

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 [X] the DFVC program... 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: RAM MANUFACTURING COMPANY, INC. 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan): RAM MANUFACTURING COMPANY, INC. D/B/A RAM AVIATION SPACE AND DEFENSE
2b Employer Identification Number (EIN): 87-0486348
2c Plan Sponsor's telephone number: 435-673-4603
2d Business code (see instructions): 336410

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

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	322
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)	286
	6a(2)	323
	6b	1
	6c	46
	6d	370
	6e	2
	6f	372
	6g(1)	289
6g(2)	349	
6h	23	
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:
2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 RAM MANUFACTURING COMPANY, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RAM MANUFACTURING COMPANY, INC. D/B/A RAM AVIATION SPACE AND DEFENSE		D Employer Identification Number (EIN) 87-0486348	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	514021	349	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	393499
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	620884
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	20209
	7c(2)	
	7c(3)	7448
	7c(4)	
	7c(5)	47456
▶ FORF ADDITIONS, LOAN PRINCIPAL & INTEREST PAID, & TRANSFERS IN		
(6) Total additions	7c(6)	75113

d Total of balance and additions (add lines 7b and 7c(6))	7d	695997
---	-----------	--------

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	73497
	7e(2)	3162
	7e(3)	
	7e(4)	225839
▶ LOANS ISSUED, EXPENSES, & TRANSFERS OUT		
(5) Total deductions	7e(5)	302498

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	393499
--	-----------	--------

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 RAM MANUFACTURING COMPANY, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RAM MANUFACTURING COMPANY, INC. D/B/A RAM AVIATION SPACE AND DEFENSE	D Employer Identification Number (EIN) 87-0486348	

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

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

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

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

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

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

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

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

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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
15 37 52 62 64 67	RECORDKEEPER	9075	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SOLTIS INVESTMENT ADVISORS, LLC

27-3188744

(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?
16 23 27 53	ADVISOR	47252	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"/>

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>RAM MANUFACTURING COMPANY, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RAM MANUFACTURING COMPANY, INC. D/B/A RAM AVIATION SPACE AND DEFENSE</u>	D Employer Identification Number (EIN) <u>87-0486348</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA BALANCED CONSERVATIVE CLASS 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTRA TRUST</u>		
c EIN-PN <u>83-1527285-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>125723</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA BALANCED GR CLASS 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTRA TRUST</u>		
c EIN-PN <u>83-1482059-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>541864</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA BALANCED MODERATE CLASS 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTRA TRUST</u>		
c EIN-PN <u>83-1512343-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>789059</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA DIVERSIFIED BD CLASS 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTRA TRUST</u>		
c EIN-PN <u>83-3084851-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13051</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA GBL GR CLASS 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTRA TRUST</u>		
c EIN-PN <u>83-1466030-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1594656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA INCOME GR CLASS 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTRA TRUST</u>		
c EIN-PN <u>83-1580447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24133</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA LG CAP GR CLASS 2</u>		
b Name of sponsor of entity listed in (a): <u>ALTRA TRUST</u>		
c EIN-PN <u>83-1419179-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>155447</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2020 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1273151-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16233
--	--	---	-----------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2025 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1286100-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	164180
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2030 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1300171-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1017463
--	--	---	-------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2035 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1318731-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104030
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2040 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1335569-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	649954
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2045 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1358106-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	831756
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2050 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1373905-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	344837
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2055 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1392402-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	205023
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [SIA TARGET DATE 2060 CLASS 2](#)

b Name of sponsor of entity listed in (a): [ALTRA TRUST](#)

c EIN-PN 83-1401342-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	646555
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
-----------------	----------------------	---	--

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 RAM MANUFACTURING COMPANY, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RAM MANUFACTURING COMPANY, INC. D/B/A RAM AVIATION SPACE AND DEFENSE	D Employer Identification Number (EIN) 87-0486348

