

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)
D If the plan is a collectively-bargained plan, check here [ ]
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 PTM 401K PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/2022
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) PRECISION TRUSS & METALS SALES, LLC
230 WHEELER RD CLARKSON, KY 42726 2b Employer Identification Number (EIN) 46-3363103 2c Sponsor's telephone number 270-242-9170 2d Business code (see instructions) 332300
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 4d PN
5a Total number of participants at the beginning of the plan year 31
b Total number of participants at the end of the plan year 34
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 13
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 13
d(1) Total number of active participants at the beginning of the plan year 31
d(2) Total number of active participants at the end of the plan year 34
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 07/10/2025, PAUL WENGERD. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_ (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	109458	173199
<b>b</b> Total plan liabilities .....	<b>7b</b>		
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	109458	173199
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	30938	
<b>(2)</b> Participants .....	<b>8a(2)</b>	36055	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>		
<b>b</b> Other income (loss) .....	<b>8b</b>	28	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		67021
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	3280	
<b>g</b> Other expenses .....	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		3280
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		63741
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>		

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b> During the plan year:		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>		X	
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>	X		
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....	<b>10i</b>	X		

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 Q702483A.

<b>Form 5500-SF</b> <small>Department of the Treasury                  Internal Revenue Service</small> Department of Labor Employee Benefits Administration Pension Benefits Bureau	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b> This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6068(e) of the Internal Revenue Code (the Code). * Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB No. 1545-0047 1218-0189 <b>2024</b> This Form is Open to Public Inspection
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<b>Part I Annual Report Identification Information</b>	
For calendar year 2024 or fiscal year beginning	01/01/2024 and ending 12/31/2024
<b>A</b> This document is to:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multi-employer Pension Plan trusts checking this box must attach Schedule A-MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
<b>B</b> This document is:	<input type="checkbox"/> the first year report <input type="checkbox"/> the final return report <input type="checkbox"/> an amended return report <input type="checkbox"/> a short form year return report (less than 12 months)
<b>C</b> Check box of filing under:	<input type="checkbox"/> Form 990 <input type="checkbox"/> automatic extension <input type="checkbox"/> OFVC program <input type="checkbox"/> special extension (enter description)
<b>D</b> If the plan is a collectively bargained plan, check here:	<input type="checkbox"/>
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 901, check here:	<input type="checkbox"/>

<b>Part II Basic Plan Information - enter all requested information</b>	
<b>1a</b> Name of plan PDR 401K PLAN	<b>1b</b> Three-digit plan number (PH) <input type="checkbox"/> 001
<b>2a</b> 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) PRECISION TRUSS & METALS SALES, "IS" 230 WEBSTER RD CLARKSON KY 40326	<b>1c</b> Effective date of plan 01/01/2022
	<b>2b</b> Employer identification number (EIN) 45-3363103
	<b>2c</b> Sponsor's telephone number 270-747-9770
	<b>2d</b> Business code (see instructions) 332305
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return report filed for the plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return report <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PH
<b>5a</b> Total number of participants at the beginning of the plan year <b>b</b> Total number of participants at the end of the plan year <b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) <b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) <b>d(1)</b> Total number of active participants at the beginning of the plan year <b>d(2)</b> Total number of active participants at the end of the plan year <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>5a</b> 31
	<b>5b</b> 34
	<b>5c(1)</b> 13
	<b>5c(2)</b> 13
	<b>5d(1)</b> 31 <b>5d(2)</b> 34 <b>5e</b> 0

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an actuarial actuary, 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.

<b>SIGN HERE</b>	<i>[Signature]</i>	7-10-25	PAUL WENGER
<b>SIGN HERE</b>	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Yes  No
- 6b Are you attaching a waiver of the annual examination and report of an independent qualified public accountant (QIPAA) under 29 CFR 2520.104-667 (See instructions on waiver eligibility and conditions.)  Yes  No  
 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- 6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4011)?  Yes  No  Not determined  
 If "Yes" is checked, enter the PBGC confirmation number from the PBGC memorandum for this plan year. (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	109,458	173,199
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	109,458	173,199
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or recoveries from:			
(1) Employers	8a(1)	30,938	
(2) Participants	8a(2)	36,053	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	28	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		67,021
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain claimed and/or unproductive distributions (see instructions)	8e		
f Administrative service providers (auditors, fees, commissions)	8f	3,288	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3,288
i Net income (loss) (subtract line 8h from line 8c)	8i		63,741
j Transfers to (from) the plan (see instructions)	8j		

**Part IV Plan Characteristics**

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 3C 3T 3K 3L 3D
- 9b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**Part V Compliance Questions**

10	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 2520.102-2? Consider as a waiver "Yes" for any prior year failures not fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10a	X	
b	Were there any prohibited transactions with any party-in-interest? (Do not include transactions reported on the 10a.)	10b	X	
c	Was the plan covered by a fidelity bond?	10c	X	
d	Did the plan have a loss, whether or not reimbursed by the plan's liability bond, that was caused by fraud or dishonesty?	10d	X	
e	Were any fees or commissions paid to any broker, agent, or other person by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X	
f	Has the plan failed to provide any benefit when due under the plan?	10f	X	
g	Did the plan have any sanctions paid? If "Yes," enter amount as of year-end.)	10g	X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X	
i	If "No" was answered "Yes," check the box if you either provided the required notice or gave of the exceptions to providing that notice applied under 29 CFR 2520.101-3.	10i	X	

Form 5500-SF (2024)

Page 3

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and 11b below. If this is a defined contribution pension plan, leave this 11 blank and complete line 12 below.)  Yes  No

**a** Enter the unpaid minimum required contributions for a : years from Schedule SB (Form 5500) line 40. **11a**

**b** PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(a)(5) and/or 503(R)(4)? Check the applicable box:

- Yes.
- No. Reporting was waived under CO, GTR, or ERISA 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 set forth in 29 CFR 4043.25(a)(2) has not yet expired, 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: \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 502 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable; if this is a defined benefit pension plan, leave this 12 blank and complete line 11 above.)  Yes  No

**a** If a waiver of the minimum funding standard for a prior year is being asserted in this plan year, see instructions, and enter the date of the initial ruling granting the waiver: \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If you completed line 12a, complete lines 3, 8, and 10 of Schedule MB (Form 5500), and skip to line 13.

**b** Enter the minimum required contribution for this plan year. **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year. **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were any plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

(3c)(1) Name of plan(s)	(3c)(2) EIN(s)	(3c)(3) PFM(s)

**Part VIII IRS Compliance Questions**

**14a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by comparing this plan with any other plans under the corporate aggregation rules?  Yes  No

**14b** 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
- "First-year" ACP test
- "Current-year" ACP test
- N/A

**15** 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: 07/30/2025 01033216