

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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) ALTRONIX CORP.
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.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	229
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	186
	6a(2)	173
	6b	0
	6c	41
	6d	214
	6e	0
	6f	214
	6g(1)	219
	6g(2)	213
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)	9b 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 _____
- (4) **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 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 _____

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

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)... Yes No

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

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

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

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

WELLS FARGO

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	30700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	92945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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
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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
Assets			
a Total noninterest-bearing cash	1a	23596	9279
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	351624	363029
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		10983
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	244476	168412
(2) U.S. Government securities	1c(2)	4982	3691
(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)	4151839	4822820
(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)	120309	137762
(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)	6814179	7867784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	11867445	13383760
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 through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11867445	13383760

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	372126	
(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)		372126
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14827	
(B) U.S. Government securities.....	2b(1)(B)	289	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	6563	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21679
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	57194	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	357352	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		414546
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4829411	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3916864	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		912547
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	457677	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		457677

		(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		2178575

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	527041	
(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)		527041
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		11574
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	123645	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses.....	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		123645
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		662260

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1516315
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) 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: 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9423
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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.)

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ALTRONIX CORP. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALTRONIX CORP.</u>	D Employer Identification Number (EIN) <u>11-2719171</u>	

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	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.



Independent Auditors' Report

The Plan Administrator of Altronix Corp. Profit Sharing Plan

Opinion

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, 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 Plan as of December 31, 2024, 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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 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.

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Auditors' 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 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.

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, 2024 and (2) Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 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.

**The Plan Administrator of
Altronix Corp. Profit Sharing Plan**
Page 3

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.

PKF O'Connor Davies, LLP

October 15, 2025

Altronx Corp. Profit Sharing Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value		
Mutual Funds	7,867,784	6,814,179
Corporate stocks	4,822,820	4,151,839
U.S. Government/Municipal Bonds	3,691	4,982
Corporate Debt	-	156,440
Money Market Funds	168,412	244,476
Total investments	12,862,707	11,371,916
Receivables		
Accounts Receivable	10,983	-
Employer contributions	363,029	351,624
Notes receivable from participants	137,762	120,309
Total Receivables	511,774	471,933
Non-interest bearing cash	9,279	23,596
Total Assets	13,383,760	11,867,445
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 13,383,760	\$ 11,867,445

See notes to financial statements

Altronx Corp. Profit Sharing Plan

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

ADDITIONS

Contributions	
Employer	\$ 372,126
Investment Income	
Net appreciation in fair value of investments	1,370,224
Interest and dividends	<u>429,662</u>
Total Investment Income	<u>1,799,886</u>
Interest on notes receivable from participants	<u>6,563</u>
Total Additions	<u>2,178,575</u>

DEDUCTIONS

Benefits paid to participants	527,041
Administration expenses	123,645
Deemed Distributions	<u>11,574</u>
Total Deductions	<u>662,260</u>
Net Increase	1,516,315

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>11,867,445</u>
End of year	<u>\$ 13,383,760</u>

Altronix Corp. Profit Sharing Plan
Notes to Financial Statements
December 31, 2024

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 Services, 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 2024, 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:

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 losses, 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.

Altronix Corp. Profit Sharing Plan
Notes to Financial Statements
December 31, 2024

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, 2024 and 2023, forfeited non-vested accounts totaled \$1,121 and \$0 respectively. During 2024, \$3,835 of forfeitures were used to reduce the 2024 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.

Altronix Corp. Profit Sharing Plan
Notes to Financial Statements
December 31, 2024

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 are 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. Money market mutual funds are valued at \$1.00 per share which approximates fair value. These funds are open-end investment companies and publish a daily NAV at which shares transact. 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.

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 15, 2025.

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:

	2024		
	Level 1	Level 2	Total
Mutual Funds	\$ 7,867,784	\$ -	\$ 7,867,784
Corporate Stocks	4,822,820	-	4,822,820
U.S. Government/Municipal Bonds	-	3,691	3,691
Money Market Funds	168,412	-	168,412
	<u>\$ 12,859,016</u>	<u>\$ 3,691</u>	<u>\$ 12,862,707</u>

Altronix Corp. Profit Sharing Plan
Notes to Financial Statements
December 31, 2024

3. Investments (continued)

	2023		Total
	Level 1	Level 2	
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
Money Market Funds	244,476	-	244,476
	<u>\$ 11,210,494</u>	<u>\$ 161,422</u>	<u>\$ 11,371,916</u>

