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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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
BOWMAN PLATING COMPANY, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1996

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)
BOWMAN PLATING COMPANY, INC.

2631 126TH STREET
COMPTON, CA 90222

2b Employer Identification Number (EIN) 95-3504919

2c Plan Sponsor's telephone number 310-639-4343

2d Business code (see instructions) 332810

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2024	MAC ESFANDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	262
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)**	138
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	135
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	132
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	267
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	267
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)**	240
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)**	264
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 3D

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

9a Plan funding arrangement (check all that apply)

- **(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 0
- **(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
BOWMAN PLATING COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOWMAN PLATING COMPANY, INC.

D Employer Identification Number (EIN)
95-3504919

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)

NEWEDGE SECURITIES, INC.

1251 WATERFRONT PLACE
SUITE 510
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	36875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERRILL LYNCH

100 WILSHIRE BLVD., SUITE 300
SANTA MONICA, CA 90401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	5506	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
BOWMAN PLATING COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOWMAN PLATING COMPANY, INC.

D Employer Identification Number (EIN)
95-3504919

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	450000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	1341
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	525038	1390771
(2) U.S. Government securities	1c(2)	0	100495
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1224175	0
(B) All other	1c(3)(B)	0	1966849
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	299560	4498631
(5) Partnership/joint venture interests	1c(5)	0	651621
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	4924661	0
(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)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7423434	8609708
	Liabilities			
g	Benefit claims payable	1g	612657	4603
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	4233
k	Total liabilities (add all amounts in lines 1g through1j)	1k	612657	8836
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6810777	8600872

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	875000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		875000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	46720	
	(B) U.S. Government securities	2b(1)(B)	2920	
	(C) Corporate debt instruments	2b(1)(C)	71805	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		121445
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	25744	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	30365	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56109
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	22422	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		22422
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	499832	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		499832

		(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)		472515
c Other income	2c		5000
d Total income. Add all **income** amounts in column (b) and enter total	2d		2052323
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	219847	
(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)		219847
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)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	42381	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		42381
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		262228
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1790095
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GROBSTEIN TEEPLE LLP **(2)** EIN: 46-1955807

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	
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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
BOWMAN PLATING COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOWMAN PLATING COMPANY, INC.

D Employer Identification Number (EIN)
95-3504919

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): 95-7033663

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 Q702814A .

ANTHONY APODACA CPA
INTEGRITY SERVICE ACCOUNTABILITY

September 27, 2024

To the Administrative Committee
Bowman Plating Company Inc Profit Sharing

We have conducted an audit of the financial statements of Bowman Plating Company Inc Profit Sharing for the year ended December 31, 2023 and have issued our report thereon dated September 27, 2024. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 25, 2024. Professional standards also require that we communicate to you the following information related to our audit:

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Bowman Plating Company Inc Profit Sharing are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2023. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate(s) affecting the financial statements was:

> Management's estimate of the fair value measurement held by the plan is based on Merrill Lynch's and NewEdge's fair valuation from quoted market prices in active markets.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We did not encounter significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management is aware there are no material misstatements identified during the audit.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated September 27, 2024.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

During our inspection for Plan minutes, we noted that there are no specific Plan minutes. We recommend that you prepare and document Plan minutes.

During our test of Required Minimum Distributions, RMD, we noted that a RMD for Rashel Esfandi in the amount of $74,215 was not distributed. The effect to the Plan is the IRS could disqualify the Plan for failure to comply with IRS RMD requirements. We recommend that you discuss this matter as soon as possible with Future Plan and initiate IRS Correction Action Procedures, i.e. Simple Curative Method, or the Voluntary Compliance method. Please be aware that a participant who may have more than one qualified pension account must calculate and satisfy her RMDs separately for each qualified retirement account.

During our testing of participant distribution, we noted that Rene Hernandez, and William Garcia received early distribution and had withholding less than the mandatory 20%. We recommend that you update the withholding percentage to agree with IRS requirements when there is a distribution, and the participant is under 59 ½.

During our inspection of participant distribution, we noted that Masood Akhavi received an excess distribution of $1,341.

During our inspection of bond insurance, we noted that the Plan has inadequate liability coverage. ERISA requires coverage equal to 10% of invested assets at 1.1.2023. Invested assets at 1.1.2023 was $6,973,434. 10% coverage is $698,000 bond. We recommend that you implement internal procedures to ensure compliance with ERISA. Please discuss this matter with your pension consultant to resolve this matter.

