESPONSIBLE FOR MAINTAINING A CURRENT PLAN INSTRUMENT, INCLUDING ALL PLAN AMENDMENTS, ADMINISTERING THE PLAN, AND DETERMINING THAT THE PLAN'S TRANSACTIONS THAT ARE PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS ARE IN CONFORMITY WITH THE PLAN'S PROVISIONS, INCLUDING MAINTAINING SUFFICIENT RECORDS WITH RESPECT TO EACH OF THE PARTICIPANTS, TO DETERMINE THE BENEFITS DUE OR WHICH MAY BECOME DUE TO SUCH PARTICIPANTS.

**AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS**

OUR OBJECTIVES ARE TO OBTAIN REASONABLE ASSURANCE ABOUT WHETHER THE FINANCIAL STATEMENTS AS A WHOLE ARE FREE FROM MATERIAL MISSTATEMENT, WHETHER DUE TO FRAUD OR ERROR, AND ISSUE AN AUDITOR'S REPORT

THAT INCLUDES OUR OPINION. REASONABLE ASSURANCE IS A HIGH LEVEL OF ASSURANCE BUT IS NOT ABSOLUTE ASSURANCE AND THEREFORE IS NOT A GUARANTEE THAT AN AUDIT CONDUCTED IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS WILL ALWAYS DETECT A MATERIAL MISSTATEMENT WHEN IT EXISTS. THE RISK OF NOT DETECTING A MATERIAL MISSTATEMENT RESULTING FROM FRAUD IS HIGHER THAN FOR ONE RESULTING FROM ERROR, AS FRAUD MAY INVOLVE COLLUSION, FORGERY, INTENTIONAL OMISSIONS, MISREPRESENTATIONS, OR THE OVERRIDE OF INTERNAL CONTROL. MISSTATEMENTS ARE CONSIDERED MATERIAL IF THERE IS A SUBSTANTIAL LIKELIHOOD THAT, INDIVIDUALLY OR IN THE AGGREGATE, THEY WOULD INFLUENCE THE JUDGMENT MADE BY A REASONABLE USER BASED ON THE FINANCIAL STATEMENTS.

IN PERFORMING AN AUDIT IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS, WE:

- EXERCISE PROFESSIONAL JUDGMENT AND MAINTAIN PROFESSIONAL SKEPTICISM THROUGHOUT THE AUDIT.
- IDENTIFY AND ASSESS THE RISKS OF MATERIAL MISSTATEMENT OF THE FINANCIAL STATEMENTS, WHETHER DUE TO FRAUD OR ERROR, AND DESIGN AND PERFORM AUDIT PROCEDURES RESPONSIVE TO THOSE RISKS. SUCH PROCEDURES INCLUDE EXAMINING, ON A TEST BASIS, EVIDENCE REGARDING THE AMOUNTS AND DISCLOSURES IN THE FINANCIAL STATEMENTS.
- OBTAIN AN UNDERSTANDING OF INTERNAL CONTROL RELEVANT TO THE AUDIT IN ORDER TO DESIGN AUDIT PROCEDURES THAT ARE APPROPRIATE IN THE CIRCUMSTANCES, BUT NOT FOR THE PURPOSE OF EXPRESSING AN OPINION ON THE EFFECTIVENESS OF ALTIRA, INC. PROFIT SHARING PLAN'S INTERNAL CONTROL. ACCORDINGLY, NO SUCH OPINION IS EXPRESSED.
- EVALUATE THE APPROPRIATENESS OF ACCOUNTING POLICIES USED AND THE REASONABLENESS OF SIGNIFICANT ACCOUNTING ESTIMATES MADE BY MANAGEMENT, AS WELL AS EVALUATE THE OVERALL PRESENTATION OF THE FINANCIAL STATEMENTS.
- CONCLUDE WHETHER, IN OUR JUDGMENT, THERE ARE CONDITIONS OR EVENTS, CONSIDERED IN THE AGGREGATE, THAT RAISE SUBSTANTIAL DOUBT ABOUT ALTIRA, INC. PROFIT SHARING PLAN'S ABILITY TO CONTINUE AS A GOING CONCERN FOR A REASONABLE PERIOD OF TIME.

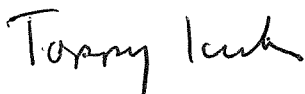
WE ARE REQUIRED TO COMMUNICATE WITH THOSE CHARGED WITH GOVERNANCE REGARDING, AMONG OTHER MATTERS, THE PLANNED SCOPE AND TIMING OF THE AUDIT, SIGNIFICANT AUDIT FINDINGS, AND CERTAIN INTERNAL CONTROL-RELATED MATTERS THAT WE IDENTIFIED DURING THE AUDIT.

