

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): AMPAM PARKS MECHANICAL, INC.
2b Employer Identification Number (EIN): 74-2930667
2c Plan Sponsor's telephone number: 310-427-7027
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/15/2025, ERIK MILLER (plan administrator); 2. Filed with authorized/valid electronic signature, 10/15/2025, ERIK MILLER (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1132 |
| 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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 889 |
| | 6a(2) | 11 |
| | 6b | 1 |
| | 6c | 1102 |
| | 6d | 1114 |
| | 6e | 2 |
| | 6f | 1116 |
| | 6g(1) | 1113 |
| 6g(2) | 1113 | |
| 6h | 0 | |
| 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:
2I 2P 3I

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) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached 0
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|---|---|-----|
| A Name of plan AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 AMPAM PARKS MECHANICAL, INC. | D Employer Identification Number (EIN) 74-2930667 | |

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)

VENTURA

94-4589254

| (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? |
|------------------------|---|--|--|--|---|--|
| 24 65 | TRUSTEE | 40000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

| | |
|--------------------|---------------------|
| 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 AMPAM PARKS MECHANICAL, INC. | D Employer Identification Number (EIN) 74-2930667 |

| | |
|---------------|--------------------------------------|
| 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.

| | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 500175 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3068799 |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (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) | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (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 | 3020567 | 3068799 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 3020567 | 3068799 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (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) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 130120 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 130120 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | -9472 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 120648 |

Expenses

| | | | |
|--|---------------|-------|-------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 32416 | |
| (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) | | 32416 |
| 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) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 40000 | |
| (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) | | 40000 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 72416 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 48232 |
| 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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **WINDES, INC.**

(2) EIN: **95-3001179**

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.) | | 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.) | | 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.) | | 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.) | | X | |
| e Was this plan covered by a fidelity bond? | 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? | | 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? | | 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? | | 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.) | 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.) | | 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? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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. | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

| 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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 2024 This Form is Open to Public Inspection. |
|--|---|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMPAM PARKS MECHANICAL, INC.</u> | D Employer Identification Number (EIN) <u>74-2930667</u> | |

| | |
|---------------|----------------------|
| 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): 42-0127290

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2024

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INDEPENDENT AUDITORS' REPORT

To the Trustee and Administrative Committee of
Ampam Parks Mechanical, Inc. Profit Sharing Plan:

Opinion

We have audited the accompanying financial statements of Ampam Parks Mechanical, Inc. Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits in liquidation as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits in liquidation for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan in liquidation as of December 31, 2024 and 2023, and the changes in its net assets available for benefits in liquidation for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter – Basis of Accounting

As discussed further in Note 1 to the financial statements, the Board of Directors adopted a resolution to terminate the Plan effective August 6, 2023. As a result of the termination, it was determined that liquidation of the Plan was imminent, and the Plan adopted the liquidation basis of accounting in presenting the 2024 and 2023 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 supplementary information, we evaluated whether the supplementary information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in cursive script that reads "Windes, Inc.".

Long Beach, California
October 14, 2025

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
IN LIQUIDATION

| | December 31 | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| ASSETS | | |
| Interest bearing cash | \$ 3,068,799 | \$ 2,520,392 |
| Other receivable | - | 500,175 |
| Accrued interest income | 73,845 | 130,000 |
| Total Assets | <u>3,142,644</u> | <u>3,150,567</u> |
| LIABILITIES | | |
| Accrued liquidation costs | <u>157,966</u> | <u>112,000</u> |
| Total Liabilities | <u>157,966</u> | <u>112,000</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 2,984,678</u> | <u>\$ 3,038,567</u> |

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

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS:

| | |
|--------------------|-----------|
| Investment income: | |
| Interest income | \$ 64,493 |
| Total Additions | 64,493 |

DEDUCTIONS:

| | |
|-------------------------------|---------|
| Distributions to participants | 32,416 |
| Administrative expenses | 85,966 |
| Total Deductions | 118,382 |

| | |
|---------------------|-----------------|
| NET DECREASE | (53,889) |
|---------------------|-----------------|

NET ASSETS AVAILABLE FOR BENEFITS:

| | |
|--------------------------|---------------------|
| BEGINNING OF YEAR | 3,038,567 |
| END OF YEAR | \$ 2,984,678 |

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

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 1 – Plan Description and Basis of Presentation

The following description of AMPAM Parks Mechanical, Inc. Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for complete information.