During our inspection of investment assets transferred to NewEdge, We noted a shortage difference of $22,680 variance. We can share our audit workpaper with you. We recommend that you discuss this matter with your NewEdge representative.

Other Information in Documents Containing Audited Financial Statements

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the administrative committee and management of Bowman Plating Company Inc Profit Sharing and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,

Anthony Apodaca Accountancy Corporation

BOWMAN PLATING COMPANY INC.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENT SCHEDULES

December 31, 2023 and 2022

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Independent Auditor's Report

To the Administrative Committee of the
Bowman Plating Company Inc Profit Sharing Plan
Compton, California

Opinion on the 2023 Financial Statements

We have audited the financial statements of Bowman Plating Company, Inc. Profit Sharing Plan ("The Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, 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 Bowman Plating Company, Inc. Profit Sharing Plan as of December 31, 2023, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2023 Financial Statements section of our report. We are required to be independent of Bowman Plating Company, Inc. 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 2023 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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 Bowman Plating Company, Inc. Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the 2023 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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 Bowman Plating Company, Inc. 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 Bowman Plating Company, Inc. 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.

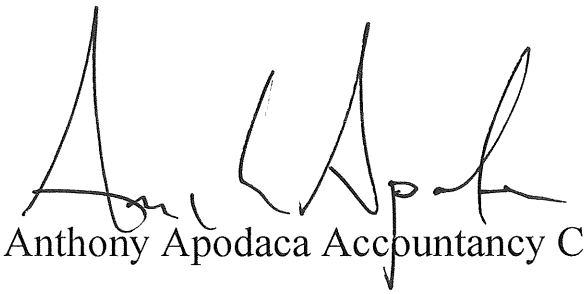
2023 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Year) as of December 31, 2023 and Schedule Of Reportable Transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



Anthony Apodaca Accountancy Corporation

Monrovia, California
September 27, 2024

BOWMAN PLATING COMPANY INC. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023 and 2022

ASSETS

	2023	2022
Investments	$ 7,192,096	$ 6,448,396
Cash – interest bearing	1,390,771	525,038
Other receivables	25,500	0
Contribution receivable	1,341	450,000
—	8,609,708	7,423,434

LIABILITIES

Other Payable	4,233	0
Net assets available for benefits	$8,605,475	$7,423,434

The accompanying notes are an integral part of these financial statements.

BOWMAN PLATING COMPANY INC. PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2023

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 994,769
Interest	121,445
Dividends	56,109
Other income	5,000
	1,177,323
Contributions:	
Employer's profit-sharing	875,000
Net increase	2,052,323
Deductions from net assets attributed to:	
Benefits paid to participants	827,901
Forfeitures	0
Administrative expenses	42,381
Net deductions	870,282
Net increase	1,182,041
Net assets available for benefits, beginning of year	7,423,434
Net assets available for benefits, end of year	$ 8,605,475

The accompanying notes are an integral part of these financial statements.

BOWMAN PLATING COMPANY INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2023 and 2022

1. Description of plan:

The following brief description of the Bowman Plating Company Inc. Profit Sharing Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General and eligibility:

The Plan is a defined-contribution plan covering all employees of Bowman Plating Company Inc. (the Company) who have completed one year of service and are at least 21 years of age. Employees may enter the Plan with respect to Profit Sharing Contributions on the first day of the Plan year coincident with or immediately preceding the date the employee attains age 21 and completes one (1) Year of Eligibility Service. The Plan was established on September 1, 1996, as amended June 27, 2017, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was adopted under the provisions of Section 401(a) of the Internal Revenue Code (the "Code") with a cash or deferred arrangement qualified under Section 401(k) of the Code. Pursuant to the requirement of Section 401(a) 27 of the Code, the Plan is also a profit-sharing plan.

Plan administration:

The Plan is sponsored and administered by Bowman Plating Company Inc. Profit Sharing Plan, and, as such, caries out the duties by ERISA. The Company has delegated certain responsibilities for the operation and administration of the Plan. NewEdge Wealth serves as the custodian for the Plan (the "Custodian") and FuturePlan provides third party administrative and recordkeeping services on behalf of the Plan. The Plan's assets are held by NewEdge Wealth (the Custodian). The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC).

