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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                 |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>01/01/1991                                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NORTECH SYSTEMS INC.<br><br>7550 MERIDIAN CR.<br>SUITE 150<br>MAPLE GROVE, MN 55369 |
| 2b      | Employer Identification Number (EIN)<br>41-1681094                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>952-345-2265                                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>334110                                                                                                                                                                                                                                                                                                 |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/17/2026 | NATALIE KROGSENG                                             |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                           |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 550                                                                                                                                                                                                                                               |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 356<br><b>6a(2)</b> 319<br><b>6b</b> 1<br><b>6c</b> 197<br><b>6d</b> 517<br><b>6e</b> 0<br><b>6f</b> 517<br><b>6g(1)</b> 508<br><b>6g(2)</b> 475<br><b>6h</b> 42 |
| <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 Characteristic Codes in the instructions:

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2025                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection.              |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                   |                                                                                                                                                                                                                             |                                                      |
| A Name of plan<br>NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN                                                                                                                                                                                 |                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NORTECH SYSTEMS INC.                                                                                                                                                               |                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>41-1681094 |

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 |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 42063                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

COMMONWEALTH FINANCIAL NETWORK

04-2675571

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 41415                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BOYUM & BARENSCHEER PLLP

41-6192096

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/A UDITOR                                                                               | 15000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

STRATEGIC ADVISERS LLC

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 6279                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AS SPL SM CAP VAL IS - SS&C GIDS, 2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169  | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BAIRD CORE PLUS INV - US BANCORP F<br><br>39-0281260                           | 0.27%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BARON SMALL CAP - SS&C GLOBAL INVE 2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| BARON SMALL CAP INST - SS&C GLOBAL<br>2000 CROWN COLONY DRIVE<br>QUINCY, MA 02169            | 0.15%                                   |                                                                                                                                                                    |
|                                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COL SM CAP INDEX I - COLUMBIA MGT<br>430 W 7TH STREET<br>STE 219104<br>KANSAS CITY, MO 64105 | 0.10%                                   |                                                                                                                                                                    |
|                                                                                              |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                                      | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                           | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                          |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| CRLN CV INTL STK I - U.S. BANCORP<br>615 EAST MICHIGAN STREET<br>MILWAUKEE, WI 53202         | 0.40%                                   |                                                                                                                                                                    |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CRLN R UNCNSTRD BD I - U.S. BANCOR<br>615 EAST MICHIGAN STREET<br>MILWAUKEE, WI 53202                                    | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| MFS VALUE R3 - MFS SERVICE CENTER<br><br>04-2865649                                                                      | 0.50%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                  | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                       | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| VICTORY S ESTB VAL R - FIS INVESTO<br>FAITH INVESTOR SERVICES, LLC<br>14785 PRESTON ROAD, SUITE 1000<br>DALLAS, TX 75254 | 0.75%                                                                                                                                                              |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN                               | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>NORTECH SYSTEMS INC.      | D Employer Identification Number (EIN)<br>41-1681094 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                         |                    |
|-----------------------------------------|--------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | RT NY LIFE AA CL 0 |
|-----------------------------------------|--------------------|

|                                            |                        |
|--------------------------------------------|------------------------|
| b Name of sponsor of entity listed in (a): | RELIANCE TRUST COMPANY |
|--------------------------------------------|------------------------|

|                         |                 |                                                                                                     |
|-------------------------|-----------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN 46-6350416-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 485712 |
|-------------------------|-----------------|-----------------------------------------------------------------------------------------------------|

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

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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

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

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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

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

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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

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

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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

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

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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

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

|                                            |  |
|--------------------------------------------|--|
| b Name of sponsor of entity listed in (a): |  |
|--------------------------------------------|--|

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2025                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

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

|                                                                                |                                                      |
|--------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN                   | B Three-digit plan number (PN) ▶<br>001              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NORTECH SYSTEMS INC. | D Employer Identification Number (EIN)<br>41-1681094 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <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>                  | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 307795                | 381044          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 611993                | 485712          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 26947480              | 29277756        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 0                     | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 0                     | 0               |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 27867268              | 30144512        |

**Liabilities**

|                                                                            |           |   |   |
|----------------------------------------------------------------------------|-----------|---|---|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                            |           |          |          |
|------------------------------------------------------------|-----------|----------|----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 27867268 | 30144512 |
|------------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 595492     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2176609    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 61018      |           |
| (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>    |            | 2833119   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 27979      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 27979     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1404327    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1404327   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <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> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 15686     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 3116702   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 7397813   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 5015812 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0       |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 0       |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 5015812 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         | 0       |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         | 0       |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 0       |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 0       |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 42063   |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 15000   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 47694   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 0       |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 0       |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 0       |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  | 0       |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 0       |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 0       |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 104757  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 5120569 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2277244 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 0       |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0       |

**Part III Accountant's Opinion**

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

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

(1) ☒ 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: **BOYUM & BARENSCHEER PLLP**

(2) EIN: **41-6192096**

**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.)                 |                                     | <input checked="" type="checkbox"/> |         |
| <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.) |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <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?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <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.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <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.)                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <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?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <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.                                                                                                                        |                                     | <input checked="" 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.)

| <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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NORTECH SYSTEMS INC.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>41-1681094                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

***FINANCIAL REPORT***

***DECEMBER 31, 2025 AND 2024***

## **C O N T E N T S**

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| <b>FINANCIAL STATEMENTS</b>                                   |      |
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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator  
Nortech Systems 401(k) Profit Sharing Plan  
Maple Grove, Minnesota

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

We have performed audits of the accompanying financial statements of Nortech Systems 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management (the "Committee"), having determined it is permissible in the circumstances, has elected to have the audits of Nortech Systems 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements of information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

The Committee has obtained a certification from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that the Committee determined meets the requirements of ERISA Section 103(a)(3)(C).

### **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 Nortech Systems 401(k) 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 ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of the Committee for the Financial Statements**

The Committee 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. The Committee's election of the ERISA Section 103(a)(3)(C) audit does not affect the Committee's responsibility for the financial statements.