#### **SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA**

OUR AUDITS WERE CONDUCTED FOR THE PURPOSE OF FORMING AN OPINION ON THE FINANCIAL STATEMENTS AS A WHOLE. THE SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR) FOR THE YEAR ENDED DECEMBER 31, 2024, IS PRESENTED FOR THE PURPOSE OF ADDITIONAL ANALYSIS AND IS NOT A REQUIRED PART OF THE FINANCIAL STATEMENTS BUT IS SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA. SUCH INFORMATION IS THE RESPONSIBILITY OF MANAGEMENT AND WAS DERIVED FROM AND RELATES DIRECTLY TO THE UNDERLYING ACCOUNTING AND OTHER RECORDS USED TO PREPARE THE FINANCIAL STATEMENTS. THE INFORMATION HAS BEEN SUBJECTED TO THE AUDITING PROCEDURES APPLIED IN THE AUDITS OF THE FINANCIAL STATEMENTS AND CERTAIN ADDITIONAL PROCEDURES, INCLUDING COMPARING AND RECONCILING SUCH INFORMATION DIRECTLY TO THE UNDERLYING ACCOUNTING AND OTHER RECORDS USED TO PREPARE THE FINANCIAL STATEMENTS OR TO THE FINANCIAL STATEMENTS THEMSELVES, AND OTHER ADDITIONAL PROCEDURES IN ACCORDANCE WITH GENERALLY ACCEPTED AUDITING STANDARDS.

IN FORMING OUR OPINION ON THE SUPPLEMENTAL SCHEDULE, WE EVALUATED WHETHER THE SUPPLEMENTAL SCHEDULE, INCLUDING ITS FORM AND CONTENT, IS PRESENTED IN CONFORMITY WITH THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.

IN OUR OPINION, THE INFORMATION IN THE ACCOMPANYING SCHEDULE IS FAIRLY STATED, IN ALL MATERIAL RESPECTS, IN RELATION TO THE FINANCIAL STATEMENTS AS A WHOLE, AND THE FORM AND CONTENT IS PRESENTED IN CONFORMITY WITH THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.



SEPTEMBER 30, 2025

ALTIRA, INC. PROFIT SHARING PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
CASH AND CASH EQUIVALENTS	\$ 50,485	\$ 28,496
INVESTMENTS AT FAIR MARKET VALUE:		
FIXED INCOME FUNDS	-	155,481
BOND FUNDS	1,938,929	1,741,356
EQUITY FUNDS	320,573	296,475
INDEX AND OTHER FUNDS	3,864,999	3,449,698
TOTAL INVESTMENTS	6,124,501	5,643,010
EMPLOYER CONTRIBUTION RECEIVABLE	100,000	200,000
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,274,986	\$ 5,871,506

SEE ACCOMPANYING NOTES

ALTIRA, INC. PROFIT SHARING PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

EMPLOYER'S CONTRIBUTION	\$ 100,000
NET REALIZED AND UNREALIZED GAINS AND LOSSES	439,598
INTEREST AND DIVIDENDS	<u>176,119</u>

TOTAL ADDITIONS	<u>715,717</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

BENEFITS PAID TO PARTICIPANTS	276,989
ADMINISTRATIVE EXPENSES	<u>35,248</u>

TOTAL DEDUCTIONS	<u>312,237</u>
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NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	403,480
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>5,871,506</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 6,274,986</u>
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SEE ACCOMPANYING NOTES

ALTIRA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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1. DESCRIPTION OF THE PLAN

THE FOLLOWING DESCRIPTION OF THE ALTIRA, INC. PROFIT SHARING PLAN (THE PLAN) PROVIDES ONLY GENERAL INFORMATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT FOR A MORE COMPLETE DESCRIPTION OF THE PLAN'S PROVISIONS.

GENERAL

THE PLAN IS A NONCONTRIBUTORY DEFINED CONTRIBUTION PLAN COVERING ALL EMPLOYEES OF ALTIRA, INC. WHO HAVE COMPLETED 1,000 HOURS OF SERVICE AND ARE AGE TWENTY-ONE OR OLDER. FOR INITIAL ELIGIBILITY PURPOSES, THE EMPLOYEE MUST COMPLETE 1000 HOURS OF SERVICE IN A TWELVE MONTH PERIOD TO BE ABLE TO PARTICIPATE IN THE PLAN. IT IS SUBJECT TO THE PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA). THE TRUSTEES OF THE PLAN OVERSEE THE GOVERNANCE OF THE PLAN.