Contributions:

Participants who satisfy eligibility receive an allocation of employer profit sharing contribution. Total participant share of profit sharing contributions are subject to annual limits established by the Internal Revenue Service (IRS). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The employer sponsor directs the investment into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees hired are automatically enrolled in the Plan.

1. Description of plan (continued):

Contributions (continued):

The Company may make annual discretionary profit-sharing contributions to the Plan for participants who are employed on the last day of the Plan year. The Company did make a profit-sharing contribution for the year ended December 31, 2023.

Participant accounts:

Each participant's account is credited or charged with an allocation of discretionary profit-sharing contributions, investment income (losses) and administrative expenses. 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.

Vesting:

Vesting in Company profit sharing contributions is based on years of continuous service. A participant is 20 percent vested after two years and continues to vest 20 percent per year thereafter. A participant becomes fully vested after six years of service.

Notwithstanding the above, if a participant (1) attains the age of 65, (2) dies or (3) terminates employment by reason of permanent disability, the Company's discretionary profit sharing contribution amounts become 100 percent vested without regard to years of service.

Investment options:

Investments are employer-directed in certificates of deposits, corporate bonds, corporate bonds-Trigger Performance, and mutual funds of NewEdge Wealth.

Payment of benefits:

Distributions of a participant's account are made upon termination of service, death, disability or retirement. Distributions are made in either a lump-sum payment or in annual installments at the election of a participant or beneficiary paid over a period not to exceed the participants' estimated life expectancy at the time of distribution. If the value of the vested portion is less than $1,000, the participant will automatically receive a lump-sum payment. An in-service distribution can also be made to participants who have attained the age of 59-1/2, upon disability or when experiencing financial hardship.

1. Description of plan (continued):

Plan termination:

Although it has not expressed any intent to do so, the Company has the right 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 will become 100 percent vested in their accounts.

Participant notes receivable:

Participant loans are not permitted.

Forfeited accounts:

As of December 31, 2023, forfeited nonvested accounts totaled $0. Forfeitures are allocated to the account of each eligible participant based upon a percentage of the participant's annual eligible compensation to total eligible compensation. Forfeitures are generally allocated to participants subsequent to year-end based upon compensation received in the same Plan Year in which the forfeiture occurred in accordance with the provisions of the Plan.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates:

The preparation of financial statements, in conformity with U.S. GAAP, requires management to make estimates and assumptions that affect amounts of assets, liabilities and changes therein, the fair value of investments, and disclosure of contingent assets and liabilities reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

The Plan's Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

Purchases and sales of securities are reflected on a trade date basis. The basis for all securities sold is determined by average cost. Interest income is recorded on the accrual basis. The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation in the fair value of its investments, which consists of the realized gains or losses on the sale of investments during the period and unrealized appreciation or depreciation of investments held at year-end.

Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Fair value measurements:

Financial Accounting Standards Board (FASB) accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Investment valuation and income recognition:

The Trust management determines valuation policies utilizing information provided by its investment advisors, fiduciaries, managers, and custodians. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

Investments are reported at fair value. Fair value is the price received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, fiduciaries, and custodians.

Corporate bonds are valued at fair value based on third-party pricing vendors using recent transactions or modeling using discounted cash flows or similar methods.

Mutual Funds' fair value is reported as the daily closing price as determined by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Trust are deemed to be actively traded.

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

Blackstone Private Credit Fund

Blackstone Private Credit Fund is a Delaware statutory trust formed on February 11, 2020, and structured as an externally managed, non-diversified, closed-end management investment company. The Company has elected to be regulated as a business development company ("BDC") under the Investment Company Act of 1940, as amended (together with the rules and regulations promulgated thereunder, the "1940 Act

The Company was formed to invest primarily in originated loans and other securities, including broadly syndicated loans, of U.S. private companies. The Company's investment objectives are to generate current income and, to a lesser extent, long-term capital appreciation.

HSBC USA Inc New SEC Index Lined SPX 26, and Morgan Stanley NT Index Linked SPX 26 Corporate Bonds – plan year 2023: Trigger Performance Securities:

The Plan invested in several Trigger Performance Securities. As more fully described in each issuer's registration statement, these Trigger Performance Securities (the "Securities") are unsecured debt securities issued by each issuer with returns linked to the performance of the S&P 500 Index (the "Index"). If the Index Return is greater than zero, each issuer will repay the Principal Amount at maturity plus a return equal to the product of (I) the Principal Amount multiplied by (ii) the Index Return multiplied by the Participation Rate. If the Index Return is less *than* or equal to zero, each issuer will either repay the full Principal Amount at maturity or, if the Final Level is less than the Trigger Level, each issuer will pay less than the full Principal Amount at maturity, if anything, resulting in a loss of principal that is proportionate to the negative Index Return.

