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
ALTRONIX CORP. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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

140 58TH STREET, BLDG. A
BROOKLYN, NY 11220

2b Employer Identification Number (EIN)
11-2719171

2c Plan Sponsor's telephone number
718-567-8181

2d Business code (see instructions)
335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2026	JONATHAN SOHNIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2026	JONATHAN SOHNIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	225
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)**	180
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	174
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	212
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	213
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)**	213
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	213
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	4
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:

2A 2E 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 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
ALTRONIX CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRONIX CORP.

D Employer Identification Number (EIN)
11-2719171

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WELLS FARGO

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	33461	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

MERRILL LYNCH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	105077	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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
ALTRONIX CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRONIX CORP.

D Employer Identification Number (EIN)
11-2719171

Part I Asset and Liability Statement

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	9279	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	363029	372986
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10983	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	168412	142169
(2) U.S. Government securities	1c(2)	3691	2624
(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)	4822820	5403358
(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)	137762	162147
(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)	7867784	9257416
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	13383760	15340700
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13383760	15340700

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)	373016	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		373016
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6090	
(B) U.S. Government securities	2b(1)(B)	207	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7663	
(F) Other	2b(1)(F)	397	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14357
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	483328	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		483328
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2230958	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1822694	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		408264
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	931914	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		931914

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2210879
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	115401	
(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)		115401
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	138538	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		138538
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		253939
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1956940
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PKF O'CONNOR DAVIES, LLP **(2)** EIN: 27-1728945

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		9423
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**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
ALTRONIX CORP. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALTRONIX CORP.

D Employer Identification Number (EIN)
11-2719171

Part I Distributions

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

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

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

EIN(s): 11-3125785

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 Q703729A .

PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Independent Auditors' Report

To the Plan Administrator of Altronix Corp. Profit Sharing Plan

Opinion

We have audited the financial statements of Altronix Corp. Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Altronix Corp. Profit Sharing Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Altronix Corp. Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Altronix Corp. Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2025 and Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of 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 Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

Harrison, New York
October 10, 2026

Altronix Corp. Profit Sharing Plan

Statements of Net Assets Available for Benefits

As of December 31, 2025 and 2024

	2025	2024
Assets		
Non-interest bearing cash	$ 10,147	$ 9,279
Investments		
Investments at fair value		
Interest-bearing cash	132,022	-
Money market funds	-	168,412
Mutual funds	9,257,416	7,867,784
Common stocks	5,403,358	4,822,820
U.S. government securities	2,624	3,691
Total investments at fair value	14,795,420	12,862,707
Total investments	14,795,420	12,862,707
Receivables		
Employer contributions	372,986	363,029
Notes receivable from participants	162,147	137,762
Other receivables	-	10,983
Total receivables	535,133	511,774
Total assets	15,340,700	13,383,760
Net assets available for benefits	$ 15,340,700	$ 13,383,760

See accompanying notes to the financial statements.

Altronix Corp. Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2025

	2025
Additions	
Investment income	
Interest and dividends	$ 490,022
Net appreciation in fair value of investments	1,340,178
Total investment income	1,830,200
Interest income on notes receivable from participants	7,663
Contributions	
Employer contributions	373,016
Total additions	2,210,879
Deductions	
Benefits paid to participants	115,401
Administrative expenses	138,538
Total deductions	253,939
Net increase	1,956,940
Net assets available for benefits	
Beginning of year	13,383,760
End of year	$ 15,340,700

See accompanying notes to the financial statements.

Altronix Corp. Profit Sharing Plan

Notes to Financial Statements

December 31, 2025

1. Description of Plan

The following description of the Altronix Corp. 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 established effective January 1, 1991, as restated January 1, 2022. The Plan covers all employees, excluding union employees and non-resident aliens of Altronix Corp. (the Company or Employer) who have completed one year of service, have worked 1,000 or more hours during the Plan year and are age 21 or older. Participants may enter the Plan on January 1st or July 1st, coinciding with or following the date that the eligibility requirements are first met. The Plan has three eligible employee classifications, one for 10% owners (Class A), one for non-owners (Class B), and one for lineal descendants of 10% owners (Class C). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan's Board of Directors determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

The Plan does not permit employee elective deferrals. Eligible rollover contributions are permitted under the Plan. It is the intention of the Employer to make annual contributions to the Plan in an amount specified by the Employer. Such amounts are not limited to the profits of the Plan Sponsor. In 2025, Non-owners receive a contribution equal to 3% of compensation, 10% owners receive a contribution of 9% of maximum allowable compensation and lineal descendants of 10% owners receive a contribution of 2% of maximum allowable compensation.

Participant accounts

Participant accounts are employer directed. Each participant's account is credited with allocations of the Company's discretionary contributions and an allocation of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plan (continued)

Vesting

Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 20 percent vested after 2 years of credited service and continues to vest in increments of 20 percent until 100 percent vested after 6 years of credited service.