AMPAM Parks Mechanical, Inc. (the Company) established the Plan effective January 1, 2019. The Plan was designed to operate as a leveraged employee stock ownership plan (ESOP), and to comply with the requirements of Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986 (IRC) and was subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Termination

On August 8, 2023, the Company's Board of Directors and the Plan's independent trustee (Trustee) approved a transaction in which the Plan sold the shares held by the Plan to an unrelated third party (herein, the transaction). Prior to the transaction's closing date, the ESOP was terminated effective August 6, 2023 (herein, the termination date or Plan termination), and the Plan's name was changed to the AMPAM Parks Mechanical, Inc. Profit Sharing Plan. On the termination date, all participants with an account balance remaining in the Plan became fully vested in their accounts, regardless of status or years of vested service. Participants became eligible for distributions of 90% of their account balances, payable as a lump sum or direct rollover in no more than two installments. In 2023, the Trustee processed and made the initial distributions to the Plan's participants. The remaining 10% of plan assets will be held until receipt of the determination letter from the Internal Revenue Service (IRS). (See Note 7). At December 31, 2023, the Plan recorded an other receivable of \$500,175 in the statements of net assets available for benefits. During the year ended December 31, 2024, the funds were returned to the Plan, pending further procedures to locate missing participants.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 1 – Plan Description and Basis of Presentation (Continued)

Eligibility

Employees of the Company entered the Plan on January 1st or July 1st in the plan year in which they attained the age of 21 and completed one year of service (12 months with at least 1,000 hours of service). Independent contractors, nonresident aliens without any U.S. source of income, employees of affiliated companies that have not adopted the Plan, employees covered under a collective bargaining agreement, and leased employees were not eligible to participate in the Plan. Participants that were not employed on the last day of the plan year were not eligible to receive an allocation of the Company's contributions for the plan year.

The Plan was amended effective January 1, 2023, to permit any eligible employee who was employed as of the transaction date of August 8, 2023, and who was not already a participant, to become a participant as of January 1, 2023 or at the employee's commencement date, if later.

Employer Contributions

In connection with the Plan termination, Plan eligibility was frozen, and contributions were discontinued, except as required by applicable law or at the request of the IRS.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 1 – Plan Description and Basis of Presentation (Continued)

Payment of Benefits

In connection with the Plan termination, the amount distributed to participants was based upon the account valuation date immediately preceding the distribution. The initial distribution of participants' account balances was first processed in 2023 in one lump sum for 90% of the participant's account value. The remaining 10% will be distributed in one lump sum upon receipt of the IRS determination letter and is scheduled to occur in 2025. (See Note 7).

Administrative Expenses

As provided in the plan agreement, administrative expenses were paid either by the Plan or by the Company.

Vesting

In connection with the Plan termination, all participants became 100% vested in account balances.

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). In connection with the Plan termination, the Plan financial statements have been prepared on the liquidation basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

(IN LIQUIDATION)

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Allocation of Plan Earnings

Plan earnings (losses) for the year are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance (reduced by any distribution from such account during the Plan year) to all participants' beginning of the year account balances (reduced by any distribution from such accounts during the Plan year).

Income Recognition

At December 31, 2024 and 2023, the Plan's assets were held in an interest-bearing IntraFi Cash Service account, which allocates funds across multiple FDIC-insured institutions. As of December 31, 2024 and 2023, in accordance with the liquidation basis of accounting, the Plan accrued interest income of approximately \$73,845 and \$130,000, respectively, through the anticipated date of liquidation.