CAZ Professional Sports Ownership Fund I

CAZ Professional Sports Ownership Fund I - TE, L.P. (the "Fund"), a Cayman Islands-exempt limited partnership, commenced operations on December 3, 2021. The Fund is registered under the Private Funds Act of the Cayman Islands. The Fund is managed by CAZ Investments LP (the "Investment Manager") and CAZ Investments Equity PSO LP (the "General Partner"), an affiliate of the Investment Manager, who serves as the General Partner. The Investment Manager is registered with the United States Securities and Exchange Commission as an investment advisor under the Investment Advisers Act of 1940.

The Fund invests substantially all of its assets through a "master-feeder" structure in CAZ Professional Sports Ownership Fund I, L.P. (the "Master Fund"). The Fund may also make temporary investments for cash management purposes which are typically done through an affiliated private investment company. The Fund has the same investment objectives as the Master Fund.

2. Summary of significant accounting policies (continued):

Investment valuation and income recognition:

CAZ GP Ownership Class D Fund

CAZ GP Ownership Class D Fund - TE, L.P. (the "Fund"), a Cayman Islands-exempt limited partnership, commenced operations on February 17, 2022. The Fund is registered under the Mutual Funds Act of the Cayman Islands. The Fund is managed by CAZ Investments LP (the "Investment Manager") and CAZ Investments Equity GPO LP (the "General Partner"), an affiliate of the Investment Manager, serves as the General Partner. The Investment Manager is registered with the United States Securities and Exchange Commission as an investment advisor under the Investment Advisers Act of 1940.

The Fund invests substantially all of its assets through a "master-feeder" structure in CAZ GP Ownership CD Aggregator, L.P. (the "Aggregator"). The Aggregator was formed to facilitate borrowing from Massachusetts Mutual Life Insurance Company to invest in CAZ GP Ownership Fund, L.P. (the "Master Fund"). The Fund has the same investment objectives as the Aggregator and the Master Fund.

Administrative 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. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits:

Benefits are recorded when paid.

3. Tax status:

The Plan has adopted a Volume Submitter Profit Sharing Plan. On June 30, 2020, the Internal Revenue Service ("IRS") stated in an advisory letter that the Volume Submitter adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. There, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the. Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in.

4. Related party transactions and party in interest transactions:

   Certain Plan investments are in shares of registered funds managed by NewEdge Wealth. Therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid to NewEdge Wealth by the Plan amounted to $42,381 for the year ended December 31, 2023.

5. Risks and uncertainties:

   The Custodian holds the Plan's investments and executes all investment transactions. The Plan allows for investment in money market, corporate bonds, and mutual funds among a broad spectrum of investment options. Available investment options may change at any time.

   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. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults, and credit rating downgrades.

6. Recently Adopted Accounting Pronouncements:

   In January 2016, the FASB issued ASU No. 2016-01, —*Financial Instruments – Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities.* ASU 2016-01 addresses certain aspects of recognition, measurement, presentation, and disclosure of financial instruments. ASU 2016-01 is effective for the Plan years beginning after December 15, 2018. The Plan adopted this standard as of January 1, 2019 and applied it retrospectively to all periods presented. It did not have a material impact on the Plan's financial statement disclosures.

8. Reconciliation of financial statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2023	2022
Net assets available for benefits, per the financial statements	$ 8,605,475	$ 7,423,434
Benefits payable	(4,603)	(612,657)
Net assets available for benefits for the Form 5500	$ 8,600,872	$ 6,810,777

The following is a reconciliation of changes in net assets available for benefits per the financial statement to the Form 5500 for the year ended December 31, 2023:

Per financial statements	$ 1,182,041
Benefits payable current year	(4,603)
Benefits payable reverse prior year	612,657
Per Form 5500	$1,790,095

The following is a reconciliation of employer contributions to the Form 5500 for the year ended December 31, 2023:

Per financial statements	$ 875,000
Changes	0
Per Form 5500	$ 875,000

9. Employer profit-sharing contribution:

The Company did make a profit-sharing contribution in the amount of $875,000 for the year ended December 31, 2023.