CONTRIBUTIONS AND EARNINGS ALLOCATION

EACH YEAR, THE EMPLOYER WILL MAKE A DISCRETIONARY CONTRIBUTION TO THE PLAN IN ACCORDANCE WITH THE CONTRIBUTION FORMULA ELECTED IN THE PLAN ADOPTION AGREEMENT. PARTICIPANTS WHO TERMINATE THEIR EMPLOYMENT BEFORE RENDERING THEIR 1,000 HOURS OF SERVICE FORFEIT THE RIGHT TO RECEIVE THE PORTION OF THEIR ACCUMULATED PLAN BENEFITS. FORFEITED NON-VESTED ACCOUNT BALANCES OF TERMINATED PARTICIPANTS ARE REALLOCATED TO REMAINING PARTICIPANTS OR CAN BE USED TO OFFSET PLAN EXPENSES. FORFEITURES WERE \$9,036 DURING 2024 AND WERE REALLOCATED TO PARTICIPANTS. THE HOURS OF SERVICE REQUIREMENT DOES NOT APPLY AS A RESULT OF A TERMINATION DUE TO RETIREMENT, DISABILITY OR DEATH. PLAN EARNINGS ARE ALLOCATED BASED ON THE RATIO OF THE PARTICIPANT'S BEGINNING ACCOUNT BALANCE TO THE TOTAL FUND'S BEGINNING BALANCE.

THE PLAN ACCEPTS DIRECT PARTICIPANT ROLLOVER AND TRANSFER CONTRIBUTIONS FROM QUALIFIED PLANS AFTER THE EMPLOYEE BECOMES A PLAN PARTICIPANT. PARTICIPANTS ARE IMMEDIATELY VESTED IN THEIR CONTRIBUTIONS.

PARTICIPANTS' ACCOUNTS

EACH PARTICIPANT'S ACCOUNT IS CREDITED WITH (a) AN ALLOCATION OF THE EMPLOYER CONTRIBUTION, (b) THE AMOUNT OF ANY ROLLOVER OR TRANSFER CONTRIBUTION, IF ANY, (c) A SHARE OF ANY FORFEITED AMOUNTS OF FORMER EMPLOYEES, IF APPLICABLE, (d) AN ALLOCATION OF PLAN EARNINGS OR LOSSES, (e) ANY WITHDRAWALS OR DISTRIBUTIONS, AND (f) A SHARE OF ADMINISTRATIVE FEES AND EXPENSES PAID OUT OF THE PLAN, IF APPLICABLE.

VESTING AND PAYMENT OF BENEFITS

A PARTICIPANT BEGINS VESTING UPON COMPLETING THE FIRST YEAR OF CREDITED SERVICE, AND UPON COMPLETING SIX (6) YEARS OF CREDITED SERVICE, PARTICIPANTS ARE FULLY VESTED IN PLAN BENEFITS. TO VEST EACH YEAR, A PARTICIPANT MUST HAVE AT LEAST 1,000 SERVICE HOURS IN A TWELVE (12) MONTH PERIOD. PARTICIPANTS MAY WITHDRAW ALL OR ANY PART OF THEIR VESTED ACCOUNT BALANCE AFTER HAVING ATTAINED AGE 59.5.

ALTIRA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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1. DESCRIPTION OF THE PLAN (CONTINUED)

VESTING AND PAYMENT OF BENEFITS (CONTINUED)

UPON NORMAL RETIREMENT (65 YEARS OF AGE), DEATH OR DISABILITY, OR SIX (6) YEARS OF PARTICIPATION, A PARTICIPANT'S ACCOUNT BECOMES FULLY VESTED. IF EMPLOYMENT IS TERMINATED FOR ANY REASON OTHER THAN DEATH, PARTICIPANTS MAY RECEIVE THEIR VESTED SHARE AS A LUMP SUM DISTRIBUTION OR PARTIAL WITHDRAWALS. UPON DEATH, A LUMP SUM DISTRIBUTION IS MADE TO THE BENEFICIARY WITHIN FIVE YEARS.