Payment of Benefits

Benefits were recorded when paid.

Subsequent Events

The Company's management has evaluated subsequent events from December 31, 2024 through October 14, 2025, the date the financial statements were available to be issued. (See Note 7.)

NOTE 3 – Administration of Plan Assets

The Plan's assets, which consisted of interest-bearing cash as of December 31, 2024 and 2023, are held by the Trustee in a trust. The Trustee managed the Plan's assets and operations. Certain administrative functions were performed by officers or employees of the Company. No such officer or employee received compensation from the Plan for these functions.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)

NOTE 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under Topic 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 4 – Fair Value Measurements (Continued)

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Interest-bearing cash: Valued at cost plus accrued interest, which approximates fair value.

The following tables set forth by level within the fair value hierarchy, the Plan’s assets at fair value measurements as of December 31, 2024 and 2023:

| | Assets at Fair Value as of December 31, 2024 | | | |
|---------------------------|---|----------------|----------------|--------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | \$ 3,068,799 | \$ - | \$ - | \$ 3,068,799 |
| Investments at fair value | \$ 3,068,799 | \$ - | \$ - | \$ 3,068,799 |

| | Assets at Fair Value as of December 31, 2023 | | | |
|---------------------------|---|----------------|----------------|--------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | \$ 2,520,392 | \$ - | \$ - | \$ 2,520,392 |
| Investments at fair value | \$ 2,520,392 | \$ - | \$ - | \$ 2,520,392 |

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 5 – Related-Party and Party-in-Interest Transactions

The Plan has a number of service providers for administrative and fiduciary services. Such providers are parties-in-interest under ERISA. During the year ended December 31, 2024, the Plan accrued additional administrative and fiduciary costs to capture additional anticipated fees due to the extension of the final liquidation period to 2025. During the year ended December 31, 2024, the Plan paid \$40,000 to a service provider for trustee services and accrued an additional \$10,000 for anticipated 2025 fees. The Plan also accrued additional third-party administration fees totaling \$75,966 during the year ended December 31, 2024. At December 31, 2024 and 2023, accrued liquidation costs totaled \$157,966 and \$112,000.

NOTE 6 – Tax Status

The Plan has received a determination letter from the IRS dated April 28, 2020, stating that the Plan is qualified under the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

The Plan filed an application for determination of plan termination in November 2023 due to the decision to terminate the Plan as discussed in Note 1 of the financial statements. A final determination letter was received subsequent to December 31, 2024. (See Note 7.)

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

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

(IN LIQUIDATION)

NOTE 7 – Subsequent Event

The Plan obtained a favorable determination letter from the IRS dated May 5, 2025, indicating that the Plan’s termination does not adversely affect its qualification for federal tax purposes. As soon as administratively feasible, the remaining assets of the Plan will be distributed to participants.

NOTE 8 – Reconciliation of the Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to the Form 5500:

| | December 31, | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| Net assets available for benefits per the financial statements | \$ 2,984,678 | \$ 3,038,567 |
| Less accrued interest income | (73,845) | (130,000) |
| Add accrued liquidation costs | 157,966 | 112,000 |
| Net assets available for benefits per the Form 5500 | \$ 3,068,799 | \$ 3,020,567 |

The following is a reconciliation of net decrease in net assets per the financial statements to net income per the Form 5500 for the year ended December 31, 2024:

| | |
|---|------------------|
| Net decrease in net assets per the financial statements | \$ (53,889) |
| Add accrued interest income at December 31, 2023 | 130,000 |
| Less accrued interest income at December 31, 2024 | (73,845) |
| Less accrued liquidation costs at December 31, 2023 | (112,000) |
| Add accrued liquidation costs at December 31, 2024 | 157,966 |
| Net income per the Form 5500 | \$ 48,232 |

