Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COREDUX, USA LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
COREDUX, USA LLC

6721 COBRA WAY
SAN DIEGO, CA 92121

2b Employer Identification Number (EIN)
33-0328174

2c Plan Sponsor's telephone number
085-864-2713

2d Business code (see instructions)
333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	GIJS GROENLAND
	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

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	154
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	118
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	103
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	145
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	145
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	123
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	120
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	11
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 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:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
COREDUX, USA LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COREDUX, USA LLC

D Employer Identification Number (EIN)
33-0328174

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
33-0328174	68322	370455-01	27	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1209	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MARK EALY, CFP, CPA
2035 CORTE DEL NOGAL STE 150
CARLSBAD, CA 92011

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1209			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	270285
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	127754
c	Additions: (1) Contributions deposited during the year	7c(1)	79903		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2954		
	(4) Transferred from separate account	7c(4)	98903		
	(5) Other (specify below)	7c(5)	5415		
	▶ LOAN REPAYMENT, FORFEITURES				
	(6)Total additions			7c(6)	187175
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	314929
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	28407		
	(2) Administration charge made by carrier	7e(2)	608		
	(3) Transferred to separate account	7e(3)	15629		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	44644
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	270285

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
COREDUX, USA LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COREDUX, USA LLC

D Employer Identification Number (EIN)
33-0328174

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	31674	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

INDEPENDENT FINANCIAL GRP LLC

12671 HIGH BLUFF DR. STE 200
SAN DIEGO, CA 92130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	27927	Yes [ ] No [X]

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

SAN DIEGO PENSION CONSULTANTS

9665 CHESAPEAKE DRIVE SUITE 201
SAN DIEGO, CA 92123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	1170	Yes [X] No [ ]	Yes [ ] No [X]	2819	Yes [ ] No [X]

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)

WEALTHPSIRE RETIREMENT

120 VANTIS STE 400
ALISO VIEJO, CA 92656

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	660	Yes [X] No [ ]	Yes [ ] No [X]	3047	Yes [ ] No [X]

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

EMPOWER ADVISORY GROUP LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2820	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
INDEPENDENT FINANCIAL GROUP	55	27926

(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.
GREAT-WEST LIFE AND ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 85011	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SAN DIEGO PENSION CONSULTANTS	13	2818

(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.
GREAT WEST LIFE AND ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 85011	TPA ALLOWANCE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WEALTHSPIRE RETIREMENT ADVISORY	13	3047

(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.
GREAT WEST LIFE & ANNUITY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 85011	TPA ALLOWANCE

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
COREDUX, USA LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COREDUX, USA LLC

D Employer Identification Number (EIN)
33-0328174

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	54
(2) Participant contributions	1b(2)	0	862
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5691	7576
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	415810	361206
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5389127	6232211
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	127755	270285
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	5938383	6872194
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	3910	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	3910	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5934473	6872194

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	96939	
(B) Participants	2a(1)(B)	470730	
(C) Others (including rollovers)	2a(1)(C)	177893	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		745562
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	32554	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32554
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	253164	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		253164
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		549504
c Other income	2c		409
d Total income. Add all **income** amounts in column (b) and enter total	2d		1581193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	594430	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		594430
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		13468
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	35574	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		35574
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		643472
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		937721
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MACIAS GINI & O'CONNELL LLP **(2)** EIN: 68-0300457

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		21212
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
COREDUX, USA LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COREDUX, USA LLC

D Employer Identification Number (EIN)
33-0328174

Part I Distributions

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

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

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

EIN(s): 04-3581074

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A .

COREDUX USA LLC. 401(K) PLAN

Financial Statements and Supplementary Information

As of December 31, 2025 and 2024
And for the Year Ended December 31, 2025

MGO | Certified Public Accountants

COREDUX USA LLC. 401(K) PLAN
As of December 31, 2025 and 2024
And for the Year Ended December 31, 2025

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MGO | Certified Public Accountants

Independent Auditor's Report

To the Plan Administrator
CoreDux USA LLC 401(k) Plan

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

We have performed audits of the financial statements of CoreDux USA LLC.401(k) Plan (the "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 statement of net assets available for benefit as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 ("DOL")'s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or 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").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, 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 ("U.S. GAAP").
- The information in the accompanying financial statements 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 management 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 ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 GAAS 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks.
- Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 U.S. GAAP. 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 U.S. GAAP.

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.