10. Fair Value Measurements:

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

Level 1	Inputs to the valuation methodology are 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 methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at the fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

10. Fair Value Measurements (continued):

Money Market Funds: State at their carrying value approximates fair value.

Investments in shares of registered investment companies - Mutual Funds: Valued using quoted market prices, which represent the net asset value (NAV) of shares held by the plan at year-end. The mutual funds held by the Trust are deemed to be actively traded.

Corporate bonds: are valued at fair value based on third-party pricing vendors using recent transactions (quoted market prices) or modeling using discounted cash flows or similar methods.

Blackstone Private Credit Fund: Valued using quoted market prices, which represent the net asset value (NAV) of shares held by the plan at year-end. The mutual funds held by the Trust are deemed to be actively traded.

HSBC USA Inc New SEC Index Lined SPX 26 and Morgan Stanley NT Index Linked SPX 26. Valued at quote market price.

CAZ Professional Sports Ownership Fund I is a limited partnership (LP). The investments are reported at fair value which is determined by management or at the net asset value as a practical expedient. The investments are generally valued based upon the most recent net asset value or capital account information available from the general partner.

CAZ GP Ownership Class D Fund – Vauled is a limited partnership (LP). The investments are reported at fair value which is determined by management or at the net asset value as a practical expedient. The investments are generally valued based upon the most recent net asset value or capital account information available from the general partner.

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

10. Fair Value Measurements (continued):

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2023 and 2022:

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and Money Market	$ 1,392,112	$ 0	$ 0	$ 1,392,112
Corporate Bonds	0	2,069,202	0	2,069,202
Common Stock	4,496,773	0	0	4,496,773
Total investments at fair value	$5,749,259	$1,224,175	$ 0	$7,958,093
Investments measured at net asset value *				651,621
Total				$8,609,708

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Money Market	$ 525,038	$ 0	$ 0	$ 525,038
2 Corporate Bonds	0	1,224,175	0	1,224,175
Common Stock	5,224,221	0	0	5,224,221
Total investments at fair value	$ 5,749,259	$1,224,175	$ 0	$6,973,434

(*) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the value hierarchy to the line items presented in the statement net assets available for benefits.

12. Rollovers Contributions:

The Plan may accept eligible amounts from other plans, subject to the conditions set forth in the plan adoption agreement. There were no rollovers rolled into the Plan during the year ended December 31, 2023.

13. Plan Termination:

Although it has not expressed any intent to do so, the Company has the right 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 will become 100 percent vested in their accounts.

14. Bond Insurance:

The Plan's bond insurance coverage is less than the prescribed limit imposed by the U.S. Secretary of Labor of 10% of the funds handled. Bond insurance coverage is $500,000.

15. Subsequent Events:

The Plan's management has evaluated subsequent events for recognition and disclosure through September 20, 2024, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

BOWMAN PLATING COMPANY INC
401(K) PROFIT SHARING PLAN
Schedule H, PART IV, Line 4i
Schedule of Assets (Held At End of Year)
EIN: 95-3504919 PLAN NUMBER: 001
AS OF DECMEBER 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	META PLATFORMS INC CLASS A COMMON STOCK	Common Stock	49,726	69,730
	MICROSOFT CORP	Common Stock	216,906	271,877
	OREILLY AUTOMOTIVE INC COM	Common Stock	39,476	43,704
	REGENERON PHARMACEUTICALS INC	Common Stock	32,084	36,010
	UNITEDHEALTH GROUP INC	Common Stock	16,290	18,426
	VERISIGN INC	Common Stock	21,793	21,832
	VERTEX PHARMACEUTICALS INC	Common Stock	13,283	16,682
	VISA INC	Common Stock	27,832	31,763
	ALLISON TRANSMISSION HOLDINGS INC	Common Stock	60,829	70,536
	AMGEN INC	Common Stock	30,815	37,731
	BRISTOL-MYERS SQUIBB CO COM	Common Stock	33,090	34,583
	BROADCOM INC COM	Common Stock	78,143	113,858
	CANADIAN NATURAL RESOURCES LTD ISIN	Common Stock	58,501	69,451
	COCA-COLA CO	Common Stock	27,149	26,342
	COMCAST CORP	Common Stock	25,396	25,214
	COMERICA INC	Common Stock	19,980	24,612
	CONOCOPHILLIPS COM	Common Stock	23,310	25,884
	EOG RESOURCES INC	Common Stock	29,359	31,205
	GILEAD SCIENCES INC COM USD0.001	Common Stock	59,853	61,730
	JEFFERIES FINL GROUP INC COM	Common Stock	28,874	37,985
	JOHNSON &JOHNSON COM	Common Stock	25,161	25,862
	JPMORGAN CHASE & CO	Common Stock	78,131	93,555
	LINDE PLC COM	Common Stock	28,463	32,446
	LOCKHEED MARTIN CORP COM	Common Stock	34,532	33,993
	MCDONALD S CORP	Common Stock	48,021	51,000
	MGIC INVESTMENT CORP	Common Stock	46,142	61,323
	NOVARTIS AG SPONSORED ADR	Common Stock	61,261	67,549
	RYDER SYSTEM INC	Common Stock	31,099	39,696
	SUNCOR ENERGY INC NEW COM ISIN	Common Stock	41,586	43,574
	UNION PAC CORP COM	Common Stock	30,006	36,352
	VISTRA CORP COM	Common Stock	25,456	29,660
	WELLS FARGO CO NEW COM	Common Stock	74,717	92,534
		TOTAL		8,582,888