In preparing the financial statements, the Committee is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Nortech Systems 401(k) 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.

The Committee is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the Participants, to determine the benefits due or which may become due to such Participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nortech Systems 401(k) 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 the Committee, 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 Nortech Systems 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Committee and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that the Committee determined meets the requirements of ERISA Section 103(a)(3)(C).

*Boyum & Barescheer PLLP*

Boyum & Barescheer, PLLP  
Minneapolis, Minnesota  
August 24, 2026

***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***  
***STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS***

| <b>DECEMBER 31,</b>                                                           | <b>2025</b>          | <b>2024</b>          |
|-------------------------------------------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                                                 |                      |                      |
| <b>INVESTMENTS, AT FAIR VALUE</b>                                             | <b>\$ 29,763,468</b> | <b>\$ 27,559,473</b> |
| <b>NOTES RECEIVABLE AND ACCRUED<br/>INTEREST RECEIVABLE FROM PARTICIPANTS</b> | <b>381,044</b>       | <b>307,795</b>       |
| <b><i>Net assets available for benefits</i></b>                               | <b>\$ 30,144,512</b> | <b>\$ 27,867,268</b> |

The Notes to Financial Statements are an integral part of these statements.

**NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**

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

| <b>YEARS ENDED DECEMBER 31,</b>               | <b>2025</b>          | <b>2024</b>          |
|-----------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS</b>                              |                      |                      |
| <b>INVESTMENT INCOME</b>                      |                      |                      |
| Net appreciation in fair value of investments | \$ 3,132,388         | \$ 2,273,293         |
| Dividends and interest income                 | 1,404,327            | 950,568              |
| <b><i>Total investment income</i></b>         | <b>4,536,715</b>     | <b>3,223,861</b>     |
| <b>INTEREST INCOME ON NOTES</b>               |                      |                      |
| <b>RECEIVABLE FROM PARTICIPANTS</b>           | <b>27,979</b>        | <b>23,117</b>        |
| <b>CONTRIBUTIONS</b>                          |                      |                      |
| Participant                                   | 2,176,609            | 2,482,537            |
| Employer - matching contributions             | 595,492              | 706,032              |
| Rollovers                                     | 61,018               | 88,074               |
| <b><i>Total contributions</i></b>             | <b>2,833,119</b>     | <b>3,276,643</b>     |
| <b><i>Total additions</i></b>                 | <b>7,397,813</b>     | <b>6,523,621</b>     |
| <b>DEDUCTIONS</b>                             |                      |                      |
| Benefit distributions to participants         | (5,015,812)          | (4,100,327)          |
| Administrative expenses                       | (104,757)            | (100,820)            |
| <b><i>Total deductions</i></b>                | <b>(5,120,569)</b>   | <b>(4,201,147)</b>   |
| <b><i>Net increase</i></b>                    | <b>2,277,244</b>     | <b>2,322,474</b>     |
| Net assets available for benefits:            |                      |                      |
| Beginning of year                             | 27,867,268           | 25,544,794           |
| <b><i>End of year</i></b>                     | <b>\$ 30,144,512</b> | <b>\$ 27,867,268</b> |

The Notes to Financial Statements are an integral part of these statements.

## ***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

### ***NOTES TO THE FINANCIAL STATEMENTS***

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#### **NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Nortech Systems 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### ***General:***

The Plan is a defined contribution plan. Nortech Systems, Incorporated (the “Company”) is the administrator and sponsor of the Plan. The Plan was established on January 1, 1991 and uses Fidelity Management Trust Company as the Plan trustee (the “Custodian”). The Plan was most recently restated on January 1, 2022. The Company has established a plan administrative committee (the “Committee”) to oversee the Plan's administration. The Committee is responsible for determining the investment options available to Participants, determining appropriate education for Participants and determining plan design changes. The Plan Participants are responsible for the direction of their account balances into specific investment options. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

##### ***Plan Amendments:***

Effective April 1, 2025, the Plan was amended to exclude interns employed by the Company from participating in the Plan. However, interns who attain age 21 and complete at least 1,000 hours of service during an eligibility computation period will become eligible to participate in the Plan.

##### ***Eligibility:***

Employees of the Company who are not covered by collective bargaining agreements under which they have specifically negotiated coverage by the Plan, who are not resident aliens, who have attained the age of eighteen years or older and have completed three months of service are eligible to participate for employee deferrals and employer match. Interns who attain age 21 and complete at least 1,000 hours of service are eligible for employee deferrals and employer match. For discretionary non-elective contributions, employees must complete 1,000 hours during the Plan year and be employed on the last day of that Plan year. Plan entry dates are the first day of month. Employees and interns who are eligible to participate in the Plan are referred to as “Participants” in these financial statements.

##### ***Contributions:***

Each year, Participants may contribute up to 60 percent of compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective for Plan years beginning on or after January 1, 2025, Participants who attain ages 60 through 63 before the end of the Plan year are eligible for an increased catch-up contribution limit, as permitted under applicable law. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled Participants have their deferral rate set at 4% of eligible compensation with an automatic annual increase of 1% up to a maximum of 12%. Contributions for automatically enrolled Participants are invested in a designated balanced fund unless changed by the Participant. The Company may make discretionary employer matching and non-elective contributions to Participants.

## ***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

### ***NOTES TO THE FINANCIAL STATEMENTS***

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#### **NOTE 1. (CONTINUED)**

##### ***Contributions (continued):***

For the years ended December 31, 2025 and 2024, the Company's discretionary employer matching contribution was 100% of employee deferrals for the first 2% and 25% for the next 4%, limited up to 3% of eligible compensation. Total employer matching contributions were \$595,492 and \$706,032 for the Plan years ending December 31, 2025 and 2024, respectively. No employer non-elective contributions were made for the years ended December 31, 2025 and 2024. Contributions are subject to certain IRS limitations.

##### ***Participant accounts:***

Each Participant's account is credited with Participant pre-tax deferrals, Participant post-tax Roth contributions, Company matching contributions, and any other discretionary contributions made by the Company and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of employer discretionary contributions are based on Participant earnings, account balances, or specific Participant transactions, as defined. Participant accounts are valued at the end of each business day. The benefit the Participant is entitled to is the benefit that can be provided from the Participant's vested account.