Notes receivable from participants

Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at a fixed 5.25% for the life of the loan. Principal and interest are paid ratably through payroll deductions. Terms range up to 5 years.

Payment of benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. If a terminated participant's vested balance is less than or equal to $1,000 the amount may be automatically distributed to the participant or their beneficiary. Amounts exceeding $1,000 but not exceeding $5,000, determined under the Plan's applicable rollover-balance provisions, are subject to automatic IRA rollover absent a participant election.

Forfeited accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $1,121 and $1,121, respectively. These accounts will be used to reduce future employer contributions or to pay plan administrative expenses. During 2025, employer contributions were reduced by $10,821, from forfeited nonvested accounts, in accordance with plan provisions.

2. Summary of Accounting Policies

Basis of Accounting

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

2. Summary of Accounting Policies (continued)

Use of Estimates

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

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 Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 3 for 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. 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 the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

2. Summary of Accounting Policies (continued)

Subsequent Events

Subsequent events were evaluated through October 10, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

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 FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation technique 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 technique 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 techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

Money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

3. Fair Value Measurements (continued)

Mutual funds: 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 U.S Securities and Exchange Commission. These funds are required to publish their 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 stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

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**
Interest-bearing cash	$ 132,022	$ -	$ -	$ 132,022
Mutual funds	9,257,416	-	-	9,257,416
Common stocks	5,403,358	-	-	5,403,358
U.S. government securities	-	2,624	-	2,624
Total investments at fair value	$ 14,792,796	$ 2,624	$ -	$ 14,795,420

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market funds	$ 168,412	$ -	$ -	$ 168,412
Mutual funds	7,867,784	-	-	7,867,784
Common stocks	4,822,820	-	-	4,822,820
U.S. government securities	-	3,691	-	3,691
Total investments at fair value	$ 12,859,016	$ 3,691	$ -	$ 12,862,707

4. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2025	December 31, 2024
Net assets:		
Mutual Funds	$ 9,257,416	$ 7,867,784
Corporate stocks	5,403,358	4,822,820
U.S. Government Bonds	2,624	3,691
Money Market Funds	-	168,412
Interest-bearing cash	132,022	-
Non-interest bearing cash	10,147	9,279
Total net assets	$ 14,805,567	$ 12,871,986

	Year Ended December 31, 2025
Change in net assets:	
Contributions	$ 372,156
Participant loan repayments	105,190
Net appreciation in investments	1,340,179
Interest and dividend income	490,022
Loan interest	7,663
Benefit payments	(115,401)
Participant loan withdrawal	(127,690)
Administrative expenses	(138,538)
Total	$ 1,933,581

5. Related-Party and Party In Interest Transactions

Certain Plan investments are managed by Wells Fargo and Merrill Lynch, the Plan's custodians, and therefore, these transactions qualify as party in interest transactions.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

5. Related-Party and Party In Interest Transactions (continued)

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

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 percent vested in their employer contributions.

7. Tax Status

The Plan adopted a pre-approved plan offered by Datair Employee Benefit Systems, Inc. The pre-approved plan received an IRS Opinion Letter dated June 30, 2020, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore believes that the Plan is qualified, and the related trust is tax exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 Statements of Net Assets Available for Benefits.

9. Delinquent Participant Contributions

For the year ended December 31, 2024, the Company did not remit certain participant loan payments to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances of $150,369 were identified on the Schedule of Delinquent Participant Contributions in a prior year and $9,423 were not corrected prior to January 1, 2025. The prior year untimely remittances were corrected outside of the Department of Labor Voluntary Fiduciary Correction Program in 2025. Additionally, the Company has compensated participants for lost earnings resulting from the delay in contributions.

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.)
☒ 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: ☒ 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
Altronix Corp. Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1991

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

Altronix Corp.

140 58th Street, Bldg. A

US Brooklyn NY 11220

2b Employer Identification Number (EIN)
11-2719171

2c Plan Sponsor's telephone number
(718) 567-8181

2d Business code (see instructions)
335900

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

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

SIGN HERE		9/29/26	Jonathan Sohnis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/29/26	Jonathan Sohnis
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 and the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan name	**4b** EIN **4d** PN

5	Total number of participants at the beginning of the plan year	**5**	225
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)**	180
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	174
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	212
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	213
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)**	213
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	213
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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:

2A 2E 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) [ ] 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) [ ] **A** (Insurance Information) - Number Attached ____
- (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 H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2025 and Ending 12/31/2025
Name of Plan: Altronix Corp. Profit Sharing Plan
Employer Identification Number: 11-2719171 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$9,423	$0	$9,423	$0	$0

