

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 10/01/2024 and ending 06/30/2025

- 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 [X] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [ ] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan): MILLER ELECTRIC COMPANY
2b Employer Identification Number (EIN): 59-0361850
2c Plan Sponsor's telephone number: 904-981-0221
2d Business code (see instructions): 238210

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

<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>	563
<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>	518
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	555
<b>6g(2)</b>	0	
<b>6h</b>	0	
<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 \_\_\_\_\_
- (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 **10/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MILLER ELECTRIC COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>59-0361850</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

**MERRILL LYNCH** **4 WORLD FINANCIAL CENTER**  
**250 VESEY STREET**  
**NEW YORK, NY 10281**  
  
**13-5674085**

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

**CESRICAN PORTFOLIOS FINANCIAL SERVI** **4250 VETERANS MEMORIAL HIGHWAYS**  
**SUITE 420E**  
**HOLBROOK, NY 11741**  
  
**11-3018002**

**(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)

MERRILL LYNCH PIERCE FENNER & SMITH

4 WORLD FINANCIAL CENTER  
250 VESEY STREET  
NEW YORK, NY 10281

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 60 63 70	BROKERAGE	35560	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2614	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CESRICAN PORTFOLIOS FINANCIAL SERVI

4250 VETERANS MEMORIAL HIGHWAY  
SUITE 420E  
HOLBROOK, NY 11741

11-3028002

(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 71	PROKERAGE	16651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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
<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
<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

**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>10/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MILLER ELECTRIC COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>59-0361850</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1935055	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	22329	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1441834	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	5204521	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	4774868	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	31112648	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	44491255	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<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>	44491255	0

**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>	0	
<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	
(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>		0
<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>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	167795	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		167795
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	42753	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	743765	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		786518
(3) 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>	187356	
<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>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<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>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1141669

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	45579890	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		45579890
<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>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	53034	
(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>		53034
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		45632924

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-44491255
<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: **BISHOP & DRAPER, CPA'S**

(2) EIN: **27-3988707**

**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		5000000
<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 0.

**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 \_\_\_\_\_.

MILLER ELECTRIC COMPANY  
EMPLOYEES PROFIT SHARING PLAN

REPORT ON AUDIT OF FINANCIAL STATEMENTS  
AND SUPPLEMENTAL INFORMATION

June 30, 2025 and September 30, 2024

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**BISHOP AND DRAPER**  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF  
AMERICAN AND FLORIDA  
INSTITUTES OF  
CERTIFIED PUBLIC ACCOUNTANTS

BUILDING 300  
5150 BELFORT ROAD  
JACKSONVILLE, FLORIDA 32256  
904 725-9226

**INDEPENDENT AUDITOR'S REPORT**

To the Administrative Committee of  
Miller Electric Company Employees Profit Sharing Plan

**Opinion**

We have audited the accompanying financial statements of Miller Electric Company Employees 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 June 30, 2025 (in liquidation), and the related statement of changes in net assets available for benefits for the period ended June 30, 2025 (in liquidation), and the statement of net assets available for benefits as of September 30, 2024 (ongoing), 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 Miller Electric Company Employees Profit Sharing Plan as of June 30, 2025 (in liquidation) and September 30, 2024 (ongoing), and the changes in its net assets available for benefits for the period ended June 30, 2025 (in liquidation), 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 Miller Electric Company Employees 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.

**Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting**

As discussed in Note F to the financial statements, the Board of Directors of Miller Electric Company, the Miller Electric Company Employees Profit Sharing Plan's sponsor, voted on February 3, 2025, to terminate the plan and determined that liquidation is imminent. As a result, in accordance with accounting principles generally accepted in the United States of America, the Miller Electric Company Employees Profit Sharing Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the September 30, 2024 financial statements to the liquidation basis of accounting used in presenting the June 30, 2025 financial statements. Our opinion is not modified with respect to that matter.

**Responsibilities of Management for the Financial Statements**

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

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 Miller Electric Company Employees 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.

## **Responsibilities of Management for the Financial Statements (continued)**

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 to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Miller Electric Company Employees 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 Miller Electric Company Employees 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.

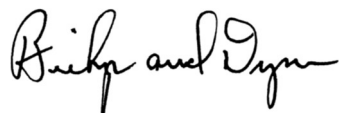
## **Supplemental Schedules Required by ERISA**

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 - liquidation) 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 the 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 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.

**Supplemental Schedules Required by ERISA (continued)**

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.

A handwritten signature in cursive script that reads "Bishop and Draper".