##### ***Vesting:***

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service, as defined by the Plan. A Participant is fully vested after 5 years of service. Each Participant also becomes 100% vested upon normal retirement age as defined in the Plan, at the time of the Participant's death, if the Participant becomes totally or permanently disabled, or termination of the Plan.

##### ***Notes receivable from Participants:***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balances or \$50,000. The loans are secured by the balance in the Participant's account and bear fixed interest rates ranging from 4.25% to 9.50% which are commensurate with prevailing market rates at the time of loan approval. Loans must be repaid within five years, except a loan used to build, purchase, or substantially remodel a principal home may be repaid over a ten-year period. Principal and interest can be paid through bi-weekly payrolls or in alternative procedures provided by the Plan's administrator. All loans must at minimum be paid on at least a quarterly basis.

##### ***Payment of benefits:***

Distributions to terminated or retired Participants are made in a single lump-sum payment to the Participant (or in the case of death, the Participant's beneficiary) or periodic installments over a period specified by the Plan. If terminated/retired Participants do not voluntarily elect to move their funds out of the Plan, vested account balances between \$1,000 and \$7,000 are rolled into an Individual Retirement Account at the Custodian on the employee's behalf. If a Participant terminates employment and the Participant's account balance does not exceed \$1,000, the Plan administrator can authorize the benefit payment without the Participant's consent. Active (not terminated/retired) Participants experiencing financial hardship may withdraw a portion of their account balance as defined in the Plan and withdrawals are limited pursuant to the Plan's provisions.

## **NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS**

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#### **NOTE 1. (CONTINUED)**

##### ***Forfeitures:***

As of December 31, 2025 and 2024, forfeited non-vested accounts totaled \$212 and \$61, respectively. Forfeited balances of terminated Participant's non-vested Company contributions are used first for Plan administrative expenses and second to reduce any Company contributions. During the years ended December 31, 2025 and 2024, \$15,118 and \$8,269 in forfeitures were used to pay Plan expenses, and \$43,281 and \$38,542 in forfeitures were used to reduce Company matching contributions.

#### **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### ***Basis of accounting:***

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

##### ***Use of estimates:***

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

##### ***Investment valuation and income recognition:***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market Participants at the measurement date. See Note 4 for the discussion of fair value measurements.

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

##### ***Notes receivable from Participants:***

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing Participants Plan accounts and are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a Participant ceases to make loan repayments and the Plan administrator deems the Participant loan to be in default, the Participant loan balance is reduced, and a benefit distribution is recorded based on the terms of the Plan document.

##### ***Payment of benefits:***

Benefits are recorded when paid.

## **NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS**

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#### **NOTE 2. (CONTINUED)**

##### ***Administrative expenses:***

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to certain administrative activities are paid for by the Plan and are included in the administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

##### ***Subsequent events:***

In preparing the financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 24, 2026, the date the financial statements were available to be issued.

#### **NOTE 3. CERTIFICATION OF INVESTMENT INFORMATION**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The Custodian of the Plan has certified as to the completeness and accuracy of all investment and notes receivable information reflected in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the supplemental schedule of assets (held at end of year) as of December 31, 2025.

#### **NOTE 4. FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to adjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobserved inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

**Level 1:** Inputs to the valuation methodology are adjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets and liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means;

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

# NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### NOTE 4. (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish daily net asset value ("NAV") and to transact at that price. The Mutual Funds held by the Plan are deemed to be actively traded.

Common collective trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Custodian, is a readily determinable fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's Committee believes its valuation methods are appropriate and consistent with other market Participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

#### **Assets at Fair Value as of December 31, 2025**

|                                         | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>         |
|-----------------------------------------|----------------------|-------------------|----------------|----------------------|
| Mutual funds                            | \$ 29,277,756        | \$ -              | \$ -           | \$ 29,277,756        |
| Common collective trust                 | -                    | 485,712           | -              | 485,712              |
| <b><i>Investments at fair value</i></b> | <b>\$ 29,277,756</b> | <b>\$ 485,712</b> | <b>\$ -</b>    | <b>\$ 29,763,468</b> |

#### **Assets at Fair Value as of December 31, 2024**

|                                         | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>         |
|-----------------------------------------|----------------------|-------------------|----------------|----------------------|
| Mutual funds                            | \$ 26,947,480        | \$ -              | \$ -           | \$ 26,947,480        |
| Common collective trust                 | -                    | 611,993           | -              | 611,993              |
| <b><i>Investments at fair value</i></b> | <b>\$ 26,947,480</b> | <b>\$ 611,993</b> | <b>\$ -</b>    | <b>\$ 27,559,473</b> |

## ***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

### ***NOTES TO THE FINANCIAL STATEMENTS***

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#### **NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the Plan's Custodian and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### **NOTE 6. PLAN TERMINATION**

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

#### **NOTE 7. PLAN TAX STATUS**

The Plan is placing reliance on an opinion letter dated June 30, 2020, received from the Internal Revenue Service ("IRS") on the Prototype Non-standardized Profit Sharing Plan with CODA indicating that the Plan is qualified under Section 401 of the Internal Revenue Code ("IRC") and is therefore not subject to tax under the current income tax law. The prototype Plan has been amended since receiving the opinion letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America requires the Plan's Committee to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **NOTE 8. RISKS AND UNCERTAINTIES**

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

#### **NOTE 9. SECURE ACT 2.0**

In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The effective date of the provisions of SECURE 2.0 vary from becoming effective immediately through 2028. Those provisions include both required and optional elements. Management has evaluated those provisions and administratively adopted an increase to catch-up contribution limits (see Note 1, Contributions subnote) and an increase to the force out limit for terminated Participants (see Note 1, Payment of benefits subnote). Plan management will determine other optional provisions to elect in the future.

**NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**  
**EIN #41-1681094 NO. 001**

**SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**

| <b>DECEMBER 31, 2025</b>                                         |                                                                    |                         |      |                      |
|------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|------|----------------------|
| (a)                                                              | (b)                                                                | (c)                     | (d)  | (e)                  |
| Party in                                                         | Identity of Issue, Borrower,                                       |                         | **   | Current              |
| interest                                                         | Lessor or Similar Party                                            | Description             | Cost | Value                |
|                                                                  | Reliance Trust New York Life Anchor Account                        | Common Collective Trust | **   | \$ 485,712           |
|                                                                  | Victory Sycamore Established Value Fund R                          | Mutual Fund             | **   | 167,588              |
|                                                                  | PGIM Jennison International Opps R6                                | Mutual Fund             | **   | 137,530              |
|                                                                  | Putnam Emerging Markets Equity R6                                  | Mutual Fund             | **   | 148,889              |
|                                                                  | Columbia Small Cap Index Fund Institutional Class                  | Mutual Fund             | **   | 614,555              |
|                                                                  | Avantis U.S. Small Cap Value Institutional                         | Mutual Fund             | **   | 144,965              |
|                                                                  | Carillon ClariVest International Stock Fund                        | Mutual Fund             | **   | 278,031              |
|                                                                  | Carillon Reams Unconstrained Bond I                                | Mutual Fund             | **   | 32,741               |
|                                                                  | John Hancock Enterprise Fund                                       | Mutual Fund             | **   | 286,084              |
|                                                                  | MFS Value Fund Class R3                                            | Mutual Fund             | **   | 313,895              |
|                                                                  | Baron Small Cap Institutional                                      | Mutual Fund             | **   | 159,781              |
|                                                                  | Baird Core Plus Bond                                               | Mutual Fund             | **   | 866,990              |
|                                                                  | JP Morgan Large Cap Growth R6 Fund                                 | Mutual Fund             | **   | 1,006,238            |
| *                                                                | Fidelity Capital & Income Fund                                     | Mutual Fund             | **   | 445,368              |
| *                                                                | Fidelity 500 Index                                                 | Mutual Fund             | **   | 3,488,249            |
| *                                                                | Fidelity Emerging Markets Index Fund                               | Mutual Fund             | **   | 127,311              |
| *                                                                | Fidelity Mid Cap Index Fund                                        | Mutual Fund             | **   | 833,063              |
| *                                                                | Fidelity International Index Fund                                  | Mutual Fund             | **   | 302,455              |
| *                                                                | Fidelity Freedom 2010                                              | Mutual Fund             | **   | 38,621               |
| *                                                                | Fidelity Freedom 2015                                              | Mutual Fund             | **   | 267,515              |
| *                                                                | Fidelity Freedom 2020                                              | Mutual Fund             | **   | 365,119              |
| *                                                                | Fidelity Freedom 2025                                              | Mutual Fund             | **   | 2,921,075            |
| *                                                                | Fidelity Freedom 2030                                              | Mutual Fund             | **   | 4,466,357            |
| *                                                                | Fidelity Freedom 2035                                              | Mutual Fund             | **   | 2,805,276            |
| *                                                                | Fidelity Freedom 2040                                              | Mutual Fund             | **   | 2,549,864            |
| *                                                                | Fidelity Freedom 2045                                              | Mutual Fund             | **   | 2,924,623            |
| *                                                                | Fidelity Freedom 2050                                              | Mutual Fund             | **   | 1,548,461            |
| *                                                                | Fidelity Freedom 2055                                              | Mutual Fund             | **   | 972,004              |
| *                                                                | Fidelity Freedom 2060                                              | Mutual Fund             | **   | 696,355              |
| *                                                                | Fidelity Freedom Income                                            | Mutual Fund             | **   | 43,717               |
| *                                                                | Fidelity Freedom 2065                                              | Mutual Fund             | **   | 302,659              |
| *                                                                | Fidelity Freedom 2070                                              | Mutual Fund             | **   | 22,377               |
|                                                                  | <b>Total investments</b>                                           |                         |      | <b>29,763,468</b>    |
| *                                                                | Notes receivable and accrued interest receivable from participants | Loans (4.25% - 9.50%)   |      | 381,044              |
| <b>Total investments plus notes receivable from participants</b> |                                                                    |                         |      | <b>\$ 30,144,512</b> |

\* Indicates party-in-interest.

\*\* Cost information is not required for participant directed investments.

***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

***FINANCIAL REPORT***

***DECEMBER 31, 2025 AND 2024***

## **C O N T E N T S**

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator  
Nortech Systems 401(k) Profit Sharing Plan  
Maple Grove, Minnesota

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

We have performed audits of the accompanying financial statements of Nortech Systems 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management (the "Committee"), having determined it is permissible in the circumstances, has elected to have the audits of Nortech Systems 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements of information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

The Committee has obtained a certification from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that the Committee determined meets the requirements of ERISA Section 103(a)(3)(C).

### **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 Nortech Systems 401(k) 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 ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of the Committee for the Financial Statements**

The Committee 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. The Committee's election of the ERISA Section 103(a)(3)(C) audit does not affect the Committee's responsibility for the financial statements.

In preparing the financial statements, the Committee is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Nortech Systems 401(k) 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.

The Committee is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the Participants, to determine the benefits due or which may become due to such Participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nortech Systems 401(k) 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 the Committee, 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 Nortech Systems 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplemental Schedule Required by ERISA**

The supplemental schedule of Assets (held at end of year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Committee and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that the Committee determined meets the requirements of ERISA Section 103(a)(3)(C).

*Boyum & Barenscheer PLLP*

Boyum & Barenscheer, PLLP  
Minneapolis, Minnesota  
August 24, 2026

***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***  
***STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS***

| <b>DECEMBER 31,</b>                                                           | <b>2025</b>          | <b>2024</b>          |
|-------------------------------------------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                                                                 |                      |                      |
| <b>INVESTMENTS, AT FAIR VALUE</b>                                             | <b>\$ 29,763,468</b> | <b>\$ 27,559,473</b> |
| <b>NOTES RECEIVABLE AND ACCRUED<br/>INTEREST RECEIVABLE FROM PARTICIPANTS</b> | <b>381,044</b>       | <b>307,795</b>       |
| <b><i>Net assets available for benefits</i></b>                               | <b>\$ 30,144,512</b> | <b>\$ 27,867,268</b> |

The Notes to Financial Statements are an integral part of these statements.

**NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**

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

| <b>YEARS ENDED DECEMBER 31,</b>               | <b>2025</b>          | <b>2024</b>          |
|-----------------------------------------------|----------------------|----------------------|
| <b>ADDITIONS</b>                              |                      |                      |
| <b>INVESTMENT INCOME</b>                      |                      |                      |
| Net appreciation in fair value of investments | \$ 3,132,388         | \$ 2,273,293         |
| Dividends and interest income                 | 1,404,327            | 950,568              |
| <i><b>Total investment income</b></i>         | <b>4,536,715</b>     | <b>3,223,861</b>     |
| <b>INTEREST INCOME ON NOTES</b>               |                      |                      |
| <b>RECEIVABLE FROM PARTICIPANTS</b>           | <b>27,979</b>        | <b>23,117</b>        |
| <b>CONTRIBUTIONS</b>                          |                      |                      |
| Participant                                   | 2,176,609            | 2,482,537            |
| Employer - matching contributions             | 595,492              | 706,032              |
| Rollovers                                     | 61,018               | 88,074               |
| <i><b>Total contributions</b></i>             | <b>2,833,119</b>     | <b>3,276,643</b>     |
| <i><b>Total additions</b></i>                 | <b>7,397,813</b>     | <b>6,523,621</b>     |
| <b>DEDUCTIONS</b>                             |                      |                      |
| Benefit distributions to participants         | (5,015,812)          | (4,100,327)          |
| Administrative expenses                       | (104,757)            | (100,820)            |
| <i><b>Total deductions</b></i>                | <b>(5,120,569)</b>   | <b>(4,201,147)</b>   |
| <i><b>Net increase</b></i>                    | <b>2,277,244</b>     | <b>2,322,474</b>     |
| Net assets available for benefits:            |                      |                      |
| Beginning of year                             | 27,867,268           | 25,544,794           |
| <i><b>End of year</b></i>                     | <b>\$ 30,144,512</b> | <b>\$ 27,867,268</b> |

The Notes to Financial Statements are an integral part of these statements.

## ***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

### ***NOTES TO THE FINANCIAL STATEMENTS***

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#### **NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Nortech Systems 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### ***General:***

The Plan is a defined contribution plan. Nortech Systems, Incorporated (the “Company”) is the administrator and sponsor of the Plan. The Plan was established on January 1, 1991 and uses Fidelity Management Trust Company as the Plan trustee (the “Custodian”). The Plan was most recently restated on January 1, 2022. The Company has established a plan administrative committee (the “Committee”) to oversee the Plan's administration. The Committee is responsible for determining the investment options available to Participants, determining appropriate education for Participants and determining plan design changes. The Plan Participants are responsible for the direction of their account balances into specific investment options. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

##### ***Plan Amendments:***

Effective April 1, 2025, the Plan was amended to exclude interns employed by the Company from participating in the Plan. However, interns who attain age 21 and complete at least 1,000 hours of service during an eligibility computation period will become eligible to participate in the Plan.

##### ***Eligibility:***

Employees of the Company who are not covered by collective bargaining agreements under which they have specifically negotiated coverage by the Plan, who are not resident aliens, who have attained the age of eighteen years or older and have completed three months of service are eligible to participate for employee deferrals and employer match. Interns who attain age 21 and complete at least 1,000 hours of service are eligible for employee deferrals and employer match. For discretionary non-elective contributions, employees must complete 1,000 hours during the Plan year and be employed on the last day of that Plan year. Plan entry dates are the first day of month. Employees and interns who are eligible to participate in the Plan are referred to as “Participants” in these financial statements.

##### ***Contributions:***

Each year, Participants may contribute up to 60 percent of compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective for Plan years beginning on or after January 1, 2025, Participants who attain ages 60 through 63 before the end of the Plan year are eligible for an increased catch-up contribution limit, as permitted under applicable law. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled Participants have their deferral rate set at 4% of eligible compensation with an automatic annual increase of 1% up to a maximum of 12%. Contributions for automatically enrolled Participants are invested in a designated balanced fund unless changed by the Participant. The Company may make discretionary employer matching and non-elective contributions to Participants.

## ***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

### ***NOTES TO THE FINANCIAL STATEMENTS***

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#### **NOTE 1. (CONTINUED)**

##### ***Contributions (continued):***

For the years ended December 31, 2025 and 2024, the Company's discretionary employer matching contribution was 100% of employee deferrals for the first 2% and 25% for the next 4%, limited up to 3% of eligible compensation. Total employer matching contributions were \$595,492 and \$706,032 for the Plan years ending December 31, 2025 and 2024, respectively. No employer non-elective contributions were made for the years ended December 31, 2025 and 2024. Contributions are subject to certain IRS limitations.

##### ***Participant accounts:***

Each Participant's account is credited with Participant pre-tax deferrals, Participant post-tax Roth contributions, Company matching contributions, and any other discretionary contributions made by the Company and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations of employer discretionary contributions are based on Participant earnings, account balances, or specific Participant transactions, as defined. Participant accounts are valued at the end of each business day. The benefit the Participant is entitled to is the benefit that can be provided from the Participant's vested account.

##### ***Vesting:***

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service, as defined by the Plan. A Participant is fully vested after 5 years of service. Each Participant also becomes 100% vested upon normal retirement age as defined in the Plan, at the time of the Participant's death, if the Participant becomes totally or permanently disabled, or termination of the Plan.

##### ***Notes receivable from Participants:***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balances or \$50,000. The loans are secured by the balance in the Participant's account and bear fixed interest rates ranging from 4.25% to 9.50% which are commensurate with prevailing market rates at the time of loan approval. Loans must be repaid within five years, except a loan used to build, purchase, or substantially remodel a principal home may be repaid over a ten-year period. Principal and interest can be paid through bi-weekly payrolls or in alternative procedures provided by the Plan's administrator. All loans must at minimum be paid on at least a quarterly basis.