PLAN EXPENSES

EXPENSES RELATED TO TRANSACTIONS ATTRIBUTED TO PARTICIPANTS' INVESTMENT ACCOUNTS ARE CONSIDERED AN EXPENSE OF THE PLAN AND ARE ALLOCATED TO THE PARTICIPANTS' ACCOUNTS.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

ESTIMATES

THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRES THE PLAN ADMINISTRATOR TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT THE ACCOMPANYING FINANCIAL STATEMENTS AND DISCLOSURES. ACCORDINGLY, ACTUAL RESULTS MAY DIFFER FROM THOSE ESTIMATES.

BASIS OF ACCOUNTING AND INCOME RECOGNITION

THE PLAN TRUST ACCOUNTS ARE MAINTAINED ON THE ACCRUAL BASIS OF ACCOUNTING. UNDER THIS METHOD, INCOME IS RECOGNIZED WHEN EARNED, AND EXPENSES ARE RECOGNIZED WHEN INCURRED WITHOUT REGARD TO THE TIME OF CASH RECEIPT AND DISBURSEMENT. PURCHASES AND SALES OF SECURITIES ARE RECORDED ON A TRADE-DATE BASIS. DIVIDENDS ARE RECORDED ON THE EX-DIVIDEND DATE. NET REALIZED AND UNREALIZED GAINS AND LOSSES INCLUDE THE PLAN'S GAINS AND LOSSES ON INVESTMENTS BOUGHT AND SOLD AS WELL AS HELD DURING THE YEAR.

INVESTMENT VALUATION

THE PLAN'S INVESTMENTS ARE STATED AT FAIR VALUE. FAIR VALUE IS THE PRICE THAT WOULD BE RECEIVED TO SELL AN ASSET OR PAID TO TRANSFER A LIABILITY IN AN ORDERLY TRANSACTION BETWEEN MARKET PARTICIPANTS AT THE MEASUREMENT DATE. SEE NOTE 3 FOR A DISCUSSION OF FAIR VALUE MEASUREMENTS.

PAYMENT OF BENEFITS

BENEFITS ARE RECORDED WHEN PAID.

ALTIRA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

3. FAIR VALUE MEASUREMENTS

THE PLAN'S INVESTMENTS ARE REPORTED AT FAIR VALUE IN THE ACCOMPANYING STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS. THE METHODS USED TO MEASURE FAIR VALUE MAY PRODUCE AN AMOUNT THAT MAY NOT BE INDICATIVE OF NET REALIZABLE VALUE OR REFLECTIVE OF FUTURE FAIR VALUES. FURTHERMORE, ALTHOUGH THE PLAN BELIEVES ITS VALUATION METHODS ARE APPROPRIATE AND CONSISTENT WITH OTHER MARKET PARTICIPANTS, THE USE OF DIFFERENT METHODOLOGIES OR ASSUMPTIONS TO DETERMINE THE FAIR VALUE OF CERTAIN FINANCIAL INSTRUMENTS COULD RESULT IN A DIFFERENT FAIR VALUE MEASUREMENT AT THE REPORTING DATE.

THE FOLLOWING TABLES SET FORTH, BY LEVEL WITH THE FAIR VALUE HIERARCHY, THE PLAN'S INVESTMENTS AT FAIR VALUE AS OF DECEMBER 31, 2024 AND 2023:

	<u>FAIR VALUE MEASUREMENTS USING:</u>	
	QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS	
<u>DECEMBER 31, 2024</u>	<u>FAIR VALUE</u>	<u>(LEVEL 1)</u>
MUTUAL FUNDS	<u>\$ 6,124,501</u>	<u>\$ 6,124,501</u>
TOTAL	<u>\$ 6,124,501</u>	<u>\$ 6,124,501</u>
<u>DECEMBER 31, 2023</u>	<u>FAIR VALUE</u>	<u>(LEVEL 1)</u>
MUTUAL FUNDS	<u>\$ 5,643,010</u>	<u>\$ 5,643,010</u>
TOTAL	<u>\$ 5,643,010</u>	<u>\$ 5,643,010</u>

