

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/01/1959
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SHOESTRING VALLEY HOLDINGS INC. 6712 N. CUTTER CIRCLE PORTLAND, OR 97217
2b	Employer Identification Number (EIN) 93-0422424
2c	Plan Sponsor's telephone number 503-283-6712
2d	Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	KOREDE ALABI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 490
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) 426 6a(2) 416 6b 0 6c 78 6d 494 6e 1 6f 495 6g(1) 459 6g(2) 465 6h 14
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 2H 2J 2R 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHOESTRING VALLEY HOLDINGS INC.	D Employer Identification Number (EIN) 93-0422424	

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.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK 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
01-0233346	65838	114145	296	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
0	2700

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
INDEPENDENT RETIREMENT CONSULTING 6500 S MACADAM AVENUE, SUITE 100
PORTLAND, OR 97239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2700	THIRD PARTY ADMINISTRATION	5

(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
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(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	27554715

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.**6d**

Specify nature of costs ▶

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 ▶**b** Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

0

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

0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

0

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

0

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHOESTRING VALLEY HOLDINGS INC.	D Employer Identification Number (EIN) 93-0422424	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PROTECTIVE LIFE INSURANCE CO.

(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
63-0169720	69019	263559	1	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	

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	(c) Amount	(d) Purpose	

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(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															
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 ▶ ALL RATES COMPLY WITH FED/ST REGS																
b	Premiums paid to carrier	6b	3691														
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 ▶																
b	Balance at the end of the previous year	7b	0														
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;">7c(1)</td><td></td></tr> <tr><td style="text-align: center;">7c(2)</td><td></td></tr> <tr><td style="text-align: center;">7c(3)</td><td></td></tr> <tr><td style="text-align: center;">7c(4)</td><td></td></tr> <tr><td style="text-align: center;">7c(5)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;">7c(6)</td></tr> </table>	7c(1)		7c(2)		7c(3)		7c(4)		7c(5)				7c(6)		0
7c(1)																	
7c(2)																	
7c(3)																	
7c(4)																	
7c(5)																	
7c(6)																	
d	(6) Total additions	7c(6)	0														
	Total of balance and additions (add lines 7b and 7c(6))	7d	0														
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 (4) Other (specify below) ▶	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;">7e(1)</td><td></td></tr> <tr><td style="text-align: center;">7e(2)</td><td></td></tr> <tr><td style="text-align: center;">7e(3)</td><td></td></tr> <tr><td style="text-align: center;">7e(4)</td><td></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;">7e(5)</td></tr> </table>	7e(1)		7e(2)		7e(3)		7e(4)				7e(5)		0		
7e(1)																	
7e(2)																	
7e(3)																	
7e(4)																	
7e(5)																	
	(5) Total deductions	7e(5)	0														
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0														

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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. Specify nature of costs.	10b	

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHOESTRING VALLEY HOLDINGS INC.	D Employer Identification Number (EIN) 93-0422424

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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(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)

QUEST INVESTMENT MANAGEMENT INC

ONE SW COLUMBIA, SUITE 1100
PORTLAND, OR 97258

93-0880854

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	376521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK LIFE INSURANCE CO.

222 SW COLUMBIA, SUITE #100
PORTLAND, OR 97201

01-0233346

(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 62 68 28 63 60 67	NONE	50329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND JAMES FINANCIAL SERVICES

800 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

59-2937883

(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?
26	NONE	46916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FERGUSON WELLMAN CAPITAL MANAGEMENT

888 SW FIFTH AVE., SUITE 1200
PORTLAND, OR 97204-2026

93-0646988

(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?
33 50	NONE	9713	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEPENDENT RETIREMENT CONSULTING