##### ***Payment of benefits:***

Distributions to terminated or retired Participants are made in a single lump-sum payment to the Participant (or in the case of death, the Participant's beneficiary) or periodic installments over a period specified by the Plan. If terminated/retired Participants do not voluntarily elect to move their funds out of the Plan, vested account balances between \$1,000 and \$7,000 are rolled into an Individual Retirement Account at the Custodian on the employee's behalf. If a Participant terminates employment and the Participant's account balance does not exceed \$1,000, the Plan administrator can authorize the benefit payment without the Participant's consent. Active (not terminated/retired) Participants experiencing financial hardship may withdraw a portion of their account balance as defined in the Plan and withdrawals are limited pursuant to the Plan's provisions.

## **NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS**

---

#### **NOTE 1. (CONTINUED)**

##### ***Forfeitures:***

As of December 31, 2025 and 2024, forfeited non-vested accounts totaled \$212 and \$61, respectively. Forfeited balances of terminated Participant's non-vested Company contributions are used first for Plan administrative expenses and second to reduce any Company contributions. During the years ended December 31, 2025 and 2024, \$15,118 and \$8,269 in forfeitures were used to pay Plan expenses, and \$43,281 and \$38,542 in forfeitures were used to reduce Company matching contributions.

#### **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### ***Basis of accounting:***

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

##### ***Use of estimates:***

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

##### ***Investment valuation and income recognition:***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market Participants at the measurement date. See Note 4 for the discussion of fair value measurements.

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

##### ***Notes receivable from Participants:***

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing Participants Plan accounts and are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a Participant ceases to make loan repayments and the Plan administrator deems the Participant loan to be in default, the Participant loan balance is reduced, and a benefit distribution is recorded based on the terms of the Plan document.

##### ***Payment of benefits:***

Benefits are recorded when paid.

## ***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

### ***NOTES TO THE FINANCIAL STATEMENTS***

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#### **NOTE 2. (CONTINUED)**

##### ***Administrative expenses:***

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to certain administrative activities are paid for by the Plan and are included in the administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

##### ***Subsequent events:***

In preparing the financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 24, 2026, the date the financial statements were available to be issued.

#### **NOTE 3. CERTIFICATION OF INVESTMENT INFORMATION**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The Custodian of the Plan has certified as to the completeness and accuracy of all investment and notes receivable information reflected in the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the supplemental schedule of assets (held at end of year) as of December 31, 2025.

#### **NOTE 4. FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to adjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobserved inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

**Level 1:** Inputs to the valuation methodology are adjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets and liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means;

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3:** Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**

**NOTES TO THE FINANCIAL STATEMENTS**

**NOTE 4. (CONTINUED)**

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Mutual funds: Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish daily net asset value ("NAV") and to transact at that price. The Mutual Funds held by the Plan are deemed to be actively traded.

Common collective trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Custodian, is a readily determinable fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's Committee believes its valuation methods are appropriate and consistent with other market Participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

**Assets at Fair Value as of December 31, 2025**

|                                         | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>         |
|-----------------------------------------|----------------------|-------------------|----------------|----------------------|
| Mutual funds                            | \$ 29,277,756        | \$ -              | \$ -           | \$ 29,277,756        |
| Common collective trust                 | -                    | 485,712           | -              | 485,712              |
| <b><i>Investments at fair value</i></b> | <b>\$ 29,277,756</b> | <b>\$ 485,712</b> | <b>\$ -</b>    | <b>\$ 29,763,468</b> |

**Assets at Fair Value as of December 31, 2024**

|                                         | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>         |
|-----------------------------------------|----------------------|-------------------|----------------|----------------------|
| Mutual funds                            | \$ 26,947,480        | \$ -              | \$ -           | \$ 26,947,480        |
| Common collective trust                 | -                    | 611,993           | -              | 611,993              |
| <b><i>Investments at fair value</i></b> | <b>\$ 26,947,480</b> | <b>\$ 611,993</b> | <b>\$ -</b>    | <b>\$ 27,559,473</b> |

## ***NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN***

### ***NOTES TO THE FINANCIAL STATEMENTS***

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#### **NOTE 5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the Plan's Custodian and recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

#### **NOTE 6. PLAN TERMINATION**

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

#### **NOTE 7. PLAN TAX STATUS**

The Plan is placing reliance on an opinion letter dated June 30, 2020, received from the Internal Revenue Service ("IRS") on the Prototype Non-standardized Profit Sharing Plan with CODA indicating that the Plan is qualified under Section 401 of the Internal Revenue Code ("IRC") and is therefore not subject to tax under the current income tax law. The prototype Plan has been amended since receiving the opinion letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America requires the Plan's Committee to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **NOTE 8. RISKS AND UNCERTAINTIES**

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

#### **NOTE 9. SECURE ACT 2.0**

In December 2022, Securing a Strong Retirement Act (SECURE 2.0) was passed into law. The effective date of the provisions of SECURE 2.0 vary from becoming effective immediately through 2028. Those provisions include both required and optional elements. Management has evaluated those provisions and administratively adopted an increase to catch-up contribution limits (see Note 1, Contributions subnote) and an increase to the force out limit for terminated Participants (see Note 1, Payment of benefits subnote). Plan management will determine other optional provisions to elect in the future.