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)	245 118
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9183 12448
(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)	147707 159326
(9) Value of interest in common/collective trusts	1c(9)	5860820 7223964
(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)	3097696 3759701
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	620884 393499
(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	9736535	11549056
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9736535	11549056

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)	555128	
(B) Participants.....	2a(1)(B)	1420146	
(C) Others (including rollovers).....	2a(1)(C)	161383	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2136657
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	131	
(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)	13244	
(F) Other.....	2b(1)(F)	7448	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20823
(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)	66898	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		66898
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		652507
(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)		406552
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3283437

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1414589	
(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)		1414589
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)	9075	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	47252	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		56327
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1470916

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1812521
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: **HINTONBURDICK CPAS & ADVISORS**

(2) EIN: **87-0492866**

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		250000
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.		X	

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 _____.

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.	<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 <u>RAM MANUFACTURING COMPANY, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RAM MANUFACTURING COMPANY, INC. D/B/A RAM AVIATION SPACE AND DEFENSE</u>	D Employer Identification Number (EIN) <u>87-0486348</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): 13-3689044

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704148A.

Ram Manufacturing Company, Inc. 401(k) Plan

Financial Statements

December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report.....	1
Financial Statements	
Statement of Net Assets Available for Benefits.....	4
Statement of Changes in Net Assets Available for Benefits.....	5
Notes to the Financial Statements.....	6
Supplemental Information	16

This page is intentionally left blank



Independent Auditors' Report

Board of Trustees
Ram Manufacturing Company, Inc. 401(k) Plan
St. George, Utah

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Ram Manufacturing Company, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Ram Manufacturing Company, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Ram Manufacturing Company, Inc. 401(k) 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Ram Manufacturing Company, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if 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 Ram Manufacturing Company, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ram Manufacturing Company, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and

disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held for Investment Purposes at End of Year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

HintonBurdick, PLLC

St. George, Utah
December 30, 2025

Ram Manufacturing Company, Inc. 401(k) Plan
Statement of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Investments, at fair value:		
Mutual funds	\$ 10,996,113	\$ 8,967,699
Guaranteed annuity contracts	393,499	620,884
Total investments	<u>11,389,612</u>	<u>9,588,583</u>
Receivables:		
Participant loans	159,326	147,707
Other receivable	118	245
Total receivables	<u>159,444</u>	<u>147,952</u>
Total assets	<u>11,549,056</u>	<u>9,736,535</u>
Net assets available for benefits	<u><u>\$ 11,549,056</u></u>	<u><u>\$ 9,736,535</u></u>

Ram Manufacturing Company, Inc. 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions to net assets attributed to:	2024	2023
Investment income:		
Dividends	\$ 66,898	\$ 48,401
Interest from participant loans	13,244	7,087
Other interest income	7,448	7,493
Other revenue	131	116
Realized (gains)/losses	652,507	835,828
Change in fair value of investments	406,552	405,222
Total investment income(loss)	<u>1,146,780</u>	<u>1,304,147</u>
Contributions:		
Employer contributions	555,128	402,385
Participant contributions	1,420,146	1,144,092
Participant rollover contributions	161,383	138,642
Total contributions	<u>2,136,657</u>	<u>1,685,119</u>
Total additions	<u>3,283,437</u>	<u>2,989,266</u>
Deductions from nets assets attributed to:		
Participant distributions	1,376,716	557,471
Corrective distributions	37,873	25,724
Administrative expenses	56,327	47,707
Total deductions	<u>1,470,916</u>	<u>630,902</u>
Net increase (decrease)	1,812,521	2,358,364
Net assets available for benefits:		
Beginning of year	9,736,535	7,378,171
End of year	<u>11,549,056</u>	<u>\$ 9,736,535</u>

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 1. Description of Plan

The following description of Ram Manufacturing Company, Inc. 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement, as amended, for more complete descriptions of Plan provisions.