6500 S MACADAM AVENUE, SUITE 100
PORTLAND, OR 97239

90-0451904

(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?
13	NONE	2700	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SHOESTRING VALLEY HOLDINGS INC.	D Employer Identification Number (EIN) 93-0422424	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531846
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 556151
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1457680
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1528616
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1080283
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 964555
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1523791

a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS 2025 TD**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 426149
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS 2065 TD**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59516
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2065**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 442544
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2060**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1131790
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2055**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 904213
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2050**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1356257
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2045**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1117346
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2040**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2139401
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2035**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1738259
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RET 2030**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 818087
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1558490
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10224
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64536
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172917
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123409
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74571
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 467867
a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES GOLD TRUST ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198171
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 427900

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	234009

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24067

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	334132

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	110389

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE HEALTH SCI			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	115835

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	88431

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	267774

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	635187

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	225213

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF			
b Name of sponsor of entity listed in (a): JOHN HANCOCK			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	258007

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP GROW INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73644
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP VALUE INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135293
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a Name of MTIA, CCT, PSA, or 103-12 IE: **500 INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1934330
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN FUNDS EUROPAC GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121226
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INTERNATIONAL VALUE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144649
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DODGE & COX STOCK FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185544
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY INTERNATIONAL INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154314
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD VALUE INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 563725
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AF AMERICAN BALANCED FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152750
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INFLATION-PROTECTED SEC**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172001
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FEDERATED HIGH YIELD BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150529
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADVISOR TOTAL BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 309162
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO INCOME FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136205
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK STABLE VALUE FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153425
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHOESTRING VALLEY HOLDINGS INC.	D Employer Identification Number (EIN) 93-0422424

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4585650	5217153
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	182462	229695
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	11219175	1521436
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11369517	23110440
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	13364577	13950586
(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)	859040	1055571
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	23127439	27554715
(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)	26553587	28411121
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	290842	290243

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	91552289	101340960
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	28535	2884
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28535	2884
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	91523754	101338076

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)	5217153	
(B) Participants.....	2a(1)(B)	2491180	
(C) Others (including rollovers).....	2a(1)(C)	1212474	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		8920807
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3912	
(B) U.S. Government securities.....	2b(1)(B)	375389	
(C) Corporate debt instruments.....	2b(1)(C)	1062406	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	64105	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1505812
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5635257	
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3408484
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		19470360

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9158433	
(2) To insurance carriers for the provision of benefits	2e(2)	3691	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9162124
f Corrective distributions (see instructions)	2f		3160
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	53029	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	433150	
(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)	4575	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		490754
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9656038

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9814322
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: **ALDRICH CPAS & ADVISORS LLP**

(2) EIN: **93-0623286**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHOESTRING VALLEY HOLDINGS INC.		D Employer Identification Number (EIN) 93-0422424
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): 93-6021331 01-0233346		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a 14b 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
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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
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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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702346A</u> .	

Shoestring Valley Holdings Retirement Plan

FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULE

December 31, 2024 and 2023



SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Financial Statements with Supplemental Schedule

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Trustees
Shoestring Valley Holdings Retirement Plan
Portland, Oregon

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

We have performed audits of the financial statements of Shoestring Valley Holdings Retirement Plan (the 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 statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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.

INDEPENDENT AUDITOR'S REPORT, CONTINUED

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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 it is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

INDEPENDENT AUDITOR'S REPORT, CONTINUED

Auditor's Responsibilities for the Audit of the Financial Statements, continued

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.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule 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).

Aldrich CPAs + Advisors LLP

Lake Oswego, Oregon
October 13, 2025

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value	\$ 94,548,298	\$ 85,634,295
Cash Surrender Value of Life Insurance, at contract value	290,243	290,842
Receivables:		
Employer contributions	5,217,153	4,585,650
Notes receivable from participants	1,055,571	859,040
Accrued interest	229,695	182,462
Total Receivables	6,502,419	5,627,152
Total Assets	101,340,960	91,552,289
LIABILITIES		
Other Payables	2,884	28,535
Net Assets Available for Benefits	\$ 101,338,076	\$ 91,523,754