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:

	<u>2024</u>	<u>2023</u>
Non-participant directed		
Mutual Funds	\$ 7,867,784	\$ 6,814,179
Corporate stocks	4,822,820	4,151,839
U.S. Government/Municipal Bonds	3,691	4,982
Corporate Debt	-	156,440
Money Market Funds	168,412	244,476
Non-interest bearing cash	<u>9,279</u>	<u>23,596</u>
Total non-participant directed:	<u>\$ 12,871,986</u>	<u>\$ 11,395,512</u>

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:

	<u>2024</u>
Contributions	\$ 360,721
Participant loan repayments	65,265
Net appreciation in investments	1,370,224
Interest and dividend income	429,662
Loan interest	6,563
Benefit payments	(527,041)
Participant loan withdrawal	(105,275)
Administrative expenses	<u>(123,645)</u>
	<u>\$ 1,476,474</u>

Altronix Corp. Profit Sharing Plan
Notes to Financial Statements
December 31, 2024

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 2024 and 2023 plan year, the Employer failed to transmit to the Plan loan repayments for participants totaling \$150,369 within the period prescribed by Department of Labor regulations. The Employer has processed 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 \$123,645 for the year ended December 31, 2024.

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.

* * * * *

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. 1510-0110 1510-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 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 III Basic Plan Information — enter all requested information

1a Name of plan Altronix Corp. Profit Sharing Plan	1b Three-digit plan number (PN) ▶ 001
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	1c Effective date of plan 01/01/1991 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		9/29/25	Jonathan Sohnis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/29/25	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number [REDACTED]
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	5 229
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) 186
a(2) Total number of active participants at the end of the plan year	6a(2) 173
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 41
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 214
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 214
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) 219
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) 213
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 _____
- (4) 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 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 _____

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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	865	\$ 159,260	\$ 364,598
	AMAZON COM INC COM	1,178	155,176	282,355
	NVIDIA	1,739	100,765	233,530
	ALPHABET INC SHS CL C	853	59,819	162,445
	APPLE INC	530		132,723
	BERKSHIRE HATHAWAY INC	242	40,795	79,324
	BROADCOM INC	288	21,647	66,770
	ALPHABET INC SHS CL A	317	36,549	60,008
	META PLATFORMS INC CLASS A COMMON STOCK	97	21,751	56,794
	UNITEDHEALTH GROUP INC	112	46,930	56,656
	MASTERCARD INC	107	35,079	56,343
	ELI LILLY & CO	69	41,787	53,268
	JPMORGAN CHASE & CO	205	21,976	49,141
	VISA INC CL A SHRS	139	30,549	43,930
	MARVELL TECH INC	396	27,186	43,738
	EATON CORP PLC	127	23,799	42,147
	WALMART INC	453	18,561	40,929
	AMER EXPRESS COMPANY	122	13,920	36,208
	SERVICENOW INC	33	19,895	34,984
	PROGRESSIVE CRP OHIO	146	26,169	34,983
	COMCAST CORP NEW CL A	929	37,763	34,865
	ABBVIE INC SHS	195	24,318	34,652
	KKR & CO INC CL A	234	25,851	34,611
	TAIWAN S MANUFCTRING ADR	173	25,722	34,166
	HONEYWELL INTL INC DEL	148	24,052	33,432
	TJX COS INC NEW	276	19,229	33,344
	PFIZER INC	1,239	31,922	32,871
	SHELL PLC	519	34,367	32,515
	MOTOROLA SOLUTIONS INC	69	10,184	31,894
	BERKSHIRE HATHAWAY INC DEL CL B NEW	67	12,233	30,370
	WELLS FARGO & CO	426	17,590	29,922
	LINDE PLC NEW	70	18,560	29,307
	LOWE'S COMPANIES INC	118	16,420	29,122
	CHEVRON CORP	189	23,982	27,230
	EXXON MOBIL CORP COM	152	25,801	27,108
	ACCENTURE PLC SHS	77	11,605	27,088
	INTUIT INC COM	26	22,967	27,026
	ORACLE CORP \$0.01 DEL	160	18,031	26,662
	MCDONALDS CORP COM	90	20,394	26,090
	DANAHER CORP DEL COM	112	26,981	25,710
	NEXTERA ENERGY INC SHS	344	18,156	24,661
	OVINTIV INC	600	27,629	24,300
	AMERICAN TOWER REIT INC (HLDG CO) SHS	129	23,830	23,660
	DYNATRACE INC REG SHS	422	21,862	22,936
	PHILIP MORRIS INTL INC	189	16,844	22,746
	WEST PHARMACTL SVCS INC	69	19,237	22,602
	CADENCE DESIGN SYS INC	75	14,985	22,535
	ABBOTT LABS	199	21,619	22,509
	Carried Forward		1,513,747	2,724,808