General

The Plan is a participant-directed, defined contribution Plan covering all employees of Ram Manufacturing Company, Inc. (“Company”) who have completed 500 hours of service in a six month period and are 19 years of age or older. The Plan allows for enrollment upon the first calendar month following attainment of the service and age requirements. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company is the Plan’s sponsor and serves as Plan administrator.

Contributions

Participation in the Plan is voluntary. Participants may elect to contribute up to the maximum allowable under current Internal Revenue Service limits to the Plan each year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution Plans. The Company may match a portion of each participant’s contributions as determined annually by the Company’s Board of Directors. The Company’s discretionary matching contributions are made throughout the year with employee deferral contributions. The matching contributions of \$555,128 and \$402,385 were made by the Company for the Plan years ended December 31, 2024 and 2023, respectively. Contributions are subject to regulatory limitations.

In addition, the Board of Directors may elect to make a discretionary qualified non-elective contribution and discretionary profit sharing contribution. The discretionary qualified non-elective and discretionary profit sharing contributions will be made to all participants who are actively employed on the last day of the Plan year and have completed a year of service during the Plan year. For the Plan years ended December 31, 2024 and 2023, no discretionary qualified non-elective contributions or discretionary profit sharing contributions were made to the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Company’s contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 1. Description of Plan, Continued

Group Annuity Contracts

The Plan has entered into an investment contracts totaling \$393,499 and \$620,884 for 2024 and 2023, respectively. The Group Annuity Contract is benefit responsive for participant-initiated transactions. maintains the contributions in a general account. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. Interest crediting rate is reset quarterly. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic regulatory developments. Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) premature termination of the contracts by the plan, (2) plant closings, (3) layoffs, (4) plan termination, (5) bankruptcy, (6) mergers, (7) and early retirement incentives. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the participants.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest rates equal to the prime rate plus 2%. Principal and interest are paid ratably through regular payroll deductions over a period not to exceed five years, unless it is for the acquisition of a primary residence.

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 1. Description of Plan, Continued

Vesting

Participants are fully vested in their salary deferrals plus actual earnings thereon. Employer matching and profit sharing contributions plus actual earnings vest as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Year 1	None
Year 2	25%
Year 3	50%
Year 4	75%
Year 5	100%

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested account balance.

Upon termination of services for other reasons, participants with a vested benefit balance of less than \$5,000 but greater than \$1,000 may elect to have a distribution paid directly to an eligible retirement Plan specified by the participant or to receive the benefit directly. If no such election is made, the Company shall pay the distribution in a direct rollover to an individual retirement Plan designated by the Company. Participants with a vested benefit balance of less than \$1,000 will receive a lump-sum amount equal to the vested value of his or her account.

Benefits are recorded when paid. For the years ended December 31, 2024 and 2023, the Plan distributed \$1,376,716 and \$557,471 to participants.

Forfeitures

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$82,080 and \$79,468. Forfeitures are the non-vested portion of a participant's account that are lost upon termination of employment. Forfeitures are first used to reduce the Company's matching contribution. Any remaining forfeitures may be added to an employer discretionary contribution. No forfeitures were used to reduce matching or discretionary contributions for the year ended December 31, 2024.

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies

Investment Valuation and Income Recognition

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (see Note 4). The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1:** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets, or liabilities.
- Level 2:** Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly.
- Level 3:** Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date.

Investments are stated at fair value. Shares of mutual funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted market price in an active market and is classified within Level 1 of the valuation hierarchy. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies, Continued

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Plan Termination

Although it has not expressed any intent to do so, and notwithstanding any other provision of the Plan to the contrary, upon the date of either full or partial termination of the Plan, or, if applicable, upon the date of complete discontinuance of profit sharing Plan contributions to the Plan, an affected participant's right to his accrued benefit shall be 100 percent vested.