BOWMAN PLATING COMPANY INC
401(K) PROFIT SHARING PLAN
Schedule H, PART IV, Line 4i
Schedule of Assets Acquired and Disposted of Within Year
EIN: 95-3504919 PLAN NUMBER: 001
AS OF DECMEBER 31, 2023

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including	(c) Costs of acquisition	(d) Proceeds of dispositions
ISHARES TR USD INV GRDE ETF	Exchange Traded Fund		466,961
ISHARES TR US TREAS BD ETF	Exchange Traded Fund		384,685
SELECT SECTOR SPDR TR ENERGY	Exchange Traded Fund		399,452
VANGUARD TAX-MANAGED INTL FD I	Exchange Traded Fund		506,990
ISHARES CORE S&P US VALUE ETF	Exchange Traded Fund		1,190,773
ISHARES CORE S&P US GROWTH ETF	Exchange Traded Fund		998,260
CAZ GP OWNERSHIP CLASS D	Limited Partnership	500,000	

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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
BOWMAN PLATING COMPANY, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1996

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)

BOWMAN PLATING COMPANY, INC.

2631 126TH STREET

COMPTON CA 90222

2b Employer Identification Number (EIN) 95-3504919

2c Plan Sponsor's telephone number 310-639-4343

2d Business code (see instructions) 332810

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	Signature of plan administrator	Date 10/8/24	Enter name of individual signing as plan administrator MAC ESFANDI
SIGN HERE	Signature of employer/plan sponsor	Date 10/8/24	Enter name of individual signing as employer or plan sponsor Mac Esfandi
SIGN HERE	Signature of DFE	Date 10/8/24	Enter name of individual signing as DFE Mac Esfandi

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**	262
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)**	138
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	135
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	132
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	267
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	267
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)**	240
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)**	264
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 4i
Schedule of Assets (Acquired and Disposed of Within Year)

Name of Plan:

►Bowman Plating Company, Inc. Profit Sharing Plan

Employer Identification No.: ► 95-3504919

Plan year (beginning/ending):► 01/01/2023-12/31/2023 Plan number:► 001

(a) Identity of issue, borrower, lessor, or similar party	**(b)** Description of investment including maturity date, rate of interest, collateral, par or maturity value	**(c) Costs of acquisition**	**(d) Proceeds of dispositions**
ISHARES TR USD INV GRDE ETF	Exchange Traded Fund		466,961
ISHARES TR US TREAS BD ETF	Exchange Traded Fund		384,685
SELECT SECTOR SPDR TR ENERGY	Exchange Traded Fund		399,452
VANGUARD TAX-MANAGED INTL FD F	Exchange Traded Fund		506,990
ISHARES CORE S&P US VALUE ETF	Exchange Traded Fund		1,190,773
ISHARES CORE S&P US GROWTH ETF	Exchange Traded Fund		998,260
CAZ GP OWNERSHIP CLASS D	Limited Partnership	500,000	

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

Name of Plan:

► ►Bowman Plating Company, Inc. Profit Sharing Plan

Emp Employer Identification No.: ► 95-3504919

Plan year (beginning/ending):► 01/01/2023-12/31/2023 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	FIDELITY GOVT MMKT CAPITAL RESERVES	Money Market	1,390,771	1,390,771
	BLACKSTONE PRIVATE CREDIT FUND SHS CL I	Managed Fund	263,251	266,986
	HSBC USA INC NEW SEC INDEX-LINKED SPX 26	Managed Fund	130,000	416,390
	MORGAN STANLEY NT INDEX-LINKED SPX 26	Managed Fund	33,000	1,243,275
	GENERAL MTRS FINL CO INC BOND 6.50%	Corp Bond	172,674	186,542
	LENNAR CORP SER D NOTE 5.25%	Corp Bond	48,542	48,207
	MORGAN STANLEY MTN CALL MAKE WHOLE	Corp Bond	50,311	49,500
	BOFA FIN LLC INDEX-LINKED SER A MTN ZERO	Corp Bond	50,000	49,745
	CITIGROUP GLOBAL INDEX-LINKED MKTS HLDGS	Corp Bond	100,000	99,590
	BANK AMERICA CORP NOTE CALL MAKE WHOLE	Corp Bond	49,846	49,673
	JPMORGAN CHASE FINL INDEX-LINKED CO LLC	Corp Bond	150,000	160,650
	BOFA FIN LLC INDEX-LINKED SER A MTN ZERO	Corp Bond	50,000	50,530
	BOFA FIN LLC INDEX-LINKED MTN 0.00000%	Corp Bond	100,000	99,440
	BNP PARIBAS INDEX-LINKED MTN ZERO CPN	Corp Bond	150,000	161,205
	TOYOTA MTR CR CORP SER B MTN 5.45000%	Corp Bond	50,315	49,707
	ALLY FINL INC NOTE CALL MAKE WHOLE	Corp Bond	49,527	49,889
	BOSTON PPTYS LTD PARTNERSHIP NOTE	Corp Bond	48,035	50,258
	SOUTHWEST GAS CORP NOTE CALL MAKE WHOLE	Corp Bond	50,032	49,367
	SUMITOMO MITSUI FIN GRP INC NOTE	Corp Bond	49,226	49,128
	AIR LEASE CORP SER A MTN 5.30000%	Corp Bond	47,762	48,528
	FORD MOTOR CREDIT COMPANY SER B MTN	Corp Bond	149,624	148,905
	EQT CORP NOTE CALL MAKE WHOLE 5.00000%	Corp Bond	46,250	47,550
	CELANESE US HLDGS LLC NOTE 6.33000%	Corp Bond	49,084	50,317
	ADVENTIST HEALTH SYS WEST SER 2022 BOND	Corp Bond	48,828	48,823
	HP INC NOTE CALL MAKE WHOLE 5.50000%	Corp Bond	48,093	49,260
	AMERICAN ELEC PWR CO INC SER Q NOTE	Corp Bond	50,414	50,006
	CONSTELLATION ENERGY GENERATI NOTE	Corp Bond	50,193	50,451
	WHIRLPOOL CORP NOTE CALL MAKE WHOLE	Corp Bond	48,924	48,867
	EXELON CORP NOTE CALL MAKE WHOLE	Corp Bond	49,566	48,986
	TRIMBLE INC NOTE CALL MAKE WHOLE	Corp Bond	49,131	51,370
	DUKE ENERGY OHIO INC BOND CALL MAKE	Corp Bond	50,147	49,450
	VIRGINIA ELEC &PWR CO SER A NOTE	Corp Bond	49,086	48,546
	FEDERAL FARM CR BKS BOND 5.84000%	US Gov't Bond	100,000	99,213
	CAZ GP OWNERSHIP CLASS D FUND - TE LP	Limited Partnership	500,000	500,684
	CAZ PROFESSIONAL SPORTS OWNERSHIP FUND I	Limited Partnership	150,000	150,937
	ADOBE INC COM	Common Stock	40,404	51,308
	ALPHABET INC CAP STK CL A	Common Stock	81,338	96,665
	APPLE INC	Common Stock	136,212	153,254