Bishop and Draper  
Certified Public Accountants  
Jacksonville, Florida  
October 21, 2025

**MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 June 30, 2025 and September 30, 2024**

	<i>(In Liquidation)</i> <b>June 30, 2025</b>	<i>(Ongoing)</i> <b>September 30, 2024</b>
	<u>                    </u>	<u>                    </u>
<b>ASSETS</b>		
Investments:		
Investments at fair value:		
Mutual funds, closed-end funds, and exchange-traded funds	\$ -	\$ 31,112,648
Fixed income investments	-	5,204,521
Common stocks	-	4,774,868
	<u>                    </u>	<u>                    </u>
Total Investments	-	41,092,037
Receivables:		
Employer's contribution	-	1,935,055
Accrued interest	-	22,329
	<u>                    </u>	<u>                    </u>
	-	1,957,384
Cash and money market mutual funds	-	1,441,834
	<u>                    </u>	<u>                    </u>
Total Assets	-	44,491,255
<b>LIABILITIES</b>		
Benefit claims payable	-	-
	<u>                    </u>	<u>                    </u>
Total Liabilities	-	-
	<u>                    </u>	<u>                    </u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ -</u></u>	<u><u>\$ 44,491,255</u></u>

See accompanying notes.

**MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION**  
 Year Ended June 30, 2025

ADDITIONS TO NET ASSETS

Investment income:

Net unrealized and realized appreciation in estimated fair value of investments	\$ 187,356
Dividends	786,518
Interest	<u>167,795</u>
	1,141,669
Less investment expenses	<u>(53,034)</u>
	<u>1,088,635</u>

Employer's contribution:

-

---

-

TOTAL ADDITIONS TO NET ASSETS

1,088,635

DEDUCTIONS FROM NET ASSETS

Benefits paid to participants	45,579,890
-------------------------------	------------

TOTAL DEDUCTIONS FROM NET ASSETS

45,579,890

NET INCREASE (DECREASE)

(44,491,255)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>44,491,255</u>
-------------------	-------------------

END OF YEAR

\$ -

See accompanying notes.

## **MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS**

### **NOTE A - DESCRIPTION OF PLAN**

The following description of the Miller Electric Company (“Company”) Employees Profit Sharing Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

*General.* The Plan is a defined contribution plan covering all employees of the Company who have one year of service and are age twenty-one or older, except for those employed subject to a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees oversees governance of the Plan.

*Contributions.* Annual contributions to the Plan are made by the Company at its sole discretion and subject to certain statutory limitations. Employees are not permitted to make contributions.

*Participant Accounts.* Each participant’s account is credited with an allocation of (a) the Company’s contribution, (b) Plan earnings, and (c) forfeitures of terminated participants’ non-vested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

*Vesting.* A participant receives a 20% vested interest in his or her account on completion of 2 years of service plus 20% each additional year until he or she is 100% vested. All participants will be fully vested upon reaching retirement age prior to termination of employment or upon death or disability prior to that date.

*Payment of Benefits.* On termination of service, a participant may receive the vested interest in his or her account as a joint and survivor annuity (if married) or life annuity (if unmarried) or, if elected, as a lump sum or in installments over period not to exceed the life or expected life of the participant and a designated beneficiary. Prior to termination a participant aged 60 or older with 15 or more years of Plan participation may request distribution of the vested interest in his or her account.

*Forfeited Accounts.* Forfeitures of terminated non-vested account balances allocated to remaining participants (in the same manner as the Company’s contribution) at June 30, 2025, and September 30, 2024 totaled \$0 and \$159,056, respectively.

*Consideration of Credit Risk.* The Plan maintains two investment portfolios for its cash deposits and money market cash equivalents with Merrill Lynch (including Merrill Lynch affiliated banks or depository institutions) and American Portfolios. The balances of all deposit accounts, money market accounts and certificates of deposits held with Merrill Lynch affiliated bank accounts are insured by the Federal Deposit Insurance Corporation (FDIC), up to \$250,000 per customer. On June 30, 2025, no cash was held with Merrill Lynch affiliated banks. Deposit accounts, money market accounts and certificates of deposits held directly with Merrill Lynch and Osaic are not insured by the FDIC but are each insured by the Securities Investor Protection Corporation (SIPC), up to \$500,000 per customer. On June 30, 2025, no cash or money market accounts were held directly with Merrill Lynch or Osaic respectively.

## **MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS**

### **NOTE A - DESCRIPTION OF PLAN - (continued)**

*Plan Termination.* By action of its board of directors, Miller Electric Company (Plan Sponsor) has terminated the Plan as of February 3, 2025, allowing for full vesting of participants and for the distribution of all accounts to participants and beneficiaries. All assets have been distributed from the plan to its participants as of June 30, 2025.

### **NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

*Estimates.* The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

*Basis of Accounting.* The financial statements of the Plan are prepared under the liquidation basis of accounting for the period ending June 30, 2025. The comparative balance sheet for the year ending September 30, 2024, is prepared under the going concern basis of accounting.