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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		\$ 1,513,747	\$ 2,724,808
	THERMO FISHER SCIENTIFIC INC	43	22,432	22,370
	AMPHENOL CORP CL A NEW	316	15,340	21,946
	GALLAGHER ARTHUR J & CO	77	17,251	21,856
	UBER TECHNOLOGIES INC	351	22,591	21,172
	RTX CORP CORP	182	16,538	21,061
	MARSH & MCLENNAN COS INC	99	7,398	20,816
	ARES MANAGEMENT CORP - A	112	16,332	19,827
	LVMH MOET HENNESSY	150	26,942	19,604
	PEPSICO INC	128	15,323	19,464
	PROLOGIS INC	187	19,888	19,237
	HALLIBURTON COMPANY	700	25,100	19,033
	MONOLITHIC PWR SYSTEMS INC	32	15,850	18,934
	MONDELEZ INTERNATIONAL INC	314	16,237	18,755
	NETFLIX COM INC	21	8,626	18,718
	ECOLAB INC	78	16,310	18,277
	UNION PACIFIC CORP	78	13,797	17,787
	BLACKSTONE INC	103	12,673	17,759
	CARDINAL HEALTH INC OHIO	147	16,023	17,386
	HILTON WORLDWIDE HOLDINGS INC REG	68	8,702	16,807
	JOHNSON AND JOHNSON COM	116	16,988	16,776
	PROCTER & GAMBLE CO	97	11,476	16,262
	DATADOG INC REG SHS CL A	112	15,675	16,004
	ELEVANCE HEALTH INC	43	13,280	15,863
	PENUMBRA INC	66	12,461	15,674
	APPLIED MATERIAL INC	95	15,046	15,450
	KLA CORP	24	12,314	15,123
	S&P GLOBAL INC	30	11,749	14,941
	BOOZ ALLEN HAMILTON HLDG CLASS A	116	13,136	14,929
	PTC INC SHS	81	12,204	14,893
	ZOETIS INC	91	16,639	14,827
	1ST CTZNS BNC SHS INC A	7	5,493	14,791
	TRANE TECHNOLOGIES PLC	39	2,770	14,405
	WASTE MANAGEMENT INC NEW	71	11,105	14,327
	HOWMET AEROSPACE INC ISSUED	129	5,559	14,109
	TEXAS INSTRUMENTS	75	9,885	14,063
	AIRBNB INC CL A	107	15,234	14,061
	ASML HLDG NV NY REG SHS	20	13,399	13,862
	SIEMENS AG ADR	143	8,888	13,825
	CONOCOPHILLIPS	138	7,043	13,684
	WEC ENERGY GROUP INC SHS	145	10,976	13,636
	DEERE CO	32	11,201	13,558
	WORKDAY INC CL A	52	11,617	13,418
	ARISTA NETWORKS INC REG SHS	120	9,194	13,264
	EMCOR GROUP INC	29	4,421	13,163
	NORFOLK SOUTHERN CORP	56	11,088	13,143
	NORTHROP GRUMMAN CORP	26	13,109	12,202
	CIENA CORP	142	6,376	12,043
	DISCOVER FINL SVCS	69	9,473	11,953
	Carried Forward		2,144,899	3,509,866