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
COMMON STOCKS				
	MICROSOFT CORP	Common stock	$ 190,524	$ 436,225
	NVIDIA	Common stock	131,892	324,696
	AMAZON INC	Common stock	164,262	301,913
	ALPHABET INC	Class C common stock	65,623	262,023
	APPLE INC	Common stock	92,095	165,291
	BROADCOM INC	Common stock	61,818	129,095
	BERKSHIRE HATHAWAY INC	Class B common stock	28,562	87,964
	TAIWAN S MANUFCTRING	Common stock	48,222	81,139
	ELI LILLY & CO	Common stock	44,690	76,302
	ALPHABET INC	Class A common stock	27,726	69,486
	META PLATFORMS INC	Common stock	32,860	57,428
	JPMORGAN CHASE & CO	Common stock	19,318	56,066
	MASTERCARD INC	Common stock	31,274	51,950
	DANAHER CORP	Common stock	47,991	50,591
	EATON CORP PLC	Common stock	34,542	50,006
	WELLS FARGO & CO	Common stock	26,406	45,854
	SCHWAB CHARLES CORP NEW	Common stock	36,099	44,959
	WALMART INC	Common stock	17,127	44,341
	ABBVIE INC	Common stock	27,381	44,327
	NETFLIX INC	Common stock	35,920	41,723
	AMPHENOL CORP NEW	Common stock	17,515	41,353
	VISA INC SHRS	Common stock	28,146	40,682
	AMER EXPRESS COMPANY	Common stock	11,648	37,735
	TJX COS INC NEW	Common stock	17,514	37,174
	WisdomTree	Common stock	28,670	36,040
	ARES MANAGEMENT CORP - A	Common stock	32,534	32,326
	DATADOG INC	Common stock	31,781	32,230
	INTUIT INC	Common stock	29,274	31,796
	LOWE'S COMPANIES INC	Common stock	17,682	29,663
	PHILIP MORRIS INTL INC	Common stock	16,664	29,514
	CHEVRON CORP	Common stock	24,020	28,348
	MCDONALDS CORP	Common stock	20,353	27,201
	MONOLITHIC PWR SYSTEMS INC	Common stock	16,640	27,191
	EMCOR GROUP INC	Common stock	12,355	26,307
	NEXTERA ENERGY INC	Common stock	18,294	25,690
	MOTOROLA SOLUTIONS INC	Common stock	9,618	24,916
	ORACLE CORP $0.01	Common stock	17,427	24,754
	EXXON MOBIL CORP	Common stock	22,401	24,429
	BOEING COMPANY	Common stock	21,053	24,100
	CADENCE DESIGN SYS INC	Common stock	16,109	24,069
	DYNATRACE INC	Common stock	28,600	23,924
	INTERCONTINENTAL EXCHANGE INC	Common stock	22,839	23,808
	Carried Forward		1,625,469	3,074,629

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		1,625,469	3,074,629
	COMMON STOCKS (continued)			
	CARDINAL HEALTH INC OHIO	Common stock	13,104	23,632
	ECOLAB INC	Common stock	19,821	23,627
	ABBOTT LABS	Common stock	20,361	23,555
	OVINTIV INC	Common stock	27,629	23,514
	UNION PACIFIC CORP	Common stock	19,200	23,363
	CITIGROUP INC NEW	Common stock	14,315	23,338
	RTX CORP CORP	Common stock	11,564	22,925
	TAPESTRY INC	Common stock	17,686	22,488
	GALLAGHER ARTHUR J & CO	Common stock	20,804	22,256
	PROLOGIS INC	Common stock	19,068	22,085
	ELEVANCE HEALTH INC	Common stock	19,788	21,734
	1ST CTZNS BNCSHS INC A	Common stock	10,930	21,462
	BLACKSTONE INC	Common stock	18,360	21,425
	UBER TECHNOLOGIES INC	Common stock	18,256	21,408
	JOHNSON AND JOHNSON	Common stock	15,520	20,902
	HONEYWELL INTL INC	Common stock	19,799	20,875
	COMCAST CORP NEW	Common stock	28,529	20,684
	PROGRESSIVE CRP OHIO	Common stock	20,273	20,267
	MARSH & MCLENNAN COS INC	Common stock	10,239	19,480
	KKR & CO INC	Common stock	16,906	19,377
	SHOPIFY INC	Common stock	11,348	19,316
	LINDE PLC NEW	Common stock	13,336	19,188
	ACCENTURE PLC	Common stock	11,838	19,049
	HILTON WORLDWIDE HOLDINGS INC REG	Common stock	8,528	18,958
	HOWMET AEROSPACE INC ISSUED	Common stock	4,029	18,862
	UNITEDHEALTH GROUP INC	Common stock	25,832	18,816
	SPOTIFY TECH S.A.	Common stock	18,874	18,583
	AMERICAN TOWER REIT INC (HLDG CO)	Common stock	19,158	18,435
	DRAFTKINGS INC	Common stock	20,127	18,057
	CARRIER GLOBAL CORP	Common stock	21,460	17,649
	HOULIHAN LOKEY INC	Common stock	16,704	16,896
	SERVICENOW INC	Common stock	14,184	16,851
	APPLOVIN CORP	Common stock	7,854	16,845
	WEC ENERGY GROUP INC	Common stock	12,711	16,768
	HEWLETT PACKARD ENTERPRISE CO	Common stock	15,714	16,454
	INTUITIVE SURGICAL INC NEW	Common stock	14,068	16,424
	FIDELITY NATL INFO SVCS INC	Common stock	17,758	16,150
	CVS HEALTH CORP	Common stock	11,858	16,110
	PROCTER & GAMBLE CO	Common stock	14,485	16,051
	BECTON DICKINSON CO	Common stock	14,973	15,720
	Carried Forward		2,282,460	3,864,208