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions to Net Assets Attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 9,043,741
Interest and dividends	<u>1,441,707</u>

Total Investment Income	10,485,448
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Interest on notes receivable from participants	64,105
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Contributions:

Participants	2,491,180
Employer	5,217,153
Rollover	<u>1,212,474</u>

Total Contributions	<u>8,920,807</u>
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Total Additions	19,470,360
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Deductions from Net Assets Attributed to:

Benefits paid to participants	9,158,433
Administrative expenses	490,754
Corrective distributions	3,160
Other	<u>3,691</u>

Total Deductions	<u>9,656,038</u>
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Change in Net Assets	9,814,322
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Net Assets Available for Benefits at Beginning of Year	<u>91,523,754</u>
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Net Assets Available for Benefits at End of Year	<u><u>\$ 101,338,076</u></u>
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SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Description of the Plan

The following description of the Shoestring Valley Holdings Retirement Plan (the Plan) provides only general information. Prior to January 2, 2023, the Plan was known as the Andersen Construction Company 401(k) Profit Sharing Plan. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees of Shoestring Valley Holdings, Inc.; Andersen Construction Company, LLC and its wholly owned subsidiaries; and ASI Structures, LLC, (collectively, the Company). Effective January 2, 2023, the following affiliated companies became eligible for participation: SDS Equipment and Sales, LLC and Fought & Company, LLC and its wholly owned subsidiary. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Employees over the age of 21 who are not included in a collective bargaining agreement are eligible to become participants in the Plan on their date of hire. Participants may begin making elective deferrals on the first day of the month following the date they satisfy the eligibility requirements. Entry into the Plan for profit sharing contributions is the first day of the month following the completion of one year and 1,000 hours of service. Participants must be employed on the last day of the Plan year to receive a profit-sharing contribution.

Contributions

The Plan provides for employee pretax deferral contributions, after-tax Roth deferral contributions, or a combination of both. Each participant may elect to contribute a portion of their compensation to the Plan, up to the maximum allowed under the Internal Revenue Code (IRC), each year instead of receiving that amount in cash. Participants who have attained age 50 before the end of the Plan year are eligible for catch up contributions. The amount deferred pretax will not be subject to income tax until it is actually distributed to the participant. The amount deferred is, however, subject to Social Security tax at the time of the pre-tax deferral. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans (rollover).

Profit-sharing contributions are determined annually by the Company. For the year ended December 31, 2024, the Company contributed \$5,217,153 to the Plan.

Investment Elections

Participants may choose to invest their elective deferrals in several combinations of investments chosen by Plan governance. Employees have the opportunity to change their investments daily. Investment of profit-sharing contributions is directed by the Plan's trustees with the assistance of professional investment advisors.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contributions, Plan earnings, and forfeitures of terminated participants' nonvested accounts. Participant's accounts are charged with an allocation of administrative expenses. Allocations are based on participant eligible compensation or account balances, as defined by the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's profit-sharing contribution plus actual earnings thereon is based on years of continuous service and occurs gradually. A participant becomes partially vested at the end of two years of credited service and is 100% vested after six years of credited service. A participant becomes fully vested in the entire balance of his or her account upon attainment of normal retirement age, permanent disability, death or termination of the Plan. Any amount not vested upon a participant's separation from service is forfeited and will be allocated to participant accounts.

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Description of the Plan, continued

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms generally range from one to five years. However, if the loan is issued for the purchase of a principal residence, then the loan term may be greater, as determined to be reasonable. Principal and interest is paid ratably through payroll deductions. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with rates charged by commercial lenders for loans made under similar circumstances. Interest rates range from 4.25% to 10.50% for loans outstanding at December 31, 2024.

Payment of Benefits

On termination of service due to any reason, participants with vested account balances of \$1,000 or less receive an automatic lump-sum distribution, unless the participant requests that it be rolled over to an individual retirement account (IRA) provider or another qualified retirement plan. Participants with vested account balances of less than \$5,000 and more than \$1,000 receive an automatic distribution to an IRA. Participants with vested account balances of \$5,000 or more may elect to receive a single lump-sum amount or choose to rollover their balance into another qualified retirement plan or IRA.