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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		\$ 2,144,899	\$ 3,509,866
	VERISK ANALYTICS INC CLASS A	43	10,736	11,843
	CHIPOTLE MEXICAN GRILL	193	11,886	11,638
	INTERCONTINENTAL EXCHANGE INC	78	11,041	11,623
	DESCARTES SYSTEMS GROUP	102	9,679	11,587
	ALLSTATE CORP DEL COM	60	7,951	11,567
	PURE STORAGE INC SHS CL A	188	9,382	11,549
	MSCI INC CLASS A	19	9,292	11,400
	VERALTO CORP REG SHS	111	11,026	11,305
	DECKERS OUTDOORS CORP	55	3,214	11,170
	MONSTER BEVERAGE SHS	212	10,474	11,143
	RAYMOND JAMES FINL INC	71	4,954	11,028
	CURTISS WRIGHT	31	8,498	11,001
	HOME DEPOT INC	27	5,824	10,503
	BROWN & BROWN INC FLA	102	7,537	10,406
	TRAVELERS COS INC	43	6,049	10,358
	MARRIOTT INTL INC NEW A	37	6,479	10,321
	ADOBE INC SHS	23	7,013	10,228
	US FOODS HLDG CORP SHS	149	8,591	10,052
	REINSURANCE GROUP AMERICA	47	5,126	10,041
	COPART INC COM	173	2,976	9,928
	INTUITIVE SURGICAL INC NEW	19	9,128	9,917
	OLLIES BARGAIN OUTLET HLDGS INC	90	8,374	9,876
	EQT CORP	214	6,222	9,868
	CHURCH&DWIGHT CO INC	94	7,231	9,843
	ARGENX SE	16	6,162	9,840
	MORGAN STANLEY	78	4,018	9,806
	PUB SVC ENTERPRISE GRP	116	5,754	9,801
	COGNIZANT TECH SOLUTNS A	127	7,811	9,766
	ROYAL CARIBBEAN GROUP	42	5,172	9,689
	ICON PLC	46	14,738	9,647
	LABCORP HOLDINGS INC REG SHS	42	6,515	9,631
	CASEYS GEN STORES INC	24	7,634	9,510
	PNC FINCL SERVICES GROUP	49	6,192	9,450
	SPS COMM INC	51	7,623	9,383
	ARCH CAPITAL GRP LTD BM	101	4,865	9,327
	BJS WHSL CLUB HLDGS INC	104	8,137	9,292
	SANOFI ADR	190	9,386	9,164
	PAYPAL HOLDINGS INC SHS	107	8,469	9,132
	FACTSET RESH SYS INC	19	8,092	9,125
	BRISTOL-MYERS SQUIBB CO	161	9,012	9,106
	SCHWAB CHARLES CORP NEW	123	8,191	9,103
	GODADDY INC SHS CL A	46	9,257	9,079
	CVS HEALTH CORP	202	12,570	9,068
	CINTAS CORP OHIO	49	2,680	8,952
	DEXCOM INC	115	8,762	8,944
	STARBUCKS CORP	98	9,415	8,943
	RESMED INC	39	5,016	8,919
	GE AEROSPACE	53	9,477	8,840
	Carried Forward		2,518,530	3,991,578

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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		\$ 2,518,530	\$ 3,991,578
	SHERWIN WILLIAMS	26	8,288	8,838
	TAKE TWO INTER SOFTWARE	48	6,998	8,836
	FISERV INC WISC PV 1CT	43	4,342	8,833
	CRANE HOLDINGS CO REG SHS	58	4,969	8,802
	APTARGROUP INC	56	8,848	8,798
	KEYSIGHT TECHNOLOGIES INC SHS	54	7,575	8,674
	SAIA INC	19	5,578	8,659
	WATTS WATER TECH INC	42	7,216	8,539
	FID NATIONAL FINL INC FNF GROU	152	6,155	8,533
	TELEDYNE TECH INC	18	5,487	8,354
	SYNOPSIS INC	17	6,859	8,251
	JABIL CIRCUIT INC	57	7,091	8,202
	BLACKROCK INC REG SHS	8	3,464	8,201
	CORTEVA INC REG SHS	143	4,001	8,145
	AIR PRODUCTS&CHEM	28	7,020	8,121
	SUNCOR ENERGY INC NEW	222	7,088	7,921
	GENL DYNAMICS CORP COM	30	6,571	7,905
	AGILENT TECHNOLOGIES INC	58	7,751	7,792
	TRUIST FINL CORP	179	6,713	7,765
	SPROUTS FARMERS MARKETS INC SHS	61	9,231	7,751
	BP PLC SPON ADR	261	7,905	7,715
	DUN AND BRADSTREET HLDGS INC	617	7,536	7,688
	VERTEX PHARMCTLS INC	19	7,941	7,651
	ANALOG DEVICES INC COM	36	3,751	7,648
	COOPER COS INC	83	5,868	7,630
	QUALYS INC COM	54	6,264	7,572
	NVENT ELEC PLC REG SHS	111	6,179	7,566
	WPP PLC NEW/ADR	146	7,004	7,504
	LAS VEGAS SANDS CORP	146	7,186	7,499
	TRADEWEB MKTS INC CL A	57	6,416	7,462
	MERCK AND CO INC SHS	75	7,621	7,461
	W W GRAINGER INCORP	7	3,288	7,378
	QUANTA SERVICES INC	23	6,268	7,269
	GARTNER INC	15	5,480	7,267
	MARKETAXESS HOLDINGS INC	32	9,174	7,233
	COMFORT SYSTEMS USA INC	17	6,983	7,209
	VALVOLINE INC SHS	198	7,463	7,164
	NOVO NORDISK A S ADR	83	9,553	7,140
	APPROVIN CORP COM	22	1,672	7,124
	O'REILLY AUTOMOTIVE INC	6	1,563	7,115
	APOLLO GLOBAL MANAGEMENT INC	43	7,246	7,102
	AMER EAGLE OUTFITTERS	424	8,912	7,068
	UNITED PARCEL SVC CL B	56	9,254	7,062
	AUTOMATIC DATA PROC	24	4,505	7,026
	SALESFORCE INC	21	3,862	7,021
	NIKE INC CL B	92	6,981	6,962
	HUMANA INC	27	10,978	6,850
	STRYKER CORP	19	4,709	6,841
	Carried Forward		2,831,337	4,362,725