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		2,282,460	3,864,208
	COMMON STOCKS (continued)			
	MEDTRONIC PLC	Common stock	14,052	15,370
	ARISTA NETWORKS INC	Common stock	11,532	14,937
	CURTISS WRIGHT	Common stock	7,904	14,884
	DOLLAR GENERAL CORP	Common stock	10,879	14,870
	WEST PHARMACTL SVCS INC	Common stock	15,763	14,858
	TRANE TECHNOLOGIES PLC	Common stock	2,718	14,790
	S&P GLOBAL INC	Common stock	10,969	14,633
	PENUMBRA INC	Common stock	9,452	14,613
	SS AND C TECHNOLOGIES HOLDINGS INC	Common stock	12,879	14,337
	HALOZYME THERAPEUTICS INC	Common stock	13,072	14,268
	PEPSICO INC	Common stock	12,261	14,208
	NASDAQ OMX GRP INC	Common stock	13,891	13,987
	GE AEROSPACE	Common stock	7,902	13,553
	DOMINION ENERGY INC	Common stock	13,033	13,476
	BP PLC SPON	Common stock	11,661	13,371
	EQUIFAX INC	Common stock	14,846	13,236
	PINTEREST INC	Common stock	15,341	13,126
	NORTHROP GRUMMAN CORP	Common stock	11,919	13,115
	NVENT ELEC PLC	Common stock	7,276	13,052
	RAYMOND JAMES FINL INC	Common stock	6,413	13,008
	WSTN DIGITAL CORP	Common stock	2,320	12,920
	AIRBNB INC	Common stock	13,487	12,893
	LAM RESH CORP	Common stock	9,587	12,667
	AIR PRODUCTS&CHEM	Common stock	12,819	12,598
	CONOCOPHILLIPS	Common stock	7,758	12,450
	CRANE CO	Common stock	6,330	12,172
	VIKING HLDGS LTD	Common stock	9,664	11,925
	MARVELL TECH INC	Common stock	9,912	11,812
	MONDELEZ INTERNATIONAL INC	Common stock	12,422	11,789
	ARGENX SE	Common stock	5,555	11,773
	WESCO INTERNATIONAL INC	Common stock	10,121	11,743
	BOSTON SCIENTIFIC CORP	Common stock	11,419	11,442
	VERISK ANALYTICS INC	Common stock	12,821	11,408
	CAPITAL ONE FINL	Common stock	7,895	11,391
	AMGEN INC	Common stock	9,871	11,129
	SMURFIT WESTROCK LTD	Common stock	15,383	11,098
	CLOUDFLARE INC	Common stock	10,039	11,040
	TRAVELERS COS INC	Common stock	5,853	11,022
	OLLIES BARGAIN OUTLET HLDGS INC	Common stock	9,503	10,961
	KLA CORP	Common stock	3,466	10,936
	VERALTO CORP	Common stock	10,848	10,876
	Carried Forward		2,703,296	4,391,945

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		2,703,296	4,391,945
	COMMON STOCKS (continued)			
	L3HARRIS TECHNOLOGIES INC	Common stock	8,396	10,862
	JONES LANG LASALLE INC	Common stock	8,152	10,767
	SNOWFLAKE INC	Common stock	10,744	10,749
	APPLIED MATERIAL INC	Common stock	6,562	10,537
	API GROUP CORP	Common stock	9,732	10,521
	CASEYS GEN STORES INC	Common stock	6,409	10,501
	GENL DYNAMICS CORP	Common stock	6,845	10,436
	COCA COLA	Common stock	8,934	10,347
	ZOETIS INC	Common stock	14,994	10,317
	SAMSARA INC	Common stock	11,108	10,174
	QUANTA SERVICES INC	Common stock	9,669	10,129
	BRISTOL-MYERS SQUIBB CO	Common stock	9,791	10,087
	ADVANCED ENERGY INDS INC	Common stock	9,198	10,050
	HEICO CORP NEW	Common stock	9,404	10,031
	GUIDEWIRE SOFTWARE INC	Common stock	9,492	9,849
	BAXTER INTERNTL INC	Common stock	14,485	9,803
	ANALOG DEVICES INC	Common stock	5,003	9,763
	GARMIN LTD	Common stock	10,036	9,737
	MOODY'S CORP	Common stock	8,214	9,706
	PURE STORAGE INC	Common stock	7,281	9,448
	TESLA INC	Common stock	6,495	9,444
	FASTENAL COMPANY	Common stock	9,625	9,310
	HOME DEPOT INC	Common stock	5,824	9,291
	ENCOMPASS HEALTH CORP	Common stock	8,944	9,234
	MONGODB INC	Common stock	8,225	9,233
	ROSS STORES INC	Common stock	9,371	9,187
	MAXIMUS INC	Common stock	8,698	9,150
	ULTA BEAUTY INC	Common stock	7,708	9,075
	BERKSHIRE HATHAWAYINC NEW	Class B common stock	4,622	9,048
	STARBUCKS CORP	Common stock	10,155	9,010
	ELECTRONIC ARTS INC	Common stock	6,123	8,991
	ALNYLAM PHARMACEUTICALS INC	Common stock	10,144	8,748
	SALESFORCE INC	Common stock	7,384	8,742
	BANK NEW YORK MELLON CORP	Common stock	6,376	8,707
	THERMO FISHER SCIENTIFIC INC	Common stock	7,183	8,692
	ROCKWELL AUTOMATION INC	Common stock	7,720	8,560
	ASML HLDG NV	Common stock	5,469	8,559
	MORGAN STANLEY	Common stock	2,961	8,521
	SHELL PLC	Common stock	6,927	8,303
	PPG INDUSTRIES INC	Common stock	9,177	8,299
	MONSTER BEVERAGE	Common stock	5,246	8,280
	NEUROCRINE BIOSCNCE INC	Common stock	8,282	8,226
	Carried Forward		3,050,404	4,790,369