Plan Expenses

The Plan's major expenses, operating and investment, including plan audit fees are either absorbed by the Plan sponsor or paid from forfeitures. During 2024, the plan sponsor absorbed the annual audit fee over the Plan. All other plan expenses were paid from plan assets and are included in the Plan's financial statements.

Note 3. Party in Interest Transactions

Certain Plan investments are mutual funds managed by TransAmerica Retirement Solutions. TransAmerica Retirement Solutions was the trustee of the Plan in 2024 and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the administrative services amounted to \$9,075 and \$12,080 for the years ended December 31, 2024 and 2023.

The Plan employs Soltis Investment Advisors, LLC as investment advisor of the Plan's investments which qualifies Soltis Investment Advisors, LLC as a party-in-interest. Fees paid by the Plan for the administrative services amounted to \$47,252 and \$35,627 for the years ended December 31, 2024 and 2023.

The Plan employs HintonBurdick, PLLC as independent auditors in the annual audit of the Plan's financial statements which qualifies Hinton Burdick, PLLC as a party-in-interest. As mentioned in Note 2, plan audit fees are paid by the Plan sponsor.

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 4. Investments (Unaudited)

The following tables summarizes financial assets and financial liabilities measured at fair value on a recurring basis at the dates indicated, classified in accordance with the fair value hierarchy described in Note 2 and specified by ASC 820-10-50:

	Investments Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments:				
Stock funds	\$ 11,330,917	\$ -	\$ -	\$ 11,330,917
Bond funds	58,695	-	-	58,695
Total investments	\$ 11,389,612	\$ -	\$ -	\$ 11,389,612

	Investments Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments:				
Stock funds	\$ 9,163,953	\$ -	\$ -	\$ 9,163,953
Bond funds	424,630	-	-	424,630
Total investments	\$ 9,588,583	\$ -	\$ -	\$ 9,588,583

The Trustees of the Plan administer the Plan's investments. Investment decisions are made in accordance with the Plan agreement and assets of the Plan are invested in various mutual funds purchased through Capital Company and Trust Company. Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

	2024	2023
Investments:		
SIA Global Growth	\$ 1,594,656	\$ 1,382,248
Vanguard 500 Index Admiral	1,357,438	999,906
SIA Target Date 2030	1,017,463	774,912
SIA Target Date 2045	831,756	564,110
SIA Balanced Moderate	789,059	1,238,783
SIA Target Date 2040	649,954	140,247
SIA Target Date 2060	646,555	326,161
Dodge & Cox Income	630,444	-
All other mutual funds	3,872,287	4,162,216
Total investments	\$ 11,389,612	\$ 9,588,583

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 5. Participant Loans (Unaudited)

The following presents the activity for participant loans categorized as receivables for the year ended December 31:

Participant Loans	2024	2023
Beginning Balances	\$ 147,707	\$ 131,241
Issuances	114,446	102,839
Settlements	(102,827)	(86,373)
Ending Balance	\$ 159,326	\$ 147,707

Note 6. Certified Information

In accordance with 29 CFR 2520-103-59(c), the Plan Trustee, TransAmerica Retirement, have certified the accuracy and completeness of the 2024 information contained in the financial statements and Supplement Schedules as of December 31, 2024, stated:

	2024
Investments, at fair value	\$ 11,389,612
Loans to plan participants	159,326
Investment gains/losses	406,552

Note 7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 4, 2001, the Plan and related trusts are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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 administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 8. Reconciliation of Financial Statements to Schedule H of Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 11,549,056	\$ 9,736,535
Employer contribution receivable not included on Form 5500	-	-
Participant contribution receivable not included on Form 5500	-	-
Net assets available for benefits per the Form 5500	\$ 11,549,056	\$ 9,736,535

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2024 to Form 5500:

Employer contributions per the financial statements	\$ 555,128
Add: Employer contribution receivable at December 31, 2023	-
Less: Employer contribution receivable at December 31, 2024	-
Employer contributions per the Form 5500	\$ 555,128
Participant contributions per the financial statements	\$ 1,420,146
Add: Participant contribution receivable at December 31, 2023	-
Less: Participant contribution receivable at December 31, 2024	-
Participant contributions per the Form 5500	\$ 1,420,146

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2024 to Form 5500:

Benefits paid to participants per the financial statements	\$ 1,376,716
Add: Amounts allocated to withdrawing participants at December 31, 2023	-
Less: Amounts allocated to withdrawing participants at December 31, 2024	-
Benefits paid to participants per the Form 5500	\$ 1,376,716

Ram Manufacturing Company, Inc. 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 9. Fidelity Bond

The Plan continues to have a Fidelity Bond in place for employees who handle Plan assets as required by Department of Labor and ERISA statutes.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 11. Subsequent Events

In preparing these financial statements, management has evaluated events and transactions for potential recognition or disclosure through December 30, 2025 the date the financial statements were available to be issued and noted no events considered significant to the plan.

Supplemental Information

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes At End of Year

**Ram Manufacturing Company, Inc. 401(k) Plan
Plan Year Ending December 31, 2024
Plan 001 EIN 87-0486348**

(a)	(b)	(c)	(d)	(e)
Issue	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest collateral, par or maturity date	Costs	Current value
*	TransAmerica Retirement	SIA Global Growth	**	\$ 1,594,656
*	TransAmerica Retirement	Vanguard 500 Index Admiral	**	1,357,438
*	TransAmerica Retirement	SIA Target Date 2030	**	1,017,463
*	TransAmerica Retirement	SIA Target Date 2045	**	831,756
*	TransAmerica Retirement	SIA Balanced Moderate	**	789,059
*	TransAmerica Retirement	SIA Target Date 2040	**	649,954
*	TransAmerica Retirement	SIA Target Date 2060	**	646,555
*	TransAmerica Retirement	Dodge & Cox Income	**	630,444
*	TransAmerica Retirement	SIA Balanced Growth	**	541,864
*	TransAmerica Retirement	TransAmerica Stable Value Core Option	**	405,948
*	TransAmerica Retirement	SIA Target Date 2050	**	344,837
*	TransAmerica Retirement	Vanguard Small-Cap Index Admiral	**	303,480
*	TransAmerica Retirement	Oakmark Investor	**	235,435
*	TransAmerica Retirement	Vanguard Mid Cap Index Fund Admiral	**	222,590
*	TransAmerica Retirement	SIA Target Date 2055	**	205,023
*	TransAmerica Retirement	Artisan Mid Cap	**	202,704
*	TransAmerica Retirement	SIA Target Date 2025	**	164,179
*	TransAmerica Retirement	SIA Large Cap Growth	**	155,447
*	TransAmerica Retirement	Grandeur Peak Intl Opportunities	**	146,820
*	TransAmerica Retirement	SIA Balanced Conservative	**	125,723
*	TransAmerica Retirement	William Blair Int'l Growth Class N	**	122,950
*	TransAmerica Retirement	Oakmark International Investor	**	104,127
*	TransAmerica Retirement	SIA Target Date 2035	**	104,030
*	TransAmerica Retirement	Vanguard Emerging Markets Index Admiral	**	78,853
*	TransAmerica Retirement	Cohen and Steers Realty Shares	**	72,085
*	TransAmerica Retirement	Janus Henterson Triton N	**	71,382