Other Matters - Supplemental Schedule Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Reportable Transactions, as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, 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 GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, 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 schedules 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 management determined meets the requirements of ERISA Section 103(a)(3)(C).

Macias Gini & O'Connell LLP

Irvine, California
October 6, 2026

COREDUX USA LLC. 401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

ASSETS	2025	2024
INVESTMENTS, AT FAIR VALUE		
Mutual funds	$ 6,239,787	$ 5,394,819
Fixed annuities	262,709	122,063
TOTAL INVESTMENTS	6,502,496	5,516,882
RECEIVABLES		
Participant notes receivable	361,206	415,810
Employer contributions receivable	54	-
Employee contributions receivable	862	-
TOTAL RECEIVABLES	362,122	415,810
CASH	7,576	5,691
TOTAL ASSETS	6,872,194	5,938,383
LIABILITIES		
Corrective Contributions Payable	-	3,910
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,872,194	$ 5,934,473

See accompanying Notes to the Financial Statements.

COREDUX USA LLC. 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

ADDITIONS		
INVESTMENT INCOME		
Dividends and interest	$	253,164
Net appreciation in fair value of investments		549,913
TOTAL INVESTMENT INCOME		803,077
INTEREST INCOME ON		
Notes receivable from participants		32,554
TOTAL INTEREST		32,554
CONTRIBUTIONS		
Participants		470,730
Rollovers		177,893
Employer		96,939
TOTAL CONTRIBUTIONS		745,562
TOTAL ADDITIONS		1,581,193
DEDUCTIONS		
Benefits paid to participants		594,429
Deemed distributions		13,469
Administrative expenses		35,574
TOTAL DEDUCTIONS		643,472
INCREASE IN NET ASSETS		937,721
NET ASSETS AVAILABLE FOR BENEFITS, January 1		5,934,473
NET ASSETS AVAILABLE FOR BENEFITS, December 31	$	6,872,194

See accompanying Notes to the Financial Statements.

COREDUX USA LLC. 401(K) PLAN
Notes to Financial Statements
As of December 31, 2025 and 2024

NOTE 1 - SUMMARY OF THE PLAN

Plan Description

The following description of the CoreDux USA LLC. 401(k) Plan (the "Plan") provides only general information about the Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was adopted on January 1, 1997 and qualifies as a defined contribution retirement plan covering substantially all eligible employees of CoreDux USA LLC (the "Company"). The Plan was established to provide retirement benefits to eligible employees in accordance with its terms and is intended to satisfy the provisions of Section 401(a) of the Internal Revenue Code of 1986, as amended, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). In June 2024, the Company approved an amendment, as evidenced by a Formal Record of Action dated June 21, 2024, to change the Plan's name from Pyramid Precision Machine, Inc. 401(k) Plan to CoreDux USA LLC. 401(k) Plan. The name change did not modify eligibility, contribution, vesting, or other substantive provisions of the Plan and had no effect on participants' account balances.

Plan Administration

CoreDux USA LLC. is the Plan's sponsor and serves as plan administrator. Empower Trust Company LLC is the asset custodian (the "Asset Custodian") of the Plan.

Participant Eligibility

Each of the Company's employees is eligible to participate in the Plan if they are at least 18 years of age and have completed three months of service. Once the eligibility requirements have been met, employees may enroll in the Plan on the first day of each plan year quarter coincident with or next following the day of the eligibility date. For the discretionary matching contribution, contributions are allocated on a per-pay-period basis and be employed on December 31st to be eligible.

Contributions

The Company's eligible employees may contribute up to the 402(g) limit and/or the Actual Deferral Percentage (ADP) test limit for highly compensated employees. The 402(g) limit for 2025 was $23,500. Participants may also rollover amounts representing distributions from other qualified plans. In addition, all eligible employees who have attained age 50 before the close of the Plan year shall be eligible to make catch-up contributions in accordance with, and subject to the limitations of, Code Section 414(v). For 2025, the maximum catch-up contribution limit was $7,500.

The Company may make a discretionary matching contribution. For the year ended December 31, 2025, the Company made matching contributions of 100% of the first 1% of employee elected deferrals to the Plan on behalf of all eligible employees totaling $64,728.

NOTE 1 - SUMMARY OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's allocation of (a) the participant's contribution, (b) rollover contribution from other qualified plans, (c) employer's matching contribution, and (d) Plan earnings. Contributions made on behalf of the participants are invested in various funds according to participant elections. Participants may change investment elections at any time via internet access with the Asset Custodian or submit election change forms to the Plan Administrator.