*Investment Valuation and Income Recognition.* The Plan's investments are stated at fair value. Fair value for mutual funds, closed-end funds, and exchange-traded funds shown on the statement of net assets available for benefits is determined by quoted market prices. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement-date basis. Interest and dividend income is recorded as posted to the Plan's brokerage accounts. Use of a trade-date basis for recording purchases and sales and accrual of interest and dividends (as of the ex-dividend date) would not materially change these financial statements.

*Administrative Expenses.* Plan administrative expenses, less investment fees, are paid by the Company.

*Payment of Benefits.* Benefits are recorded when paid.

### **NOTE C - 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.

## **MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS**

### NOTE C - FAIR VALUE MEASUREMENTS – (continued)

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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available.

Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 3 inputs for the periods presented.

#### *Level 1 Fair value Measurements*

The fair value of mutual funds is based on unadjusted quoted net asset values of the shares held by the Plan at year-end. The fair values of closed-end funds, exchange-traded funds, fixed investments, and common stocks are based on quoted market prices.

#### *Level 2 Fair value Measurements*

The fair value of corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. The fair value of the certificates of deposit is based on amortized cost or original cost plus accrued interest.

**MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

NOTE C - FAIR VALUE MEASUREMENTS – (continued)

The following tables set forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and September 30, 2024:

June 30, 2025	Fair Value	(Level 1)	(Level 2)
Mutual fund and exchange-traded funds:			
Fixed income funds	\$ -	\$ -	\$ -
Value funds	-	-	-
Growth funds	-	-	-
Equity blend funds	-	-	-
Total mutual and exchange-traded funds	-	-	-
Government Securities	-	-	-
Common Stock	-	-	-
Total investments at fair value	\$ -	\$ -	\$ -
September 30, 2024	Fair Value	(Level 1)	(Level 2)
Mutual fund and exchange-traded funds:			
Fixed income funds	\$ 5,464,649	\$ 5,464,649	\$ -
Value funds	14,967,630	14,967,630	-
Growth funds	1,876,521	1,876,521	-
Equity blend funds	8,803,848	8,803,848	-
Total mutual and exchange-traded funds	31,112,648	31,112,648	-
Government Securities	5,204,521	-	5,204,521
Common Stock	4,774,868	4,774,868	-
Total investments at fair value	\$ 41,092,037	\$ 35,887,516	\$ 5,204,521

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the period ended June 30, 2025 are reported in net appreciation (depreciation) in fair value of investments.

**MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

NOTE D - INVESTMENTS

None of the Plan's investments are participant-directed. Investments are held in accounts with two different brokerage firms. The following table presents fair value of investments measured on a recurring basis at June 30, 2025 and September 30, 2024. Investments that represent 5% or more of the Plan's net assets are separately identified.

	<u>June 30,</u> <u>2025</u>	<u>September 30,</u> <u>2024</u>
Investments at		
Fair Value as Determined by Quoted Market Price:		
Mutual, Exchange-Traded, & Close-Ended Funds:		
AmerFunds American Balance Fund CL F2	\$ -	\$ 3,724,370
Hartford Balanced Income Fund CL L	-	2,913,962
Janus Henderson Global Equity Income Fund	-	2,419,083
Vanguard High Dividend Yield ETF	-	3,314,138
American Capital Income Builder FD CL F2	-	2,178,847
Vanguard Small Cap ETF	-	2,139,945
Other	-	19,197,171
	<u>-</u>	<u>35,887,516</u>
Fair Value as Determined by Significant Observable Inputs:		
Government Securities:		
U.S. Treasury Notes	-	5,204,521
	<u>-</u>	<u>5,204,521</u>
Total Investments	<u>\$ -</u>	<u>\$ 41,092,037</u>

During the period ending June 30, 2025, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$187,356 as follows:

Investments at Fair Value:	
Mutual Funds, Closed-End Funds, Exchange-Traded Funds, and Government Securities	<u>\$ 187,356</u>

NOTE E - RELATED PARTY TRANSACTIONS

Except for certain investment fees, all expenses of maintaining the Plan are paid by the Company.

## **MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS**

### **NOTE F - PLAN TERMINATION**

On February 3, 2025, the Plan Sponsor was acquired in a Stock Purchase Agreement with an unrelated third party, thus resulting in the Plan Sponsor, along with the Miller Electric Employee Stock Ownership Plan, selling 100% of issued and outstanding stock. Accordingly, the Plan formally adopted a resolution to terminate the Plan effective as of February 3, 2025, to allow for full vesting of participant balances, and to provide for the future distribution of account balances to all participants and beneficiaries as soon as practicable. As of April 15, 2025, all account balances have been distributed to all participants and beneficiaries.