Continued

*	TransAmerica Retirement	Fidelity Inflation Protected Bond Index	**	45,644
*	TransAmerica Retirement	Invesco Gold & Special Minerals A	**	43,156
*	TransAmerica Retirement	Wasatch Small Cap Value	**	41,894
*	TransAmerica Retirement	Fidelity Emerging Markets	**	36,890
*	TransAmerica Retirement	SIA Income Growth	**	24,133
*	TransAmerica Retirement	PIMCO Income Instl	**	19,947
*	TransAmerica Retirement	JPMorgan Strategic Income Opps R5	**	16,246
*	TransAmerica Retirement	SIA Target Date 2020	**	16,233
*	TransAmerica Retirement	SIA Diversified Bond	**	13,051
*	TransAmerica Retirement	MFS Mid Cap Value R3	**	7,616
*	Participant Loans	Participant Loans	**	159,326
Total Investment and Participant Loans				\$ 11,548,938

* - Party in interest

** - Participant Directed Accounts

RAM Manufacturing Company, Inc. 401(k) Plan
EIN No.: 87-0486348, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Trust Company	Cash Reserve Account	\$ 12,448
*	Transamerica Life Ins Co	Transamerica Stbl Val Core Op	\$ 393,499
		General Account Total:	\$ 393,499
	Artisan	Artisan Mid Cap Inv	\$ 202,704
	Cohen & Steers	Cohen & Steers Realty Shares L	\$ 72,085
	Dodge & Cox	Dodge & Cox Inc I	\$ 630,444
	Fidelity	Fidelity Emerging Mkts	\$ 36,890
	Fidelity	Fidelity Inflation-Prot Bd Idx	\$ 45,644
	Grandeur Peak	Grandeur Peak Intl Opps Inv	\$ 146,820
	Invesco	Invesco Gold & Special Minerals A	\$ 43,156
	Janus	Janus Henderson Triton T	\$ 71,382
	JPMorgan	JPMorgan Strategic Inc Opps R5	\$ 16,246
	MFS	MFS Mid Cap Val R3	\$ 7,616
	Oakmark	Oakmark Intl Investor	\$ 104,127
	Oakmark	Oakmark Investor	\$ 235,435
	PIMCO	PIMCO Inc Instl	\$ 19,947
	Vanguard	Vanguard 500 Index Adm	\$ 1,357,438
	Vanguard	Vanguard Emerging Mkt Stock Idx Adm	\$ 78,853
	Vanguard	Vanguard Mid Cap Index Adm	\$ 222,590
	Vanguard	Vanguard Small Cap Index Adm	\$ 303,480
	Wasatch	Wasatch Small Cap Val	\$ 41,894
	William Blair	William Blair Intl Gr N	\$ 122,950
		Mutual Funds Total:	\$ 3,759,701
	Altra Trust	SIA Balanced Conservative Class 2	\$ 125,723
	Altra Trust	SIA Balanced Gr Class 2	\$ 541,864
	Altra Trust	SIA Balanced Moderate Class 2	\$ 789,059
	Altra Trust	SIA Diversified Bd Class 2	\$ 13,051
	Altra Trust	SIA Glbl Gr Class 2	\$ 1,594,656
	Altra Trust	SIA Income Gr Class 2	\$ 24,133
	Altra Trust	SIA Lg Cap Gr Class 2	\$ 155,447
	Altra Trust	SIA Target Date 2020 Class 2	\$ 16,233
	Altra Trust	SIA Target Date 2025 Class 2	\$ 164,180
	Altra Trust	SIA Target Date 2030 Class 2	\$ 1,017,463
	Altra Trust	SIA Target Date 2035 Class 2	\$ 104,030
	Altra Trust	SIA Target Date 2040 Class 2	\$ 649,954
	Altra Trust	SIA Target Date 2045 Class 2	\$ 831,756
	Altra Trust	SIA Target Date 2050 Class 2	\$ 344,837
	Altra Trust	SIA Target Date 2055 Class 2	\$ 205,023
	Altra Trust	SIA Target Date 2060 Class 2	\$ 646,555
		Collective Trusts Total:	\$ 7,223,964
*	Participants	Notes Receivable with interest rates of 4.25% to 9.50%	\$ 159,326
		TOTAL PLAN ASSETS	\$ 11,548,938

* Indicates Party-In-Interest to the Plan