Forfeitures

Forfeitures of terminated participants' non-vested accounts are allocated to participant accounts each year. During the year ended December 31, 2024, forfeitures of non-vested accounts totaling \$156,914 were allocated to participant accounts.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investments Valuation and Income Recognition

Except for cash surrender value of life insurance policies reported at contract value, investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Payments of Benefits

Benefits are recorded when paid.

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies, continued

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Expenses paid by the Plan are allocated to participant accounts on a pro rata basis, equally to participant accounts, or specifically to a participant account for transactions specifically related to that participant.

Risks and Uncertainties

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

Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, which is the date the financial statements were available to be issued.

Note 3 - Information Certified by the Custodian

Certain Plan investments are held by John Hancock Life Insurance Co. (U.S.A.) (John Hancock), one of the Custodians of the Plan. Investments in funds held by John Hancock are made at the direction of the participants. The investments are credited for earnings thereon and reduced for participant withdrawals and expenses charged by John Hancock. The Plan Administrator has obtained certifications from John Hancock as of December 31, 2024 and 2023, and for the year ended December 31, 2024, that the following information provided to the Plan Administrator by John Hancock is complete and accurate:

	December 31:	
	2024	2023
Pooled separate accounts	\$ 27,554,715	\$ 23,127,439
Notes receivable from participants	220,258	183,135
	Year ended December 31, 2024	
Net appreciation in fair value of investments	\$ 3,408,484	
Interest income on notes receivable from participants	14,774	

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments held by Charles Schwab & Co. Inc., a Custodian of the Plan, as of December 31, 2024 and 2023 and for the year ended December 31, 2024 are as follows:

	December 31:	
	2024	2023
Net Assets:		
Exchange-traded funds	\$ 27,636,839	\$ 24,402,683
Common stock	13,950,586	13,364,577
Corporate debt instruments	10,880,695	11,369,517
U.S. government securities	13,751,181	11,219,175
Interest-bearing cash	774,282	2,150,904
Notes receivable from participants	835,313	675,905
Cash surrender value of life insurance	290,243	290,842
Interest receivable	229,695	182,462
	<u>\$ 68,348,834</u>	<u>\$ 63,656,065</u>
	Year ended December 31, 2024	
Changes in Net Assets:		
Employer contributions received	\$ 4,585,650	
Rollovers	87,268	
Net appreciation in fair value of investments	5,635,257	
Interest and dividend income	1,441,707	
Net decrease in cash surrender value of life insurance	(599)	
Benefits paid to participants	(6,683,134)	
Administrative expenses	(419,020)	
Interest income on notes receivable from participants	49,331	
Other	(3,691)	
	<u>\$ 4,692,769</u>	

Note 5 - Fair Value Measurements

Fair value is the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements, continued

The Plan follows a fair value hierarchy to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Three levels of input may be used to measure fair value:

Level 1 - quoted prices in active markets for identical assets or liabilities.

Level 2 - inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

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

Common stock and exchange-traded funds (ETF): Valued at the closing price reported on the active market where the securities are traded.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Interest-bearing cash: Valued at the closing balance, plus accrued interest.