**NORTECH SYSTEMS 401(K) PROFIT SHARING PLAN**  
**EIN #41-1681094 NO. 001**

**SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**

| <b>DECEMBER 31, 2025</b>                                         |                                                                    |                         |      |                      |
|------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|------|----------------------|
| (a)                                                              | (b)                                                                | (c)                     | (d)  | (e)                  |
| Party in                                                         | Identity of Issue, Borrower,                                       |                         | **   | Current              |
| interest                                                         | Lessor or Similar Party                                            | Description             | Cost | Value                |
|                                                                  | Reliance Trust New York Life Anchor Account                        | Common Collective Trust | **   | \$ 485,712           |
|                                                                  | Victory Sycamore Established Value Fund R                          | Mutual Fund             | **   | 167,588              |
|                                                                  | PGIM Jennison International Opps R6                                | Mutual Fund             | **   | 137,530              |
|                                                                  | Putnam Emerging Markets Equity R6                                  | Mutual Fund             | **   | 148,889              |
|                                                                  | Columbia Small Cap Index Fund Institutional Class                  | Mutual Fund             | **   | 614,555              |
|                                                                  | Avantis U.S. Small Cap Value Institutional                         | Mutual Fund             | **   | 144,965              |
|                                                                  | Carillon ClariVest International Stock Fund                        | Mutual Fund             | **   | 278,031              |
|                                                                  | Carillon Reams Unconstrained Bond I                                | Mutual Fund             | **   | 32,741               |
|                                                                  | John Hancock Enterprise Fund                                       | Mutual Fund             | **   | 286,084              |
|                                                                  | MFS Value Fund Class R3                                            | Mutual Fund             | **   | 313,895              |
|                                                                  | Baron Small Cap Institutional                                      | Mutual Fund             | **   | 159,781              |
|                                                                  | Baird Core Plus Bond                                               | Mutual Fund             | **   | 866,990              |
|                                                                  | JP Morgan Large Cap Growth R6 Fund                                 | Mutual Fund             | **   | 1,006,238            |
| *                                                                | Fidelity Capital & Income Fund                                     | Mutual Fund             | **   | 445,368              |
| *                                                                | Fidelity 500 Index                                                 | Mutual Fund             | **   | 3,488,249            |
| *                                                                | Fidelity Emerging Markets Index Fund                               | Mutual Fund             | **   | 127,311              |
| *                                                                | Fidelity Mid Cap Index Fund                                        | Mutual Fund             | **   | 833,063              |
| *                                                                | Fidelity International Index Fund                                  | Mutual Fund             | **   | 302,455              |
| *                                                                | Fidelity Freedom 2010                                              | Mutual Fund             | **   | 38,621               |
| *                                                                | Fidelity Freedom 2015                                              | Mutual Fund             | **   | 267,515              |
| *                                                                | Fidelity Freedom 2020                                              | Mutual Fund             | **   | 365,119              |
| *                                                                | Fidelity Freedom 2025                                              | Mutual Fund             | **   | 2,921,075            |
| *                                                                | Fidelity Freedom 2030                                              | Mutual Fund             | **   | 4,466,357            |
| *                                                                | Fidelity Freedom 2035                                              | Mutual Fund             | **   | 2,805,276            |
| *                                                                | Fidelity Freedom 2040                                              | Mutual Fund             | **   | 2,549,864            |
| *                                                                | Fidelity Freedom 2045                                              | Mutual Fund             | **   | 2,924,623            |
| *                                                                | Fidelity Freedom 2050                                              | Mutual Fund             | **   | 1,548,461            |
| *                                                                | Fidelity Freedom 2055                                              | Mutual Fund             | **   | 972,004              |
| *                                                                | Fidelity Freedom 2060                                              | Mutual Fund             | **   | 696,355              |
| *                                                                | Fidelity Freedom Income                                            | Mutual Fund             | **   | 43,717               |
| *                                                                | Fidelity Freedom 2065                                              | Mutual Fund             | **   | 302,659              |
| *                                                                | Fidelity Freedom 2070                                              | Mutual Fund             | **   | 22,377               |
|                                                                  | <b>Total investments</b>                                           |                         |      | <b>29,763,468</b>    |
| *                                                                | Notes receivable and accrued interest receivable from participants | Loans (4.25% - 9.50%)   |      | 381,044              |
| <b>Total investments plus notes receivable from participants</b> |                                                                    |                         |      | <b>\$ 30,144,512</b> |

\* Indicates party-in-interest.

\*\* Cost information is not required for participant directed investments.



**Mutual of Omaha**

3300 Mutual of Omaha Plaza | Omaha, NE 68175

February 11, 2026



NORTECH SYSTEMS INC  
7550 MERIDIAN CIR N STE 150  
MAPLE GROVE, MN 55369

000010344  
P202

Re: Certified Information for Department of Labor  
Form 5500, Schedule A – Group Number(s):

GLTD0BMCC

GLUG0BMCC

GUG 0BMCC

GUV00BMCC

GVTL0BMCC

Thank you for choosing Mutual of Omaha as your group insurance carrier. We appreciate the opportunity to service you and your employees. Attached, you'll find the Form 5500, Schedule A.

I certify that the attached information for the Form 5500, Schedule A, Part I and Part III, has been taken from our company records and is correct to the best of my knowledge. Mutual of Omaha is providing you with the attached information but makes no representation regarding reporting requirements. Please consult your attorney or other advisor as to your reporting obligations.

For questions, please contact your dedicated Customer Service team or call 1-800-655-5142.

Sincerely,

Nancy A. Sinnett  
Vice President  
Finance Operations



**SUPPORT FOR FORM 5500, SCHEDULE A, INSURANCE INFORMATION  
INFORMATION FOR COMPLETION OF PART I**

**NORTECH SYSTEMS INC  
MAPLE GROVE, MN**

**Name of Carrier:** United of Omaha Life Insurance Company - NAIC Code 69868  
**EIN Number:** 47-0322111  
**Group Identification Number:** G000BMCC **Data for Period:** 01-01-2025 to 01-01-2026  
**Legacy Group ID:** GLTD0BMCC  
**Type of Contract:** NON-RETENTION

| <b>Benefits Provided</b>     | <b>Persons Covered</b> |
|------------------------------|------------------------|
| Long Term Disability Insured | 297                    |

| <b>Name of Each Recipient</b>                                        | <b>Amount of<br/>Commission<br/>Paid</b> | <b>Amount of Service<br/>Fees Paid or Other<br/>Fees</b> | <b>Purpose for<br/>Which Paid</b> | <b>Organization<br/>Type</b> |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------|-----------------------------------|------------------------------|
| CORPORATE CONSULTING LLC<br>4805 FERNCREFT DR<br>SHOREWOOD, MN 55331 | 8,045                                    |                                                          | Agent or Broker of Record         | 3                            |