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		3,050,404	4,790,369
	COMMON STOCKS (continued)			
	MCKESSON CORPORATION	Common stock	4,633	8,203
	APTIV HOLDINGS LTD	Common stock	7,619	8,142
	TEXAS ROADHOUSE INC	Common stock	8,790	8,134
	CORNING INC	Common stock	3,724	8,056
	FORTUNE BRANDS INNOVATIONS INC	Common stock	8,983	8,053
	APOLLO GLOBAL MANAGEMENT INC	Common stock	8,803	7,962
	DEERE CO	Common stock	5,686	7,915
	REXFORD INDL RLTY INC	Common stock	7,546	7,899
	PEGASYSTEMS INC	Common stock	7,786	7,823
	MERCK AND CO INC	Common stock	7,765	7,789
	JABIL CIRCUIT INC	Common stock	4,229	7,753
	CISCO SYSTEMS INC	Common stock	6,826	7,549
	DISNEY (WALT) CO	Common stock	7,721	7,509
	BLACKROCK INC	Common stock	3,096	7,492
	PTC INC	Common stock	5,309	7,491
	DOORDASH INC	Common stock	4,036	7,474
	COMFORT SYSTEMS USA INC	Common stock	3,286	7,466
	CAVA GROUP INC	Common stock	9,606	7,395
	NRG ENERGY INC	Common stock	7,665	7,325
	AUTODESK INC PV$0.01	Common stock	7,823	7,104
	CME GROUP INC	Common stock	5,961	7,100
	W W GRAINGER INCORP	Common stock	3,288	7,063
	GOLDMAN SACHS GROUP INC	Common stock	4,870	7,032
	DOVER CORP	Common stock	3,636	7,029
	MADRIGAL PHARMACEUTICALS INC	Common stock	2,069	6,988
	BROWN & BROWN INC FLA	Common stock	6,876	6,934
	CREDO TECH GROUP HLDG LTD	Common stock	5,604	6,907
	EMERSON ELEC CO	Common stock	5,830	6,901
	KEURIG DR PEPPER INC	Common stock	7,946	6,806
	D R HORTON INC	Common stock	7,675	6,769
	STRYKER CORP	Common stock	5,392	6,678
	WORKDAY INC	Common stock	7,256	6,658
	TEXAS INSTRUMENTS	Common stock	7,075	6,593
	WASTE MANAGEMENT INC NEW	Common stock	6,232	6,591
	O'REILLY AUTOMOTIVE INC	Common stock	1,241	6,567
	TOAST INC	Common stock	7,436	6,498
	CATERPILLAR INC	Common stock	2,330	6,302
	ADOBE INC	Common stock	7,522	6,300
	VULCAN MATERIALS CO	Common stock	4,714	6,275
	3M COMPANY	Common stock	5,569	6,244
	FLAGSTAR BANK NATIONAL ASSOCIATION	Common stock	5,778	6,182
	Carried Forward		3,295,636	5,085,320