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2024
EMPLOYER I.D. 74-2930667
PLAN NUMBER 002**

| <u>Identity of Issuer</u> | <u>Description of Investment</u> | <u>Cost Basis Value</u> | <u>Current Value</u> |
|-------------------------------------|----------------------------------|-------------------------|----------------------|
| BOKF, National Association | Interest-bearing cash | \$ 247,880 | \$ 247,880 |
| Banc of California | Interest-bearing cash | 247,880 | 247,880 |
| Comerica Bank | Interest-bearing cash | 247,862 | 247,862 |
| East West Bank | Interest-bearing cash | 247,842 | 247,842 |
| First-Citizens Bank & Trust Company | Interest-bearing cash | 247,879 | 247,879 |
| FirstBank | Interest-bearing cash | 94,298 | 94,298 |
| KeyBank National Association | Interest-bearing cash | 247,879 | 247,879 |
| Pinnacle Bank | Interest-bearing cash | 247,879 | 247,879 |
| Raymond James Bank | Interest-bearing cash | 247,880 | 247,880 |
| Truist Bank | Interest-bearing cash | 247,880 | 247,880 |
| Umpqua Bank | Interest-bearing cash | 247,880 | 247,880 |
| Western Alliance Bank | Interest-bearing cash | 247,880 | 247,880 |
| Zions Bancorporation, N. A. | Interest-bearing cash | 247,880 | 247,880 |
| | | <u>\$ 3,068,799</u> | <u>\$ 3,068,799</u> |

See Independent Auditor's Report

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

FINANCIAL STATEMENTS

December 31, 2024

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INDEPENDENT AUDITORS' REPORT

To the Trustee and Administrative Committee of
Ampam Parks Mechanical, Inc. Profit Sharing Plan:

Opinion

We have audited the accompanying financial statements of Ampam Parks Mechanical, Inc. Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits in liquidation as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits in liquidation for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan in liquidation as of December 31, 2024 and 2023, and the changes in its net assets available for benefits in liquidation for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter – Basis of Accounting

As discussed further in Note 1 to the financial statements, the Board of Directors adopted a resolution to terminate the Plan effective August 6, 2023. As a result of the termination, it was determined that liquidation of the Plan was imminent, and the Plan adopted the liquidation basis of accounting in presenting the 2024 and 2023 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 supplementary information, we evaluated whether the supplementary information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in cursive script that reads "Windes, Inc.".

Long Beach, California
October 14, 2025

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
IN LIQUIDATION

| | December 31 | |
|--|---------------------|---------------------|
| | <u>2024</u> | <u>2023</u> |
| ASSETS | | |
| Interest bearing cash | \$ 3,068,799 | \$ 2,520,392 |
| Other receivable | - | 500,175 |
| Accrued interest income | <u>73,845</u> | <u>130,000</u> |
| Total Assets | <u>3,142,644</u> | <u>3,150,567</u> |
| LIABILITIES | | |
| Accrued liquidation costs | <u>157,966</u> | <u>112,000</u> |
| Total Liabilities | <u>157,966</u> | <u>112,000</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 2,984,678</u> | <u>\$ 3,038,567</u> |

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

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
IN LIQUIDATION
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS:

| | |
|--------------------|-----------|
| Investment income: | |
| Interest income | \$ 64,493 |
| Total Additions | 64,493 |

DEDUCTIONS:

| | |
|-------------------------------|---------|
| Distributions to participants | 32,416 |
| Administrative expenses | 85,966 |
| Total Deductions | 118,382 |

| | |
|---------------------|-----------------|
| NET DECREASE | (53,889) |
|---------------------|-----------------|

NET ASSETS AVAILABLE FOR BENEFITS:

| | |
|--------------------------|--------------|
| BEGINNING OF YEAR | 3,038,567 |
| END OF YEAR | \$ 2,984,678 |

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

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 1 – Plan Description and Basis of Presentation

The following description of AMPAM Parks Mechanical, Inc. Profit Sharing Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for complete information.