### **NOTE G - TAX STATUS**

The Plan is an adoption of a prototype plan that, according to a letter dated June 30, 2020, from the Internal Revenue Service, the Service has determined is acceptable under Section 401 of the Internal Revenue Code. Although the Plan includes amendments subsequent to the review referenced in the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes 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 IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to October 1, 2021.

### **NOTE H - 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.

### **NOTE I - DATE OF MANAGEMENT'S REVIEW OF SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 17, 2025, which is the date the financial statements were available to be issued. There are no subsequent events to be aware of, as the plan is fully terminated as of June 30, 2025.

**MILLER ELECTRIC COMPANY EMPLOYEES PROFIT SHARING PLAN**  
**NOTES TO FINANCIAL STATEMENTS**

NOTE J - RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of cash per the financial statements at June 30, 2025 and September 30, 2024.

	<u>June 30,</u> <u>2025</u>	<u>September 30,</u> <u>2024</u>
Per financial Statements		
Fixed income investments	\$ -	\$ 5,204,521
Mutual funds, closed end funds, ETF,	-	31,112,648
Common stocks	-	4,774,868
Cash and money market mutual funds	-	1,441,834
	<u>\$ -</u>	<u>\$ 42,533,871</u>
Per Form 5500		
Interest-bearing cash	\$ -	\$ 1,441,834
U.S Government Securities	-	5,204,521
Corporate Stocks - Common	-	4,774,868
Value of funds in registered investment companies	-	31,112,648
	<u>\$ -</u>	<u>\$ 42,533,871</u>

**Miller Electric Company Employees Profit Sharing Plan**  
**EIN 59-0361850, Plan No, 002**  
**Plan Year Ending June 30, 2025**

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year - Liquidation)**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value

**Miller Electric Company Employees Profit Sharing Plan**  
**EIN 59-0361850, Plan No, 002**  
**Plan Year Ending June 30, 2025**

**Schedule H, Line 4j - Schedule of Reportable Transactions**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Merril Lynch 74F-05013	U.S. Treasury Bill 0.000% Feb 11 2025	Multiple	100.0000	n/a	n/a	21,433,561	21,448,000	14,439
Merril Lynch 74F-05013	U.S. Treasury Bill 0.000% Feb 18 2025	99.9293	100.0000	n/a	n/a	21,432,840	21,448,000	15,160
Merril Lynch 74F-05013	U.S. Treasury Bill 0.000% Feb 25 2025	99.9291	100.0000	n/a	n/a	22,465,071	22,481,000	15,929
Merril Lynch 74F-05013	U.S. Treasury Bill 0.000% Mar 6 2025	Multiple	100.0000	n/a	n/a	35,981,355	36,011,000	29,645
Merril Lynch 74F-05013	U.S. Treasury Bill 0.000% Mar 13 2025	Multiple	100.0000	n/a	n/a	36,792,175	36,818,000	25,825
Merril Lynch 74F-05013	U.S. Treasury Bill 0.000% Mar 20 2025	99.9298	100.0000	n/a	n/a	36,803,174	36,829,000	25,826
Merril Lynch 74F-05013	U.S. Treasury Bill 0.000% Mar 27 2025	99.931	100.0000	n/a	n/a	36,803,526	36,829,000	25,474
Merril Lynch 74F-05013	Amer Funds American	Multiple	35.1700	n/a	n/a	2,210,575	2,614,916	404,341
Merril Lynch 74F-05013	Janus Henderson AAA	Multiple	50.9016	n/a	n/a	2,696,856	2,702,698	5,842
Merril Lynch 74F-05013	Vanguard High DVD Yield	Multiple	133.6179	n/a	n/a	1,732,209	3,053,219	1,321,010

<p><b>Form 5500</b> Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the Instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 06/30/2025

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**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 II Basic Plan Information --- enter all requested information**

<p><b>1a</b> Name of plan <b>Miller Electric Company Employees Profit Sharing Plan</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>002</b></p>
<p><b>2a</b> 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)</p> <p><b>Miller Electric Company</b></p> <p>6805 Southpoint Parkway</p> <p>US Jacksonville FL 32216</p>	<p><b>1c</b> Effective date of plan <b>10/01/1971</b></p> <p><b>2b</b> Employer Identification Number (EIN) <b>59-0361850</b></p> <p><b>2c</b> Plan Sponsor's telephone number <b>(904) 981-0221</b></p> <p><b>2d</b> Business code (see instructions) <b>238210</b></p>

**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	<i>Susan A Walden</i>	11/12/2025	SUSAN A. WALDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Susan A Walden</i>	11/12/2025	SUSAN A. WALDEN
	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