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		3,295,636	5,085,320
	COMMON STOCKS (continued)			
	COGNIZANT TECH SOLUTNS A	Common stock	4,414	6,059
	EOG RESOURCES INC	Common stock	6,017	5,986
	PAYPAL HOLDINGS INC	Common stock	7,838	5,896
	PALO ALTO NETWORKS INC	Common stock	4,843	5,894
	KRAFT (THE) HEINZ CO	Common stock	7,014	5,771
	T-MOBILE US INC	Common stock	4,345	5,685
	CARLYLE (THE) GROUP INC	Common stock	4,030	5,615
	FORTIVE CORP	Common stock	5,267	5,521
	COPART INC	Common stock	7,388	5,481
	SPROUTS FARMERS MARKETS INC	Common stock	10,456	5,418
	TRADEWEB MKTS INC	Common stock	5,816	5,377
	ENTERGY CORP NEW	Common stock	4,517	5,361
	AXALTA COATING SYSTEMS LTD	Common stock	4,840	5,267
	CHIPOTLE MEXICAN GRILL	Common stock	6,818	5,254
	CIGNA GROUP/THE	Common stock	5,320	5,229
	NUTANIX INC	Common stock	7,250	5,221
	NXP SEMICONDUCTORS N.V.	Common stock	4,590	4,992
	SEAGATE TECH HLDGS PUB LTD CO	Common stock	1,463	4,957
	XCEL ENERGY INC	Common stock	3,186	4,949
	EXELON CORPORATION	Common stock	4,518	4,926
	CSX CORP	Common stock	4,216	4,894
	HUBSPOT INC	Common stock	5,671	4,816
	FID NATIONAL FINL INC FNF GROU	Common stock	3,484	4,804
	IDEXX LAB INC $0.10	Common stock	5,137	4,736
	REPUBLIC SERVICES INC	Common stock	2,909	4,662
	MC CORMICK NON VTG	Common stock	5,400	4,631
	CDW CORP	Common stock	4,737	4,631
	BRITISH AMN TOBACO SPADR	Common stock	3,491	4,530
	INTL BUSINESS MACHINES CORP IBM	Common stock	2,475	4,443
	GARTNER INC	Common stock	6,339	4,289
	VENTAS INC REIT	Common stock	3,342	4,256
	SEALED AIR CORP (NEW)	Common stock	5,321	4,184
	HEALTHCARE TR OF AMER INC	Common stock	3,673	4,034
	WPP PLC	Common stock	8,134	3,908
	CENCORA INC	Common stock	1,238	3,715
	AUTOMATIC DATA PROC	Common stock	3,001	3,601
	LAMB WESTON HOLDINGS INC	Common stock	4,428	3,519
	KINDER MORGAN INC.	Common stock	2,244	3,464
	TOURMALINE OIL CORP	Common stock	3,496	3,414
	CMS ENERGY CORP	Common stock	1,817	3,217
	NIKE INC	Common stock	3,567	3,186
	NORFOLK SOUTHERN CORP	Common stock	2,502	3,176
	Carried Forward		3,492,188	5,284,289

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		3,492,188	5,284,289
	COMMON STOCKS (continued)			
	HARTFORD INSURANCE GROUP INC THE	Common stock	794	3,169
	EVERGY INC	Common stock	3,075	3,045
	PG&E CORP	Common stock	3,063	3,005
	ADVNCD MICRO D INC	Common stock	1,964	2,998
	AMN ELEC POWER CO	Common stock	2,251	2,998
	VERIZON COMMUNICATNS	Common stock	2,573	2,933
	SHERWIN WILLIAMS	Common stock	3,045	2,916
	YUM BRANDS INC	Common stock	2,546	2,874
	GENERAL MOTORS CO	Common stock	2,419	2,846
	CINTAS CORP OHIO	Common stock	890	2,821
	CHUBB LTD	Common stock	1,715	2,809
	BJS WHSL CLUB HLDGS INC	Common stock	2,770	2,791
	EDISON INTL CALIF	Common stock	2,422	2,761
	HASBRO INC	Common stock	2,412	2,624
	PACKAGING CORP AMERICA	Common stock	2,308	2,475
	AMERIPRISE FINL INC	Common stock	735	2,452
	SYSCO CORPORATION	Common stock	2,479	2,211
	MARRIOTT INTL INC NEW A	Common stock	1,222	2,172
	DIGITAL RLTY TR INC	Common stock	2,239	2,166
	TRUIST FINL CORP	Common stock	1,725	2,165
	GILEAD SCIENCES INC	Common stock	1,867	2,087
	QUEST DIAGNOSTICS INC	Common stock	1,928	2,082
	CNH INDUSTRIAL NV REG.	Common stock	2,498	2,075
	METLIFE INC	Common stock	1,207	2,052
	INTL PAPER CO	Common stock	2,621	2,048
	THE CAMPBELL'S COMPANY	Common stock	2,402	2,007
	FERGUSON ENTERPRISES INC	Common stock	2,103	2,004
	HERSHEY COMPANY	Common stock	2,180	2,002
	LYONDELLBASELL INDUSTRIE	Common stock	2,401	1,905
	PNC FINCL SERVICES GROUP	Common stock	1,251	1,879
	EQT CORP	Common stock	1,188	1,876
	FABRINET	Common stock	645	1,821
	VERTEX PHARMCTLS INC	Common stock	1,711	1,813
	ROBINHOOD MARKETS, INC -A	Common stock	780	1,810
	PULTE GROUP	Common stock	732	1,759
	RALLIANT CORP	Common stock	1,701	1,680
	ROYAL CARIBBEAN GROUP	Common stock	739	1,674
	AVALONBAY CMMUN INC REIT	Common stock	1,929	1,632
	W R BERKLEY CORP	Common stock	1,208	1,613
	SOUTHERN COMPANY	Common stock	1,079	1,570
	PUB SVC ENTERPRISE GRP	Common stock	1,156	1,526
	LABCORP HOLDINGS INC	Common stock	1,239	1,505
	Carried Forward		3,569,400	5,378,940

