

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: RETIREMENT INCOME SECURITY PLAN-LUNDAHL COMPANIES
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan): LUNDAHL BUILDING SYSTEMS, INC.
2b Employer Identification Number (EIN): 87-0400159
2c Sponsor's telephone number: 435-753-0888
2d Business code (see instructions): 236200
3a Plan administrator's name and address: HEALTHEQUITY RETIREMENT SERVICES, 15 W SCENIC POINTE DR., STE 100, DRAPER, UT 84020
3b Administrator's EIN: 82-1222973
3c Administrator's telephone number: 877-860-2664
4b EIN:
4d PN:
5a Total number of participants at the beginning of the plan year: 134
5b Total number of participants at the end of the plan year: 128
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 90
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 91
5d(1) Total number of active participants at the beginning of the plan year: 112
5d(2) Total number of active participants at the end of the plan year: 109
5e 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, 07/28/2025, STEVEN STOUT. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