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	APPLIED MATERIALS INC COM USD0.01	Common Stock	23,046	27,714
	AUTOZONE INC COM USD0.01	Common Stock	59,718	64,640
	CADENCE DESIGN SYSTEMS INC COM USD0.01	Common Stock	25,165	31,595
	EAGLE MATLS INC COM	Common Stock	21,446	26,978
	ELI LILLY &CO COM	Common Stock	28,835	41,970
	EXELIXIS INC COM USD0.001	Common Stock	21,663	23,198
	FORTINET INC COM USD0.001	Common Stock	34,333	31,723
	H & R BLOCK INC	Common Stock	66,102	94,515
	HOME DEPOT INC	Common Stock	53,874	62,033
	HONEYWELL INTERNATIONAL INC COM USD1	Common Stock	18,454	20,342
	KLA CORP COM NEW	Common Stock	46,752	62,199
	LAM RESEARCH CORP COM USD0.001	Common Stock	24,538	32,114
	LOWES COMPANIES INC COM USD0.50	Common Stock	24,209	26,261
	MASTERCARD INCORPORATED CL A	Common Stock	40,827	46,916
	META PLATFORMS INC CLASS A COMMON STOCK	Common Stock	49,726	69,730
	MICROSOFT CORP	Common Stock	216,906	271,877
	OREILLY AUTOMOTIVE INC COM	Common Stock	39,476	43,704
	REGENERON PHARMACEUTICALS INC	Common Stock	32,084	36,010
	UNITEDHEALTH GROUP INC	Common Stock	16,290	18,426
	VERISIGN INC	Common Stock	21,793	21,832
	VERTEX PHARMACEUTICALS INC	Common Stock	13,283	16,682
	VISA INC	Common Stock	27,832	31,763
	ALLISON TRANSMISSION HOLDINGS INC	Common Stock	60,829	70,536
	AMGEN INC	Common Stock	30,815	37,731
	BRISTOL-MYERS SQUIBB CO COM	Common Stock	33,090	34,583
	BROADCOM INC COM	Common Stock	78,143	113,858
	CANADIAN NATURAL RESOURCES LTD ISIN	Common Stock	58,501	69,451
	COCA-COLA CO	Common Stock	27,149	26,342
	COMCAST CORP	Common Stock	25,396	25,214
	COMERICA INC	Common Stock	19,980	24,612
	CONOCOPHILLIPS COM	Common Stock	23,310	25,884
	EOG RESOURCES INC	Common Stock	29,359	31,205
	GILEAD SCIENCES INC COM USD0.001	Common Stock	59,853	61,730
	JEFFERIES FINL GROUP INC COM	Common Stock	28,874	37,985
	JOHNSON &JOHNSON COM	Common Stock	25,161	25,862
	JPMORGAN CHASE & CO	Common Stock	78,131	93,555
	LINDE PLC COM	Common Stock	28,463	32,446
	LOCKHEED MARTIN CORP COM	Common Stock	34,532	33,993
	MCDONALD S CORP	Common Stock	48,021	51,000
	MGIC INVESTMENT CORP	Common Stock	46,142	61,323
	NOVARTIS AG SPONSORED ADR	Common Stock	61,261	67,549
	RYDER SYSTEM INC	Common Stock	31,099	39,696
	SUNCOR ENERGY INC NEW COM ISIN	Common Stock	41,586	43,574
	UNION PAC CORP COM	Common Stock	30,006	36,352
	VISTRA CORP COM	Common Stock	25,456	29,660
	WELLS FARGO CO NEW COM	Common Stock	74,717	92,534

BOWMAN PLATING COMPANY INC
401(K) PROFIT SHARING PLAN
Schedule H, PART IV, Line 4i
Schedule of Assets (Held At End of Year)
EIN: 95-3504919 PLAN NUMBER: 001
AS OF DECMEBER 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	META PLATFORMS INC CLASS A COMMON STOCK	Common Stock	49,726	69,730
	MICROSOFT CORP	Common Stock	216,906	271,877
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	COMERICA INC	Common Stock	19,980	24,612
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	JPMORGAN CHASE & CO	Common Stock	78,131	93,555
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	RYDER SYSTEM INC	Common Stock	31,099	39,696
	SUNCOR ENERGY INC NEW COM ISIN	Common Stock	41,586	43,574
	UNION PAC CORP COM	Common Stock	30,006	36,352
	VISTRA CORP COM	Common Stock	25,456	29,660
	WELLS FARGO CO NEW COM	Common Stock	74,717	92,534
		TOTAL		8,582,888