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		3,569,400	5,378,940
	COMMON STOCKS (continued)			
	VERTIV HLDG CO	Common stock	329	1,458
	ZSCALER INC	Common stock	1,155	1,350
	INTEL CORP	Common stock	1,408	1,328
	AMERICAN WTR WKS CO INC NEW	Common stock	1,411	1,305
	LEIDOS HOLDINGS INC	Common stock	1,156	1,263
	PALANTIR TECHNOLOGIES INC	Common stock	417	1,244
	TWILIO INC	Common stock	1,065	1,138
	WINTRUST FINL CP ILL	Common stock	604	1,119
	MID AMERICA APT CMNTYS REIT	Common stock	1,092	1,111
	ALCOA CORP REG	Common stock	884	1,063
	UIPATH INC	Common stock	842	1,049
	PFIZER INC	Common stock	1,023	971
	ASSURANT INC	Common stock	662	963
	OMNICOM GROUP	Common stock	878	888
	ZOOM COMMUNICATIONS INC	Common stock	641	863
	LAUDER ESTEE COS INC A	Common stock	860	838
	NISOURCE INC	Common stock	815	835
	BXP INC REIT	Common stock	764	810
	COTERRA ENERGY INC	Common stock	809	763
	MIRION TECHNOLOGIES INC	Common stock	632	749
	MUELLER WTR PRODS INC CO SER A	Common stock	804	715
	UNITY SOFTWARE INC	Common stock	733	707
	AXCELIS TECHNOLOGIES INC	Common stock	741	643
	OKTA INC	Common stock	810	605
	SOLSTICE ADVANCED MATERIALS INC	Common stock	487	486
	F AND G ANNUITIES & LIFE INC	Common stock	154	154
	Total Common Stocks		3,590,576	5,403,358
	MUTUAL FUNDS			
	Calamos	Growth & Income Fund, Class I	399,885	484,897
	Hartford	Balanced Income Fund, Class I	445,315	466,622
	Putnam	Large Cap Value Fund, Class Y	349,022	430,136
	State Street	SPDR Portfolio S&P 500 Growth ETF	253,188	360,112
	Victory	Portfolios IV Pioneer Multi Asset Income Fund, Class Y	233,427	281,260
	PIMCO	Income Fund, Institutional Class	271,280	258,502
	Invesco	QQQ Trust, Series 1	49,852	245,110
	Thornburg	Investment Income Builder Fund, Class I	176,390	236,263
	American Funds	New Perspective Fund, Class F2	131,723	222,159
	Hartford Schroders	US Midcap Opportunities Fund, Class I	172,852	218,618
	BNY Mellon	Dynamic Value Fund, Class I	177,986	201,165
	Nomura	Floating Rate Fund, Institutional Class	195,150	197,687
	Vanguard	Growth ETF	89,803	196,608
	Carried Forward		2,945,873	3,799,139