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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		\$ 2,831,337	\$ 4,362,725
	ONTO INNOVATION INC	41	9,371	6,833
	FORTIVE CORP SHS	91	6,663	6,825
	VOYA FINL INC SHS	99	6,470	6,814
	HALOZYME THERAPEUTICS INC	142	8,975	6,789
	TELEPHONE & DATA SYS INC COM NEW	199	2,336	6,788
	DOVER CORP	36	3,636	6,754
	PINTEREST INC REG SHS CL A	232	7,388	6,728
	AIRBUS SE	168	6,270	6,692
	TAPESTRY INC	102	4,126	6,664
	DRAFTKINGS INC	179	7,771	6,659
	JONES LANG LASALLE INC	26	6,834	6,582
	CROWN CASTLE INC SHS	72	6,982	6,535
	EOG RESOURCES INC	53	5,284	6,497
	ELECTRONIC ARTS INC DEL	44	6,051	6,437
	DOORDASH INC REG SHS CL A	38	4,616	6,375
	BOEING COMPANY	36	5,534	6,372
	CBRE GROUP INC CL A	48	3,357	6,302
	MCKESSON CORPORATION COM	11	3,614	6,269
	ROPER TECHNOLOGIES INC	12	3,668	6,238
	SHOPIFY INC CL A	58	3,975	6,167
	NEUROCRINE BIOSCNCE INC	45	6,674	6,143
	EAGLE MATERIALS INC	24	6,851	5,922
	COCA COLA COM	93	5,253	5,790
	CAPITAL ONE FINL	32	4,732	5,706
	AVANTOR INC	256	5,348	5,394
	CARRIER GLOBAL CORP REG SH	79	5,477	5,393
	FERGUSON ENTERPRISES INC REG SHS	31	5,230	5,381
	WEATHERFORD INTL PLC REG	75	8,686	5,372
	LULULEMON ATHLETICA INC	14	6,485	5,354
	EMERSON ELEC CO	43	4,427	5,329
	APTIV HOLDINGS LTD	85	6,433	5,141
	HCA HEALTHCARE INC	17	2,038	5,103
	PARKER HANNIFIN CORP	8	2,208	5,088
	TENET HEALTHCARE CORP COM NEW	40	2,414	5,049
	AXALTA COATING SYSTEMS LTD SHS	145	3,608	4,962
	QUALCOMM INC	32	6,465	4,915
	CME GROUP INC	21	4,123	4,877
	DOLLAR TREE INC	65	6,150	4,871
	T-MOBILE US INC SHS	22	2,657	4,856
	SMURFIT WESTROCK LTD REG SHS	112	4,860	4,847
	DISNEY (WALT) CO COM STK	43	5,202	4,788
	VULCAN MATERIALS CO	18	3,740	4,630
	MADRIGAL PHARMACEUTICALS INC	15	2,643	4,629
	REPUBLIC SERVICES INC	23	2,516	4,627
	CNH INDUSTRIAL NV REG. SHS	405	4,466	4,589
	UNILEVER PLC NEW ADR	80	4,503	4,536
	FREEPOR-T-MCMORAN INC	119	1,756	4,532
	DOMINION ENERGY INC	84	5,111	4,524
	Carried Forward		3,074,314	4,636,393