Investment Options

All accounts are invested in accordance with the terms of the Plan document and investment options elected by participants. Participants direct the investment of their contributions into various investments offered by the Plan.

Vesting

Participants are one hundred percent (100%) vested in their contributions plus actual earnings thereon. Participants become vested in their Company matching contributions account and any earnings as follows:

Employer Matching	
Years of Service	Vested Interest (%)
Less than one	0
1	25
2	50
3	75
4 or more	100

Company contributions and related earnings become fully vested if the participant becomes permanently disabled or dies.

Notes Receivable from Participants

A participant may borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of his or her vested account balance. The notes must be repaid within 5 years, unless for the purchase of a primary residence. The notes are secured by the balance of the participant's account. Principal and interest is paid ratably through payroll deductions. All notes must be adequately secured and accrue interest at the current prime rate as of the date of the loan.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative costs 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 payment is recorded. The current interest rates on existing loans are ranging from 4.25% to 9.5%.

NOTE 1 - SUMMARY OF THE PLAN (Continued)

SECURE Act 2.0 Provisions

In December 2022, the Securing a Strong Retirement Act of 2022 ("SECURE Act 2.0") was enacted, introducing a broad array of mandatory and optional plan provisions intended to enhance retirement savings opportunities, simplify plan administration, and improve participant outcomes. During 2025, the Plan implemented applicable provisions of SECURE 2.0, including certain provisions adopted by the Plan Sponsor, as required or elected by the Plan Sponsor. Participants are encouraged to review the updated Summary Plan Description and contact the Plan Administrator with any questions regarding how these changes may affect their benefits. Plan management continues to evaluate and implement applicable SECURE 2.0 provisions and related regulatory guidance.

The adoption and implementation of SECURE 2.0 provisions did not have a material impact on the Plan's net assets available for benefits or changes in net assets available for benefits as of and for the year ended December 31, 2025.

Forfeitures

Amounts forfeited from terminating participants' non-vested portion of their Company matching contribution account and earnings on Company contributions are used first to reduce administrative expenses, then to reduce matching contributions. The forfeitures account balance on December 31, 2025 and 2024 was $7,576 and $5,691, respectively. In 2025, no forfeiture amounts were utilized.

Payment of Benefits

In the event of retirement, hardship, death, disability or termination, the participants or beneficiary may elect to receive a lump-sum payment, make a partial withdrawal, or rollover the balance in their account to an eligible retirement plan as soon as administratively possible. If upon termination, the participant has not elected to receive or rollover their balance and, if the balance does not exceed $5,000, the trustee will follow the Plan's provisions for a mandatory distribution.

Any withdrawals made prior to the participant attaining age 59½ for any reason are subject to a 10% federal excise tax.

Hardship Distributions

A participant may elect a hardship distribution if it is deemed that the participant has an immediate and heavy financial need as described by the Plan. Any hardship withdrawals made prior to the participant attaining age 59½ will be subject to the applicable federal and states taxes and/or penalties.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP"). A summary of the significant accounting policies applied in the preparation of the accompanying financial statements follows.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounting Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of income and deductions during the reporting period. Actual results could differ from estimates.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

A portion of the Plan's administrative expenses are absorbed by the Company. The Plan incurred $35,574 of administrative expenses during the year ended December 31, 2025.

Excess Employer Matching Contributions

Employer matching contributions are determined in accordance with the Plan document, which provides for a discretionary matching contribution equal to 100% of the first 1% of employee elected deferrals.

Amounts remitted in excess of this formula do not represent amounts allocable to participants and are reallocated to the Plan's forfeiture account, with a corresponding reduction to employer matching contributions.

During the 2025 Plan Year, the Plan identified excess employer matching contributions of approximately $32,200, attributable to errors in the calculation of payroll-based matching rates. The excess amounts were removed from the affected participants' accounts and are reflected within employer contribution in the Plan's financial statements. Per Plan administration, these amounts will subsequently be transferred to the Plan's forfeiture account. In accordance with the terms of the Plan document, amounts held in the forfeiture account may be used to reduce future employer contributions or to pay eligible Plan administrative expenses.

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. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and trustee.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments, bought and sold as well as held during the year. The mutual funds are recorded at quoted market prices.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Boards ("FASB") Accounting Standards Codification ("ASC") 820 are described as follows:

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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid

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 or 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.