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		2,945,873	3,799,139
	MUTUAL FUNDS (continued)			
	Invesco	S&P 500 Revenue ETF	128,945	187,666
	Baron	Partners Fund, Institutional Shares	72,484	187,386
	Vanguard	Small Cap ETF	141,811	184,176
	JPMorgan	Large Cap Value Fund, Class I	143,548	183,314
	PGIM	Ultra Short Bond ETF	176,468	176,888
	BNY Mellon	Natural Resources Fund, Class I	162,561	168,469
	Undiscovered Managers	Behavioral Value Fund, Class L	179,088	163,870
	Calvert	Equity Fund, Class I	138,358	150,288
	iShares	S&P 500 Growth ETF	104,099	149,145
	Lord Abbett	Income Fund, Class I	163,845	142,469
	FullerThaler	Behavioral Small Cap Equity Fund, Institutional Class	128,623	141,940
	Guggenheim	Total Return Bond Fund, Institutional Class	153,376	141,495
	Vanguard	FTSE All-World ex-US ETF	106,175	138,881
	Vanguard	Dividend Appreciation ETF	88,657	137,363
	Virtus Newfleet	Multi-Sector Intermediate Bond Fund, Class I	125,137	127,789
	First Trust	NASDAQ Cybersecurity ETF	58,002	125,895
	Abbey Capital	Multi Asset Fund, Class I	128,169	121,341
	American Beacon	AHL Managed Futures Strategy Fund, Class Y	131,713	119,046
	Lord Abbett	Short Duration Income Fund, Class I	116,892	118,449
	Credit Suisse	Floating Rate High Income Fund, Class I	121,931	117,014
	Catalyst	Millburn Hedge Strategy Fund, Class I	106,965	109,296
	American Funds	American Mutual Fund, Class F2	78,072	108,549
	Calamos	Market Neutral Income Fund, Class I	94,297	108,133
	First Trust	Rising Dividend Achievers ETF	63,007	106,289
	Vanguard	Value ETF	79,714	103,326
	Vanguard	Information Technology ETF	40,809	102,514
	Global X	Artificial Intelligence & Technology ETF	79,990	101,466
	Eaton Vance	Floating Rate Advantage Fund, Class I	102,310	95,760
	Vanguard	Large-Cap ETF	40,452	95,070
	Baron	Growth Fund, Institutional Shares, Class I	98,810	92,916
	Vanguard	High Dividend Yield ETF	54,076	91,709
	Vanguard	Industrials ETF	66,114	91,304
	Nomura	Healthcare Fund, Institutional Class	89,418	91,131
	State Street	SPDR EURO STOXX 50 ETF	78,133	89,695
	First Trust	Utilities AlphaDEX Fund	47,172	89,525
	State Street	SPDR Financial Select Sector ETF	80,643	88,892
	Vanguard	Mid-Cap ETF	55,025	88,807
	iShares	Currency Hedged MSCI Eurozone ETF	80,680	87,914
	WisdomTree	US MidCap Dividend Fund	51,692	86,533
	Guggenheim	Limited Duration Fund, Institutional Class	82,734	86,045
	First Trust	Water ETF	70,358	84,305
	Carried Forward		7,056,226	8,781,202

Altronix Corp. Profit Sharing Plan

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

EIN: 11-2719171 Plan Number: 001

As of December 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost basis	(e) Current value
	Brought Forward		7,056,226	8,781,202
	MUTUAL FUNDS (continued)			
	iShares	Floating Rate Bond ETF	83,627	83,258
	Global X	US Infrastructure Development ETF	58,791	83,011
	American Funds	New World Fund, Class F2	57,748	72,884
	Goldman Sachs	ActiveBeta US Large Cap Equity ETF	38,927	70,288
	Baron	Real Estate Fund, Institutional Shares	43,748	61,681
	Baron	Asset Fund, Institutional Shares	44,152	52,872
	Baron	Discovery Fund, Institutional Class	29,575	46,372
	State Street	SPDR Bloomberg 1-3 Month T-Bill ETF	5,853	5,848
	Total Mutual Funds		7,418,647	9,257,416
	US GOVERNMENT/MUNICIPAL BONDS			
	GNMA II Pass Thru Pool 3188	6.500%; due 01/20/2032; remaining par $513.49	1,992	533
	GNMA II Pass Thru Pool 3096	7.000%; due 06/20/2031; remaining par $371.37	3,197	384
	GNMA II Pass Thru Pool 2883	7.500%; due 02/20/2030; remaining par $329.99	4,250	341
	GNMA Pass Thru Pool 781319	7.000%; due 07/15/2031; remaining par $308.16	1,805	324
	GNMA II Pass Thru Pool 2754	6.500%; due 05/20/2029; remaining par $229.13	783	237
	GNMA II Pass Thru Pool 2896	7.500%; due 03/20/2030; remaining par $153.26	2,899	158
	GNMA Pass Thru Pool 551886	6.000%; due 11/15/2031; remaining par $156.01	1,639	158
	GNMA II Pass Thru Pool 2630	6.500%; due 08/20/2028; remaining par $118.51	573	123
	GNMA II Pass Thru Pool 3215	6.500%; due 03/20/2032; remaining par $83.88	1,020	87
	FNMA Pass Thru Pool 252284	6.500%; due 01/01/2029; remaining par $80.36	1,841	82
	GNMA Pass Thru Pool 781014	6.000%; due 04/15/2029; remaining par $71.11	953	73
	GNMA Pass Thru Pool 505581	6.250%; due 03/15/2029; remaining par $50.43	1,892	51
	GNMA Pass Thru Pool 486796	6.000%; due 12/15/2028; remaining par $32.78	2,722	33
	GNMA Pass Thru Pool 466051	6.500%; due 09/15/2028; remaining par $18.25	1,283	18
	FNMA Pass Thru Pool 580076	6.000%; due 09/01/2031; remaining par $12.50	536	13
	GNMA Pass Thru Pool 780518	7.000%; due 06/15/2026; remaining par $10.28	3,601	10
	Total US Government/Municipal Bonds		30,966	2,624
	INTEREST- BEARING CASH			
	Interest- bearing cash	Bank deposit program	132,022	132,022
	Total Investments			14,795,420
	NOTES RECEIVABLE FROM PARTICIPANTS			
*	Notes Receivable from Participants	The interest rate on these loans is 5.25% with maturities through 2030		162,147
		Total Assets (Held at End of Year)		14,957,567

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