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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		\$ 3,074,314	\$ 4,636,393
	US BANCORP	94	3,570	4,496
	HERSHEY COMPANY	26	4,206	4,403
	SEMPRA	50	3,832	4,386
	METLIFE INC COM	53	2,425	4,340
	FOX CORP REG SHS CL A	87	2,249	4,226
	WABTEC	22	3,012	4,171
	DOLLAR GENERAL CORP	55	8,207	4,170
	CIGNA GROUP/THE	15	4,213	4,142
	CORNING INC	87	3,105	4,134
	KINDER MORGAN INC. DEL	149	2,306	4,083
	TESLA INC	10	2,435	4,038
	TRADE (THE) DESK INC SHS CL A	33	4,269	3,878
	CHUBB LTD	14	2,227	3,868
	INTL BUSINESS MACHINES CORP IBM	17	2,639	3,737
	XCEL ENERGY INC	55	2,223	3,714
	BECTON DICKINSON CO	16	3,893	3,630
	CATERPILLAR INC DEL	10	1,987	3,628
	MICROCHIP TECHNOLOGY INC	63	5,471	3,613
	MEDTRONIC PLC SHS	45	3,899	3,595
	STANLEY BLACK & DECKER INC	43	3,727	3,452
	GOLDMAN SACHS GROUP INC	6	3,525	3,436
	SEALED AIR CORP (NEW)	101	5,321	3,417
	NXP SEMICONDUCTORS N.V.	16	3,138	3,326
	HARTFORD FINL SVCS GROUP	30	1,035	3,282
	VENTAS INC REIT	54	3,302	3,180
	PACKAGING CORP AMERICA	14	1,314	3,152
	CITIGROUP INC COM NEW	43	2,548	3,027
	SEAGATE TECH HLDGS PUB LTD CO	35	2,801	3,021
	CROWN HLDGS INC	35	2,871	2,894
	CMS ENERGY CORP	42	1,532	2,799
	VAXCYTE INC	33	3,732	2,701
	AMERIPRISE FINL INC	5	735	2,662
	BANK NEW YORK MELLON CORP	34	2,726	2,612
	YUM BRANDS INC	19	2,546	2,549
	CENCORA INC	11	1,238	2,471
	BOSTON SCIENTIFIC CORP	27	1,802	2,412
	AMN ELEC POWER CO	26	2,251	2,398
	PPG INDUSTRIES INC SHS	20	2,676	2,389
	VERIZON COMMUNICATNS COM	58	1,943	2,319
	CANADIAN PAC KANS CITY LTD	31	2,128	2,243
	SPOTIFY TECH S.A. REG SHS	5	1,507	2,237
	W R BERKLEY CORP	36	1,860	2,107
	AVALONBAY CMMUN INC REIT	9	1,929	1,980
	MOODY'S CORP	4	750	1,893
	MANHATTAN ASSOCS INC	7	1,221	1,892
	MID AMERICA APT CMNTYS REIT	12	1,623	1,855
	AMGEN INC COM	7	1,644	1,823
	VERTIV HLDG CO	15	547	1,704
	Carried Forward		3,204,454	4,787,878