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 maximize the use of relevant 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 on December 31, 2025 and 2024.

Mutual Funds: Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at the price. The mutual funds held by the Plan are deemed to be actively traded and are classified as Level 1 investments.

Fixed Annuities: Fixed Annuities are valued as reported daily NAV based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider and are classified as Level 2 investments.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

Non-Discrimination for Employee and Employer Contributions

The Plan, as required by the IRC, performs annual tests between highly compensated participants versus non-highly compensated participants to ensure that highly compensated participants are not disproportionately favored under the Plan. If the Plan fails the tests, it must refund excess deferral contributions or make a Qualified Non-Elective Contribution ("QNEC") for the non-highly compensated employees. Excess contributions that are refunded within two and a half months of the Plan year end are accrued as a liability on the statement of net assets available for benefits. The Company made no QNEC for the year ended December 31, 2025.

NOTE 3 - FAIR VALUE MEASUREMENTS

The following table sets 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			
	Level 1	Level 2	Level 3	Total Fair Value
Investments:				
Mutual Funds	$ 6,239,787	$ -	$ -	$ 6,239,787
Fixed Annuities	-	262,709	-	262,709
Total investments	$ 6,239,787	$ 262,709	$ -	$ 6,502,496

	Assets at Fair Value As of December 31, 2024			
	Level 1	Level 2	Level 3	Total Fair Value
Investments:				
Mutual Funds	$ 5,394,819	$ -	$ -	$ 5,394,819
Fixed Annuities	-	122,063	-	122,063
Total investments	$ 5,394,819	$ 122,063	$ -	$ 5,516,882

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S ASSET CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. All of the information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, held at December 31, 2025, and 2024 and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Asset Custodian of the Plan.

NOTE 5 - 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 or amend the Plan subject to the provisions of ERISA. If the Plan is terminated, all participants will be 100% vested in their account balances.

NOTE 6 - TAX STATUS

The Internal Revenue Service made a favorable determination in a letter dated June 30, 2020 stating that the Prototype Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The asset custodian, Plan sponsor and Plan administrator are not aware of any course of action or series of events that have occurred that would adversely affect the qualified status of the Plan. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 - RISKS AND UNCERTAINTIES

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

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

The Plan has loans with its participants, which are considered parties-in-interest under ERISA. These transactions are considered exempt party-in-interest transactions under ERISA.

Certain Plan investments may be managed by Empower Retirement Company. Empower Retirement Company is the Asset Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions for which there is statutory exemption under ERISA.

NOTE 9 - PROHIBITED TRANSACTIONS

For the year ended December 31, 2025, the Company submitted late employee contributions and loan repayments totaling $21,212, to the Plan. These late remittances are considered prohibited transactions by the Internal Revenue Services ("IRS") and Department of Labor ("DOL") and may be subject to penalties and interest.

NOTE 10 - SUBSEQUENT EVENTS

The Plan has evaluated and determined that no other events have occurred subsequent to the date of the statement of net assets available for benefits through October 6, 2026 the date which the financial statements were available to be issued, which require recording or disclosure in these financial statements.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