**INFORMATION FOR COMPLETION OF PART III**

**10. Non-experience Rated Contracts:**

Premiums ..... 53,635

Memo Items: Benefit Charges – Claims Paid ..... 0  
Administrative Service Fees ..... 0

Group Office: MINNEAPOLIS



SUPPORT FOR FORM 5500, SCHEDULE A, INSURANCE INFORMATION  
INFORMATION FOR COMPLETION OF PART I

NORTECH SYSTEMS INC  
MAPLE GROVE, MN

Name of Carrier: United of Omaha Life Insurance Company - NAIC Code 69868  
EIN Number: 47-0322111  
Group Identification Number: G000BMCC  
Legacy Group ID: GLUG0BMCC  
Type of Contract: NON-RETENTION

Data for Period: 01-01-2025 to 01-01-2026

| Benefits Provided | Persons Covered |
|-------------------|-----------------|
| Life & AD&D       | 298             |

| Name of Each Recipient                                                | Amount of Commission Paid | Amount of Service Fees Paid or Other Fees | Purpose for Which Paid    | Organization Type |
|-----------------------------------------------------------------------|---------------------------|-------------------------------------------|---------------------------|-------------------|
| CORPORATE CONSULTING LLC<br>4805 FERN CROFT DR<br>SHOREWOOD, MN 55331 | 5,614                     |                                           | Agent or Broker of Record | 3                 |

INFORMATION FOR COMPLETION OF PART III

10. Non-experience Rated Contracts:

Premiums ..... 37,429

Memo Items: Benefit Charges – Claims Paid ..... 0  
Administrative Service Fees ..... 0

Group Office: MINNEAPOLIS

**SUPPORT FOR FORM 5500, SCHEDULE A, INSURANCE INFORMATION  
INFORMATION FOR COMPLETION OF PART I**

**NORTECH SYSTEMS INC  
MAPLE GROVE, MN**

**Name of Carrier:** United of Omaha Life Insurance Company - NAIC Code 69868  
**EIN Number:** 47-0322111  
**Group Identification Number:** G000BMCC **Data for Period:** 01-01-2025 to 01-01-2026  
**Legacy Group ID:** GUG 0BMCC  
**Type of Contract:** NON-RETENTION

| <b>Benefits Provided</b>      | <b>Persons Covered</b> |
|-------------------------------|------------------------|
| Short Term Disability Insured | 305                    |

| <b>Name of Each Recipient</b>                                        | <b>Amount of Commission Paid</b> | <b>Amount of Service Fees Paid or Other Fees</b> | <b>Purpose for Which Paid</b> | <b>Organization Type</b> |
|----------------------------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------------------|--------------------------|
| CORPORATE CONSULTING LLC<br>4805 FERNCROFT DR<br>SHOREWOOD, MN 55331 | 19,678                           |                                                  | Agent or Broker of Record     | 3                        |

**INFORMATION FOR COMPLETION OF PART III**

**10. Non-experience Rated Contracts:**

Premiums ..... 131,187

Memo Items: Benefit Charges – Claims Paid ..... 0  
Administrative Service Fees ..... 0

Group Office: MINNEAPOLIS



SUPPORT FOR FORM 5500, SCHEDULE A, INSURANCE INFORMATION  
INFORMATION FOR COMPLETION OF PART I

NORTECH SYSTEMS INC  
MAPLE GROVE, MN

Name of Carrier: United of Omaha Life Insurance Company - NAIC Code 69868  
EIN Number: 47-0322111  
Group Identification Number: G000BMCC  
Legacy Group ID: GUVCOBMCC  
Type of Contract:

Data for Period: 01-01-2025 to 01-01-2026

| Benefits Provided | Persons Covered |
|-------------------|-----------------|
| Vision - Insured  | 217             |

| Name of Each Recipient                                               | Amount of Commission Paid | Amount of Service Fees Paid or Other Fees | Purpose for Which Paid    | Organization Type |
|----------------------------------------------------------------------|---------------------------|-------------------------------------------|---------------------------|-------------------|
| CORPORATE CONSULTING LLC<br>4805 FERNCROFT DR<br>SHOREWOOD, MN 55331 | 2,046                     |                                           | Agent or Broker of Record | 3                 |

INFORMATION FOR COMPLETION OF PART III

10. Non-experience Rated Contracts:

Premiums ..... 25,573

Memo Items: Benefit Charges – Claims Paid ..... 0  
Administrative Service Fees ..... 0

Group Office: MINNEAPOLIS

**SUPPORT FOR FORM 5500, SCHEDULE A, INSURANCE INFORMATION  
INFORMATION FOR COMPLETION OF PART I**

**NORTECH SYSTEMS INC  
MAPLE GROVE, MN**

**Name of Carrier:** United of Omaha Life Insurance Company - NAIC Code 69868  
**EIN Number:** 47-0322111  
**Group Identification Number:** G000BMCC **Data for Period:** 01-01-2025 to 01-01-2026  
**Legacy Group ID:** GVTLOBMCC  
**Type of Contract:** NON-RETENTION

| <b>Benefits Provided</b> | <b>Persons Covered</b> |
|--------------------------|------------------------|
| Life & AD&D Voluntary    | 69                     |

| <b>Name of Each Recipient</b>                                        | <b>Amount of<br/>Commission<br/>Paid</b> | <b>Amount of Service<br/>Fees Paid or Other<br/>Fees</b> | <b>Purpose for<br/>Which Paid</b> | <b>Organization<br/>Type</b> |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------|-----------------------------------|------------------------------|
| CORPORATE CONSULTING LLC<br>4805 FERNCROFT DR<br>SHOREWOOD, MN 55331 | 5,606                                    |                                                          | Agent or Broker of Record         | 3                            |

**INFORMATION FOR COMPLETION OF PART III**

**10. Non-experience Rated Contracts:**

Premiums ..... 37,375

Memo Items: Benefit Charges – Claims Paid ..... 0  
Administrative Service Fees ..... 0

Group Office: MINNEAPOLIS