See independent auditors' report

Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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		\$ 3,204,454	\$ 4,787,878
	PALO ALTO NETWORKS INC COM	9	711	1,638
	WINTRUST FINL CP ILL COM	13	982	1,621
	CACI INTL INC CL A	4	946	1,616
	GRAPHIC PACKAGING HLDG C	59	1,412	1,602
	OWENS CORNING INC	9	977	1,533
	PULTE GROUP	14	635	1,525
	SOUTHERN COMPANY	18	1,079	1,482
	ADVNC D MICRO D INC	12	1,187	1,449
	ITRON INC	13	1,292	1,412
	TETRA TECH INC NEW	35	870	1,394
	TOAST INC REG SHS CL A	38	1,051	1,385
	FABRINET	6	968	1,319
	ZOOM COMMUNICATIONS INC CL A	16	1,025	1,306
	ASSURANT INC	6	992	1,279
	ALEXANDRIA REAL EST EQTS REIT	13	1,613	1,268
	AMERICAN WTR WKS CO INC NEW	10	1,411	1,245
	MGM RESORTS INTERNATIONAL SHS	35	1,159	1,213
	CAESARS ENTERTAINMENT	33	1,408	1,103
	ZSCALER INC	6	1,155	1,082
	HEALTHPEAK PPTYS INC	50	972	1,014
	ELF BEAUTY INC SHS	8	602	1,004
	PALANTIR TECHNOLOGIES INC REG SHS CL A	13	775	983
	KRAFT (THE) HEINZ CO SHS	32	1,271	983
	PORTLAND GEN ELEC CO	21	1,129	916
	INTAPP INC	13	619	833
	BXP INC REIT	11	702	818
	CISCO SYSTEMS INC COM	11	616	651
	FIVE9 INC	16	653	650
	NASDAQ OMX GRP INC	8	611	618
	Total Common Stock		<u>3,233,277</u>	<u>4,822,820</u>
	MUTUAL FUNDS			
	HARTFORD MUT FDS INC	29,642	409,744	420,327
	CALAMOS INVT TR NEW	15,640	454,169	411,707
	PUTNAM LARGE CAP	10,367	325,954	357,438
	SPDR PORTFOLIO S&P 500 G	3,098	229,685	272,314
	INVESCO QQQ TR SER 1	531	63,567	271,463
	PIMCO FDS	22,124	261,968	232,749
	HARTFORD SCHRODERS US	10,478	153,131	203,591
	PIONEER SERIES TR IV	17,170	177,270	193,844
	MACQUARIE	23,235	181,203	186,345
	AMERICAN FUNDS	2,959	117,563	182,828
	PGIM ULTRA SHORT BOND ETF SHS	3,621	178,997	179,421
	UNDISCOVERED MANAGERS	2,031	174,990	170,819
	JP MORGAN TRUST II	8,070	129,721	158,579
	VANGUARD GROWTH ETF	376	79,584	154,325
	INVESCO S&P 500 REVENUE ETF	1,570	119,490	153,734
	VANGUARD SMALL CAP	627	<u>121,286</u>	<u>150,656</u>
	Carried Forward		3,178,322	3,700,140

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	Brought Forward		\$ 3,178,322	\$ 3,700,140
	BARON SELECT FUNDS	1,464	41,471	150,074
	THORNBURG INVT TR	5,724	133,715	147,569
	BNY MELLON FD	3,349	158,721	146,507
	CALVERT EQUITY FUND	1,511	115,010	140,164
	BNY MELLON	3,030	127,772	133,086
	LORD ABBETT INVESTMENT	54,483	156,038	131,304
	GUGGENHEIM FDS TR	5,578	146,482	130,795
	CREDIT SUISSE FLOATING RATE HIGH INC FD CL I	18,914	122,303	119,724
	LORD ABBETT SHORT DURATION INCOME FD-CL I	30,985	118,805	119,601
	VANGUARD DIVIDEND APPRECIATION ETF	608	84,606	119,065
	VIRTUS NEWFLEET MULTI- SECTOR INTRMDT BOND FD I	13,080	118,405	118,505
	FIRST TR NASDAQ CYBERSECURITY ETF	1,850	58,062	117,383
	ISHARES S&P 500 GROWTH	1,150	98,423	116,760
	VANGUARD FTSE ALL WORLD EX US	1,994	110,977	114,476
	BARON INVT FUNDS TRUST	1,133	83,512	108,270
	FULLERTHALER BEHAVIORAL SMALL CAP EQ FD CL INSTL	2,394	108,831	107,682
	AMERICAN BEACON AHL MANG FUTURES STRAT FD CL Y	1,009	108,218	100,093
	CALAMOS MARKET NEUTRAL INCOME FD CL I	6,698	90,390	99,997
	EATON VANCE FLOATING RATE ADV CL I	9,943	104,095	99,626
	ABBEEY CAPITAL MULTI ASSET FUND CL I	8,413	102,648	98,268
	CATALYST MILLBURN HEDGE STRATEGY FUND CL I	2,467	98,046	95,769
	AMERICAN MUT FUND INC	1,692	70,188	93,303
	ISHARES FLOATING RATE BOND ETF	1,569	80,191	79,831
	VANGUARD MID-CAP ETF	299	53,109	78,975
	FIRST TRUST RISING DIVIDEND ACHIEVERS ETF	1,325	50,245	78,361
	VANGUARD HIGH DVD YIELD ETF	613	50,668	78,213
	VANGUARD INDUSTRIAL ETF	306	66,114	77,844
	VANGUARD INFORMATION TECH ETF	125	34,635	77,725
	SPDR US FINANCIAL SECTOR ETF	1,608	79,879	77,715
	VANGUARD LARGE-CAP ETF	287	36,298	77,404
	VANGUARD VALUE ETF	456	64,713	77,201
	GUGGENHEIM LIMITED DURATION FUND INSTL CL	3,161	74,951	77,122
	GLOBAL X FUNDS GLBL X ARTIFICIAL INTELLIGENCE	1,995	79,990	77,087
	WISDOMTREE US MIDCAP DIV FD	1,509	43,302	76,914
	VANGUARD TOTAL INTL STK ETF	1,292	73,925	76,137
	FIRST TR UTILITIES ALPHADIX FUND	2,000	45,088	75,652
	MACQUARIE	3,102	80,287	74,467
	FIRST TRUST WATER ETF	710	63,490	72,455
	BARON SELECT FUNDS	683	66,627	58,640
	GOLDMAN SACHS SHS U.S. LARGE CAP EQUITY ETF	501	35,386	57,704
	GLOBAL X FUNDS US INFRASTRUCTURE DEVFUND ETF	1,411	45,105	57,018
	AMERICAN FUNDS	739	53,623	56,743
	BARON ASSET FUND	498	39,092	48,863
	BARON DISCOVERY FD CL	1,283	29,575	41,792
	SPDR BLOOMBERG 1-3 MNTH T BILL ETF	63	5,761	5,760
	Total Mutual Funds		6,787,094	7,867,784