AMPAM Parks Mechanical, Inc. (the Company) established the Plan effective January 1, 2019. The Plan was designed to operate as a leveraged employee stock ownership plan (ESOP), and to comply with the requirements of Section 4975(e)(7) and the regulations thereunder of the Internal Revenue Code of 1986 (IRC) and was subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Termination

On August 8, 2023, the Company's Board of Directors and the Plan's independent trustee (Trustee) approved a transaction in which the Plan sold the shares held by the Plan to an unrelated third party (herein, the transaction). Prior to the transaction's closing date, the ESOP was terminated effective August 6, 2023 (herein, the termination date or Plan termination), and the Plan's name was changed to the AMPAM Parks Mechanical, Inc. Profit Sharing Plan. On the termination date, all participants with an account balance remaining in the Plan became fully vested in their accounts, regardless of status or years of vested service. Participants became eligible for distributions of 90% of their account balances, payable as a lump sum or direct rollover in no more than two installments. In 2023, the Trustee processed and made the initial distributions to the Plan's participants. The remaining 10% of plan assets will be held until receipt of the determination letter from the Internal Revenue Service (IRS). (See Note 7). At December 31, 2023, the Plan recorded an other receivable of \$500,175 in the statements of net assets available for benefits. During the year ended December 31, 2024, the funds were returned to the Plan, pending further procedures to locate missing participants.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 1 – Plan Description and Basis of Presentation (Continued)

Eligibility

Employees of the Company entered the Plan on January 1st or July 1st in the plan year in which they attained the age of 21 and completed one year of service (12 months with at least 1,000 hours of service). Independent contractors, nonresident aliens without any U.S. source of income, employees of affiliated companies that have not adopted the Plan, employees covered under a collective bargaining agreement, and leased employees were not eligible to participate in the Plan. Participants that were not employed on the last day of the plan year were not eligible to receive an allocation of the Company's contributions for the plan year.

The Plan was amended effective January 1, 2023, to permit any eligible employee who was employed as of the transaction date of August 8, 2023, and who was not already a participant, to become a participant as of January 1, 2023 or at the employee's commencement date, if later.

Employer Contributions

In connection with the Plan termination, Plan eligibility was frozen, and contributions were discontinued, except as required by applicable law or at the request of the IRS.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 1 – Plan Description and Basis of Presentation (Continued)

Payment of Benefits

In connection with the Plan termination, the amount distributed to participants was based upon the account valuation date immediately preceding the distribution. The initial distribution of participants' account balances was first processed in 2023 in one lump sum for 90% of the participant's account value. The remaining 10% will be distributed in one lump sum upon receipt of the IRS determination letter and is scheduled to occur in 2025. (See Note 7).

Administrative Expenses

As provided in the plan agreement, administrative expenses were paid either by the Plan or by the Company.

Vesting

In connection with the Plan termination, all participants became 100% vested in account balances.

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). In connection with the Plan termination, the Plan financial statements have been prepared on the liquidation basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

(IN LIQUIDATION)

NOTE 2 – Summary of Significant Accounting Policies (Continued)

Allocation of Plan Earnings

Plan earnings (losses) for the year are allocated to each participant's account based on the ratio of the participant's beginning of the year account balance (reduced by any distribution from such account during the Plan year) to all participants' beginning of the year account balances (reduced by any distribution from such accounts during the Plan year).

Income Recognition

At December 31, 2024 and 2023, the Plan's assets were held in an interest-bearing IntraFi Cash Service account, which allocates funds across multiple FDIC-insured institutions. As of December 31, 2024 and 2023, in accordance with the liquidation basis of accounting, the Plan accrued interest income of approximately \$73,845 and \$130,000, respectively, through the anticipated date of liquidation.

Payment of Benefits

Benefits were recorded when paid.