CoreDux, USA LLC 401(k) Plan

01-JAN-25 to 31-DEC-25

12-JAN-26 18:02:21

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3KGPF	1,796.66	0.000000	9	0.00	0.000000	0	0.00	SERIES
1MX25A1	94,041.37	6,488.038817	503	(201,507.13)	(14,483.452225)	190	(204,796.12)	SERIES
1MX30A1	772.82	68.430683	70	(52.03)	(4.726494)	64	(48.45)	SERIES
1MX35A1	179,194.96	12,361.336642	1283	(27,073.15)	(1,861.336391)	263	(24,945.83)	SERIES
1MX40A1	33,850.16	2,907.855835	274	(9,688.63)	(854.293925)	94	(9,177.47)	SERIES
1MX45A1	243,540.81	16,893.368644	1684	(189,927.46)	(12,972.957471)	306	(171,987.68)	SERIES
1MX50A1	2,394.36	194.979928	122	(12.90)	(1.074856)	32	(13.43)	SERIES
1MX55A1	49,191.02	2,576.375367	616	(30,521.18)	(1,702.534641)	149	(29,299.78)	SERIES
1MX60A1	21,350.27	1,838.071130	249	(5,460.39)	(446.708457)	68	(5,084.82)	SERIES
1PBAXCP	24,166.22	3,078.847037	3225	(6,513.91)	(842.306132)	792	(6,456.63)	SERIES
1PBAXMP	79.29	12.012545	8	(5.49)	(0.849389)	8	(5.69)	SERIES
1PBAXAP	27,086.98	4,604.099947	2584	(92,398.21)	(15,444.845807)	677	(87,545.02)	SERIES
1GEGAX	31,081.93	1,977.738097	2810	(21,255.39)	(1,290.061534)	2712	(18,844.15)	SERIES
197AFCW	18,986.65	260.880546	2565	(7,688.79)	(112.449708)	1445	(7,461.98)	SERIES
1PGROX	14,960.07	221.653541	2178	(5,336.95)	(81.894493)	863	(5,667.18)	SERIES
1MXINX	42,703.56	2,811.726991	2164	(51,989.83)	(3,445.033219)	3862	(45,380.34)	SERIES
1MXIVX	25,588.84	1,671.505454	1833	(12,098.20)	(766.691838)	1449	(11,550.44)	SERIES
1OIGAX	27,971.08	934.765927	2220	(41,310.19)	(1,260.952375)	1515	(47,559.03)	SERIES
1SHSAX	0.00	0.000000	0	(27.31)	(0.448602)	8	(29.35)	SERIES
1MXREX	11,105.51	911.511981	3500	(6,712.31)	(543.107470)	1510	(6,554.87)	SERIES
1WSTYX	1,046.07	13.727561	16	(942.28)	(16.660391)	4	(968.82)	SERIES
1PCRAX1	31,975.94	2,396.387191	2683	(6,258.30)	(474.476087)	1425	(6,064.88)	SERIES
1PURAX	8,416.11	410.877361	2892	(6,445.60)	(322.509259)	1157	(6,301.87)	SERIES
1ALSRX	9,041.26	536.990619	2453	(5,681.49)	(354.726914)	1318	(5,749.67)	SERIES
1MXIN6	14,335.45	1,084.301412	2529	(14,947.36)	(1,139.841930)	2376	(14,790.53)	SERIES
1HRVIX	3,962.43	119.531080	1173	(2,501.32)	(71.841377)	480	(2,248.69)	SERIES
1MXMDX	30,722.64	1,463.091624	3299	(21,565.25)	(990.607080)	2151	(20,048.89)	SERIES
1MGRXTM	17,905.13	473.073063	3416	(8,370.46)	(219.672429)	1071	(8,212.61)	SERIES
1VETAX	9,595.09	211.221998	3157	(6,221.38)	(140.707314)	814	(6,441.70)	SERIES
1RFNCX	23,793.28	265.048661	2954	(10,338.39)	(121.699973)	1690	(10,096.54)	SERIES
1FGTAX	984.86	32.526096	22	(0.02)	(0.000810)	2	(0.02)	SERIES
1FKGRX	24,959.66	174.872590	2734	(13,018.12)	(97.461835)	1729	(12,874.09)	SERIES
194MX5	153,405.54	3,784.663319	3172	(80,689.42)	(1,911.415914)	3382	(66,246.58)	SERIES
1LCEAX	2,910.45	151.758979	1729	(1,134.16)	(59.794597)	301	(1,143.40)	SERIES
199AFBL	10,533.12	279.289394	1464	(3,052.01)	(83.695092)	189	(3,058.11)	SERIES
1ANAGX	665.65	96.598484	604	(7,636.93)	(1,107.331909)	706	(7,639.04)	SERIES
1AIAVX	7,045.04	666.111638	1677	(7,566.14)	(710.265854)	980	(7,614.43)	SERIES
1FHAIX	3,826.18	2,167.985622	740	(4,148.44)	(2,344.048798)	471	(4,124.92)	SERIES
1BIMXBI	20,999.01	1,601.756800	1701	(25,498.28)	(1,953.288667)	1909	(24,839.71)	SERIES
1BIMXUS	12,226.77	1,084.143907	2327	(5,152.77)	(460.877482)	713	(5,116.61)	SERIES
1NEFRX	20.15	1.779997	62	(223.09)	(19.900816)	45	(225.48)	SERIES
1PTTAX	0.16	0.018438	16	(0.83)	(0.093893)	3	(0.80)	SERIES
1KGPF	182,424.51	0.000000	2705	(44,644.82)	0.000000	724	(44,644.82)	SERIES