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Altronx Corp. Profit Sharing Plan

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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
US GOVERNMENT/MUNICIPAL BONDS				
	GNMA II Pass Thru Pool- 6.500% Due 1/20/32	250,000	25,516	677
	GNMA II Pass Thru Pool- 7.500% Due 2/20/30	560,000	50,650	478
	GNMA II Pass Thru Pool- 7.000% Due 6/20/31	260,000	37,532	472
	GNMA Pass Thru Pool- 7.000% Due 7/15/31	325,000	21,048	432
	GNMA II Pass Thru Pool- 6.500% Due 5/20/29	248,000	11,904	329
	GNMA II Pass Thru Pool- 7.500% Due 3/20/30	400,000	35,460	227
	GNMA II Pass Thru- 6.500% Due 8/20/28	200,000	9,626	191
	GNMA Pass Thru Pool- 6.000% 11/15/31	45,000	35,250	198
	GNMA Pass Thru - 7.000% Due 6/15/26	270,000	3,678	87
	GNMA Pass Thru- 6.250% Due 3/15/29	65,000	37,662	151
	FNMA Pass Thru- 6.500% Due 1/1/29	50,000	28,755	113
	GNMA Pass Thru Pool- 6.500% Due 9/15/28	50,000	21,397	59
	GNMA Pass Thr Pool- 6.000% Due 4/15/29	40,000	14,355	105
	GNMA II Pass Thru Pool- 6.500% Due 3/20/32	50,000	19,548	106
	GNMA Pass Thru Pool- 6.000% Due 12/15/28	95,000	46,503	47
	GNMA Pass Thru- 6.500% Due 7/15/28	55,000	14,817	5
	FNMA Pass Thru- 6.000% Due 9/1/31	50,000	10,869	14
	Total US Government/Municipal Bonds			<u>3,691</u>
MONEY MARKET FUNDS				
	GS FSQ GOVERNMENT INSTL CLASS MONEY MARKET FUND	53,674	53,674	53,674
	BLF BEDFUND CASH RESERVE	31,355	31,355	31,355
	BLF BEDFUND CASH RESERVE	23,943	23,943	23,943
	BLF BEDFUND CASH RESERVE	59,440	59,440	59,440
	Total Money Market Funds			<u>168,412</u>
	Total Investments			<u>\$ 12,862,707</u>
	* NOTES RECEIVABLE FROM PARTICIPANTS	Interest rate of 5.25% with maturities through 2030		<u>137,762</u>
	Total Assets (Held at End of Year)			<u>\$ 13,000,469</u>

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