Subsequent Events

The Company's management has evaluated subsequent events from December 31, 2024 through October 14, 2025, the date the financial statements were available to be issued. (See Note 7.)

NOTE 3 – Administration of Plan Assets

The Plan's assets, which consisted of interest-bearing cash as of December 31, 2024 and 2023, are held by the Trustee in a trust. The Trustee managed the Plan's assets and operations. Certain administrative functions were performed by officers or employees of the Company. No such officer or employee received compensation from the Plan for these functions.

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)

NOTE 4 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under Topic 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 4 – Fair Value Measurements (Continued)

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Interest-bearing cash: Valued at cost plus accrued interest, which approximates fair value.

The following tables set forth by level within the fair value hierarchy, the Plan’s assets at fair value measurements as of December 31, 2024 and 2023:

| | Assets at Fair Value as of December 31, 2024 | | | |
|---------------------------|---|----------------|----------------|--------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | \$ 3,068,799 | \$ - | \$ - | \$ 3,068,799 |
| Investments at fair value | \$ 3,068,799 | \$ - | \$ - | \$ 3,068,799 |

| | Assets at Fair Value as of December 31, 2023 | | | |
|---------------------------|---|----------------|----------------|--------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | \$ 2,520,392 | \$ - | \$ - | \$ 2,520,392 |
| Investments at fair value | \$ 2,520,392 | \$ - | \$ - | \$ 2,520,392 |

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024
(IN LIQUIDATION)**

NOTE 5 – Related-Party and Party-in-Interest Transactions

The Plan has a number of service providers for administrative and fiduciary services. Such providers are parties-in-interest under ERISA. During the year ended December 31, 2024, the Plan accrued additional administrative and fiduciary costs to capture additional anticipated fees due to the extension of the final liquidation period to 2025. During the year ended December 31, 2024, the Plan paid \$40,000 to a service provider for trustee services and accrued an additional \$10,000 for anticipated 2025 fees. The Plan also accrued additional third-party administration fees totaling \$75,966 during the year ended December 31, 2024. At December 31, 2024 and 2023, accrued liquidation costs totaled \$157,966 and \$112,000.

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AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024

(IN LIQUIDATION)

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| Less accrued interest income | (73,845) | (130,000) |
| Add accrued liquidation costs | 157,966 | 112,000 |
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| | |
|---|------------------|
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| Less accrued interest income at December 31, 2024 | (73,845) |
| Less accrued liquidation costs at December 31, 2023 | (112,000) |
| Add accrued liquidation costs at December 31, 2024 | 157,966 |
| Net income per the Form 5500 | \$ 48,232 |

AMPAM PARKS MECHANICAL, INC. PROFIT SHARING PLAN

**SCHEDULE H, PART IV, ITEM 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
DECEMBER 31, 2024
EMPLOYER I.D. 74-2930667
PLAN NUMBER 002**

| <u>Identity of Issuer</u> | <u>Description of Investment</u> | <u>Cost Basis Value</u> | <u>Current Value</u> |
|-------------------------------------|----------------------------------|-------------------------|----------------------|
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| Banc of California | Interest-bearing cash | 247,880 | 247,880 |
| Comerica Bank | Interest-bearing cash | 247,862 | 247,862 |
| East West Bank | Interest-bearing cash | 247,842 | 247,842 |
| First-Citizens Bank & Trust Company | Interest-bearing cash | 247,879 | 247,879 |
| FirstBank | Interest-bearing cash | 94,298 | 94,298 |
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| Truist Bank | Interest-bearing cash | 247,880 | 247,880 |
| Umpqua Bank | Interest-bearing cash | 247,880 | 247,880 |
| Western Alliance Bank | Interest-bearing cash | 247,880 | 247,880 |
| Zions Bancorporation, N. A. | Interest-bearing cash | 247,880 | 247,880 |
| | | <u>\$ 3,068,799</u> | <u>\$ 3,068,799</u> |

See Independent Auditor's Report