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

CoreDux, USA LLC 401(k) Plan

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

3KGPF	Key Guaranteed Portfolio Fund
1MX30A1	Empower Lifetime 2030 Fund Svc
1MX40A1	Empower Lifetime 2040 Fund Svc
1MX50A1	Empower Lifetime 2050 Fund Svc
1MX60A1	Empower Lifetime 2060 Fund Svc
1PBAXMP	Empower Moderate Profile Fund Inv
1GEGAX	abrdn Emerging Markets A
1PGROX	BNY Mellon Worldwide Growth A
1MXIVX	Empower International Value Inv
1SHSAX	BlackRock Health Sciences Opps Inv A
1WSTYX	Nomura Science And Technology Y
1PURAX	PGIM Global Real Estate A
1MXIN6	Empower S&P SmCap 600 Index Fund Inv
1MXMDX	Empower S&P MidCap 400 Index Fund Inv
1VETAX	Victory Sycamore Established Value A
1FGTAX	Fidelity Advisor Mega Cap Stock A
194MX5	Empower S&P 500 Index Fund Inv
199AFBL	American Funds American Balanced R3
1AIAVX	American Century Infl Adj Bond A
1BIMXBI	Empower Bond Index Fund Inv
1NEFRX	Loomis Sayles Core Plus Bond A
1KGPF	Key Guaranteed Portfolio Fund
1MX25A1	Empower Lifetime 2025 Fund Svc
1MX35A1	Empower Lifetime 2035 Fund Svc
1MX45A1	Empower Lifetime 2045 Fund Svc
1MX55A1	Empower Lifetime 2055 Fund Svc
1PBAXCP	Empower Conservative Profile Fund Inv
1PBAXAP	Empower Aggressive Profile Fund Inv
197AFCW	American Funds Capital World G/I R3
1MXINX	Empower International Index Fund Inv
1OIGAX	Invesco International Growth A
1MXREX	Empower Real Estate Index Fund Inv
1PCRAX1	PIMCO Commodity Real Ret Strat A
1ALSRX	Alger Small Cap Growth Institutional I
1HRVIX	Heartland Value Plus
1MGRXTM	Empower T Rowe Price MdCp Gr Fund Inv
1RFNCX	American Funds Fundamental Invs R3
1FKGRX	Franklin Growth A
1LCEAX	Invesco Diversified Dividend A
1ANAGX	AB Global Bond A
1FHAIX	Franklin High Income A
1BIMXUS	Empower US Govt Securities Fund Inv
1PTTAX	PIMCO Total Return A

COREDUX USA LLC. 401(K) PLAN

Schedule II

Schedule H, Line 4a - Reportable Transactions

Plan FEIN#: 33-0328174; Plan #001

For the Year Ended December 31, 2025

Plan Year	**Participant Contributions Transferred Late to Plan for Plan Year**	**Total that Constitute Nonexempt Prohibited Transactions**			
	Check here if late participant loan repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2025	$ 21,212	$ -	$ 21,212	$ -	$ 21,212

See accompanying Independent Auditors' Report.

COREDUX USA LLC. 401(K) PLAN

Schedule I

Schedule H, Line 4I - Schedule of Assets (Held at End of Year)