THE FAIR VALUE MEASUREMENT ACCOUNTING LITERATURE ESTABLISHES A FAIR VALUE HIERARCHY THAT PRIORITIZES THE INPUTS TO VALUATION TECHNIQUES USED TO MEASURE FAIR VALUE. THIS HIERARCHY CONSISTS OF THREE BROAD LEVELS: LEVEL 1 INPUTS CONSIST OF UNADJUSTED QUOTED PRICES IN ACTIVE MARKETS FOR IDENTICAL ASSETS AND HAVE THE HIGHEST PRIORITY, AND LEVEL 3 INPUTS HAVE THE LOWEST PRIORITY. THE PLAN USES APPROPRIATE VALUATION TECHNIQUES BASED ON THE AVAILABLE INPUTS TO MEASURE THE FAIR VALUE OF ITS INVESTMENTS. WHEN AVAILABLE, THE PLAN MEASURES FAIR VALUE USING LEVEL 1 INPUTS BECAUSE THEY GENERALLY PROVIDE THE MOST RELIABLE EVIDENCE OF FAIR VALUE. LEVEL 2 AND LEVEL 3 INPUTS ARE ONLY USED WHEN LEVEL 1 INPUTS ARE NOT AVAILABLE.

ALTIRA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

3. FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 1 FAIR VALUE MEASUREMENTS

THE FAIR VALUE OF MUTUAL FUNDS IS BASED ON QUOTED NET ASSET VALUES OF THE SHARES HELD BY THE PLAN AT YEAR-END. THE MUTUAL FUNDS HELD BY THE PLAN ARE CONSIDERED TO BE ACTIVELY TRADED.

4. INVESTMENTS

THE FAIR VALUE OF NON-PARTICIPANT DIRECTED INVESTMENTS THAT REPRESENT 5% OR MORE OF THE PLAN'S NET ASSETS AT DECEMBER 31, 2024 OR 2023 IS AS FOLLOWS:

	<u>2024</u>	<u>2023</u>
CHARLES SCHWAB & CO., INC.:		
SCHWAB US BROAD MARKET	\$1,131,110	\$1,093,058
DIM INTERNATIONAL CORE EQUITY PORTFOLIO	544,787	538,147
AVANTIS US SMALL CAP VALUE EQUITY PORTFOLIO	365,542	353,486
THORNBURG LTD TERM INCOME BOND FUND	536,712	475,589
DODGE & COX INCOME BOND FUND	1,087,580	997,060
VANGUARD SHORT TERM	365,165	327,931
BLACKROCK STRATEGIC INCOME	<u>314,636</u>	<u>268,707</u>
	<u>\$4,345,532</u>	<u>\$4,053,978</u>

DURING 2024, THE PLAN'S INVESTMENTS (INCLUDING GAINS AND LOSSES ON INVESTMENTS BOUGHT, SOLD AND HELD DURING THE YEAR) HAD A NET APPRECIATION IN VALUE OF \$439,598 AS FOLLOWS:

BOND FUNDS	\$ 44,415
EQUITY FUNDS	17,205
INDEX AND OTHER FUNDS	<u>377,978</u>
	<u>\$ 439,598</u>

ALTIRA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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5. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

THERE WERE NO RECONCILING ITEMS RELATING TO THE NET ASSETS AVAILABLE FOR BENEFITS PER THE FINANCIAL STATEMENTS AT DECEMBER 31, 2024 OR 2023 TO SCHEDULE H OF FORM 5500.

6. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

THE MAJORITY OF THE ADMINISTRATIVE EXPENSES RELATING TO PROFESSIONAL AND OUTSIDE SERVICES IN THE OPERATION OF THE PLAN ARE PAID BY THE PLAN SPONSOR, ALTIRA, INC. THE PLAN HAS A NUMBER OF SERVICE PROVIDERS, WHICH ARE CONSIDERED PARTIES-IN-INTEREST UNDER ERISA. THESE INCLUDE THE THIRD PARTY ADMINISTRATOR, PLAN ASSET CUSTODIAN, PLAN TRUSTEES, EXTERNAL AUDITORS, AS WELL AS THE INVESTMENT ADVISORS TO THE PLAN.

FEEES PAID DIRECTLY BY THE PLAN RELATE TO INVESTMENT MANAGEMENT FEES, WHICH AMOUNTED TO \$35,248 DURING 2024. THESE RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS ARE EXEMPT FROM THE PROHIBITED TRANSACTION RULES OF ERISA. ERISA DOES PERMIT PAYMENTS TO PARTIES IN INTEREST FOR REASONABLE COMPENSATION FOR SERVICES NECESSARY FOR THE OPERATION OF THE PLAN.

7. AMENDMENTS TO THE PLAN

THE PLAN WAS RESTATED WITH A NON-STANDARDIZED PRE-APPROVED PROFIT SHARING PLAN WITH CODA (CASH OR DEFERRED ARRANGEMENTS) AS OF JANUARY 1, 2022. THIS PLAN WAS PRE-APPROVED FOR TAX COMPLIANCE.