Plan EIN# 33-0328174; Plan #001

December 31, 2025

(a)	(b) Identity of Issuer	(c) Description of Investment			(d) Cost	(e) Value
	AB	AB GLOBAL BOND A	Mutual Funds	1	**	$ 5
	ABRDN	ABRDN EMERGING MARKETS A	Mutual Funds	1	**	35,498
	ALGER	ALGER SMALL CAP GROWTH INSTITUTIONAL I	Mutual Funds	1	**	7,218
	AMERICAN CENTURY	AMERICAN CENTURY INFL ADJ BOND A	Mutual Funds	1	**	6,394
	AMERICAN FUNDS	AMERICAN FUNDS AMERICAN BALANCED R3	Mutual Funds	1	**	8,127
	AMERICAN FUNDS	AMERICAN FUNDS CAPITAL WORLD G/I R3	Mutual Funds	1	**	17,881
	AMERICAN FUNDS	AMERICAN FUNDS FUNDAMENTAL INVS R3	Mutual Funds	1	**	77,105
	BNY MELLON	BNY MELLON WORLDWIDE GROWTH A	Mutual Funds	1	**	19,187
*	EMPOWER	EMPOWER AGGRESSIVE PROFILE FUND INV	Mutual Funds	1	**	50,645
*	EMPOWER	EMPOWER BOND INDEX FUND INV	Mutual Funds	1	**	24,664
*	EMPOWER	EMPOWER CONSERVATIVE PROFILE FUND INV	Mutual Funds	1	**	23,866
*	EMPOWER	EMPOWER INTERNATIONAL INDEX FUND INV	Mutual Funds	1	**	61,871
*	EMPOWER	EMPOWER INTERNATIONAL VALUE INV	Mutual Funds	1	**	57,152
*	EMPOWER	EMPOWER LIFETIME 2025 FUND SVC	Mutual Funds	1	**	1,306,172
*	EMPOWER	EMPOWER LIFETIME 2030 FUND SVC	Mutual Funds	1	**	6,918
*	EMPOWER	EMPOWER LIFETIME 2035 FUND SVC	Mutual Funds	1	**	1,310,664
*	EMPOWER	EMPOWER LIFETIME 2040 FUND SVC	Mutual Funds	1	**	381,729
*	EMPOWER	EMPOWER LIFETIME 2045 FUND SVC	Mutual Funds	1	**	1,462,591
*	EMPOWER	EMPOWER LIFETIME 2050 FUND SVC	Mutual Funds	1	**	3,822
*	EMPOWER	EMPOWER LIFETIME 2055 FUND SVC	Mutual Funds	1	**	322,528
*	EMPOWER	EMPOWER LIFETIME 2060 FUND SVC	Mutual Funds	1	**	60,612
*	EMPOWER	EMPOWER MODERATE PROFILE FUND INV	Mutual Funds	1	**	1,102
*	EMPOWER	EMPOWER REAL ESTATE INDEX FUND INV	Mutual Funds	1	**	24,245
*	EMPOWER	EMPOWER S&P 500 INDEX FUND INV	Mutual Funds	1	**	634,672
*	EMPOWER	EMPOWER S&P MIDCAP 400 INDEX FUND INV	Mutual Funds	1	**	28,500
*	EMPOWER	EMPOWER S&P SMCAP 600 INDEX FUND INV	Mutual Funds	1	**	18,907
*	EMPOWER	EMPOWER T ROWE PRICE MDCP GR FUND INV	Mutual Funds	1	**	65,867
*	EMPOWER	EMPOWER US GOVT SECURITIES FUND INV	Mutual Funds	1	**	14,571
	FIDELITY	FIDELITY ADVISOR MEGA CAP STOCK A	Mutual Funds	1	**	998
	FRANKLIN	FRANKLIN GROWTH A	Mutual Funds	1	**	73,702
	FRANKLIN	FRANKLIN HIGH INCOME A	Mutual Funds	1	**	808
	HEARTLAND	HEARTLAND VALUE PLUS	Mutual Funds	1	**	1,716
	INVESCO	INVESCO DIVERSIFIED DIVIDEND A	Mutual Funds	1	**	2,343
	INVESCO	INVESCO INTERNATIONAL GROWTH A	Mutual Funds	1	**	32,463
	LOOMIS SAYLES	LOOMIS SAYLES CORE PLUS BOND A	Mutual Funds	1	**	1
	NOMURA	NOMURA SCIENCE AND TECHNOLOGY Y	Mutual Funds	1	**	973
	PACE	PACE MORT-BACKED SECS FXD INC INVESTS P	Mutual Funds	1	**	1
	PGIM	PGIM GLOBAL REAL ESTATE A	Mutual Funds	1	**	7,120
	PIMCO	PIMCO COMMODITY REAL RET STRAT A	Mutual Funds	1	**	48,605
	PIMCO	PIMCO TOTAL RETURN A	Mutual Funds	1	**	2
	VICTORY	VICTORY SYCAMORE ESTABLISHED VALUE A	Mutual Funds	1	**	38,541
	KEY	KEY GUARANTEED PORTFOLIO FUND	Fixed Annuities	2	**	262,710
						$ 6,502,496
	Notes Receivable (Interest Rate ranging from 4.25% to 9.5%)					361,206
						$ 6,863,702

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

** Disclosure of this information is not required by the Department of Labor's Rules and regulations Regulations for Reporting and Disclosure under ERISA when the account is participant directed.

See accompanying Independent Auditors' Report.