8. TAX STATUS

THE INTERNAL REVENUE SERVICE HAS DETERMINED AND INFORMED THE PLAN SPONSOR BY A LETTER DATED JUNE 30, 2020 THAT THE PLAN AND RELATED TRUST ARE DESIGNED IN ACCORDANCE WITH APPLICABLE SECTIONS OF THE INTERNAL REVENUE CODE (IRC). THE PLAN ADMINISTRATOR BELIEVES THAT THE PLAN IS CURRENTLY DESIGNED AND IS BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE IRC AND, THEREFORE, BELIEVE THAT THE PLAN IS QUALIFIED, AND THE RELATED TRUST IS TAX EXEMPT.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN ADMINISTRATOR TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY FOR ANY UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE.

ALTHOUGH THE PLAN IS DESIGNED TO BE TAX-EXEMPT AND THUS NOT SUBJECT TO TAX, THE TAX RETURNS OF THE PLAN ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. THE PLAN ADMINISTRATOR BELIEVES THE PLAN IS NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS PRIOR TO 2021. THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

ALTIRA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

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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 STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS.

10. 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 WILL BECOME 100 PERCENT VESTED IN THEIR ACCOUNTS.

11. SUBSEQUENT EVENT

SUBSEQUENT EVENTS HAVE BEEN EVALUATED THROUGH SEPTEMBER 30, 2025 WHICH IS THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED.

**SUPPLEMENTAL SCHEDULE**

ALTIRA, INC. PROFIT SHARING PLAN  
EIN: 59-2472239  
PLAN NUMBER: 001  
SCHEDULE H, LINE 4i  
(SCHEDULE OF ASSETS HELD AT END OF YEAR)  
DECEMBER 31, 2024

( a )	( b ) Identity of Issue, Borrower, Lessor or Similar Party	( c ) Description of Investment (e.g. Maturity Date, Interest Rate, Collateral, Par or Maturity Value) shares	( d ) Cost	( e ) Current Value
*	CASH & CASH EQUIVALENTS			\$ 50,485
*	ISHARES MSCI WORLD INDEX	857.0000	113,561	133,264
*	AVANTIS US SMALL CAP	3,786.8278	271,416	365,542
*	DIMENSIONAL EMERGING MARKETS	8,402.9426	176,396	220,073
*	DIMENSIONAL INTERNATIONAL CORE	21,079.0000	411,462	544,787
*	JP MORGAN ULTRA-SHORT INCOME ETF	1,378.1194	69,297	69,416
*	PACER US CASH COWS	2,254.0161	103,521	127,307
*	VANGUARD SHORT TERM	6,276.4698	362,850	365,165
*	THORNBURG LTD TERM INCOME - INSTITUTIONAL	41,637.8730	553,161	536,712
*	DODGE & COX INCOME FUND	87,849.7760	1,171,147	1,087,580
*	BLACKROCK STRATEGIC INCOME - INSTITUTIONAL	33,224.5430	325,719	314,636
*	ISHARES US STOCK TOTAL	2,159.7753	196,086	277,790
*	SCHWAB US BROAD MARKET - ETF	49,828.6337	547,692	1,131,110
*	ISHARES S&P 400 MID VALUE INDEX - ETF	2,060.7168	71,031	257,507
*	INVSC QQQ TRUST SRS 1 ETF	240.4706	41,389	122,936
*	INVESCO S&P 500 QUALITY - ETF	1,860.0047	30,678	124,676
*	GOLDMAN SACHS GQG INT'L OPPORTUNITIES	9,818.3800	156,101	192,048
*	VANGUARD DIVIDEND APPRECIATION - ETF	640.4873	58,658	125,427
*	DOUBLELINE SHILLER ENHANCE CED CAP	8,394.8410	121,025	128,525
				\$ 6,174,986

\* Party-in-interest (Charles Schwab & Co., Inc.) to the Plan.

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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: ALTIRA, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): Altira, Inc.
2b Employer Identification Number (EIN): 59-2472239
2c Plan Sponsor's telephone number: 305-687-8074
2d Business code (see instructions): 325900

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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator, employer/plan sponsor, and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

ALTIRA, INC. PROFIT SHARING PLAN  
EIN: 59-2472239  
PLAN NUMBER: 001  
SCHEDULE H, LINE 4i  
(SCHEDULE OF ASSETS HELD AT END OF YEAR)  
DECEMBER 31, 2024

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