Pooled separate accounts (PSA): PSAs invest in a variety of domestic stock, international stocks, mutual funds, bonds, and other securities. The majority of the underlying securities have observable level 1 quoted pricing inputs. While the underlying asset values are generally based on publicly quoted prices, the net asset value (NAV) of each separate PSA is not valued using publicly quoted prices. The NAV is used as a practical expedient to estimate fair value. Each pooled separate account has its own investment strategy; participants should refer to the individual PSA's prospectus for a more complete description of the PSA and its investment strategy.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Exchange-traded funds	\$ 27,636,839	\$ -	\$ -	\$ 27,636,839
Common stock	13,950,586	-	-	13,950,586
U.S. government securities	-	13,751,181	-	13,751,181
Corporate debt instruments	-	10,880,695	-	10,880,695
Interest-bearing cash	774,282	-	-	774,282
Total investments in the fair value hierarchy	\$ 42,361,707	\$ 24,631,876	\$ -	66,993,583
Investments measured at NAV				27,554,715
Total investments at fair value				\$ 94,548,298

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements, continued

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Exchange-traded funds	\$ 24,402,683	\$ -	\$ -	\$ 24,402,683
Common stock	13,364,577	-	-	13,364,577
U.S. government securities	-	11,219,175	-	11,219,175
Corporate debt instruments	-	11,369,517	-	11,369,517
Interest-bearing cash	2,150,904	-	-	2,150,904
Total investments in the fair value hierarchy	<u>\$ 39,918,164</u>	<u>\$ 22,588,692</u>	<u>\$ -</u>	62,506,856
Investments measured at NAV				23,127,439
Total investments at fair value				<u>\$ 85,634,295</u>

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$27,554,715	N/A	Daily	N/A
December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$23,127,439	N/A	Daily	N/A

The investment strategies for these funds are as follows:

Income

These funds seek to achieve maximum total return that is consistent with preservation of capital and prudent investment management or track the performance of the Barclays Capital U.S. Aggregate Bond Index which broadly represents the U.S. investment-grade bond market. Managers of the Opportunistic Fund seek to generate total returns through three main approaches: strategic sector positioning, market-neutral strategies, and tactical asset allocation. The bond market fund's managers model the index with an emphasis on achieving liquidity, minimizing transaction costs, and quantifying factors that create tracking error volatility.

Fund Names:

	2024	2023
DFA Inflation-Protected Sec	\$ 172,001	\$ 162,133
John Hancock Federated High Yield Bond	150,529	57,679
John Hancock Fidelity Advisor Total Bond Fund	309,162	176,861
John Hancock Stable Value	153,425	167,613
PIMCO Income Fund	136,205	-
T. Rowe Price Spectrum Income Fund	-	95,651

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements, continued

Asset Allocation

These funds are also known as "Target Date", "LifeStyle" or "LifeCycle" funds. The funds seek a high total return through its target retirement date with a greater focus on income beyond the target date. These are designed to take participants through retirement. The target date is the expected year in which participants in a portfolio plan to retire and no longer make contributions. The portfolios are composed of actively managed funds and are managed to help retain the potential for growth and support the need for income throughout the participants' retirement years. These funds also include target risk funds that maintain a predetermined asset mix and generally uses words such as "conservative," "moderate," or "aggressive" in its name to indicate the fund's risk level. The target risk funds are composed of actively managed funds and are managed to match the participants' investment mix with their desired level of risk.

Fund Names:

	2024	2023
JH Multi-Index LS Aggressive	\$ -	\$ 204,935
JH Multi-Index LS Balanced	-	100,726
JH Multi-Index LS Conservative	-	290
JH Multi-Index LS Growth	-	127,621
JH Multi-Index LS Moderate	-	14,363
JH Multimanager 2025-2065 Lifetime	-	2,995,015
JH Multimanager Aggressive LS	-	1,551,814
JH Multimanager Balanced LS	-	685,053
JH Multimanager Conserve LS	-	14,420
JH Multimanager Growth LS	-	2,172,382
JH Multimanager Moderate LS	-	40,330
Vanguard Target 2020-2065	11,206,695	8,394,119
Vanguard Target Retirement Income	-	524,087
American Funds 2020-2065 TD	8,138,811	-

Aggressive Growth

The majority of these funds seek long-term capital appreciation or to achieve the approximate aggregate total return of the U.S. domestic equity market index or long-term growth of capital. The mid value fund managers identify companies whose stock prices do not appear to reflect their underlying values and select attractive investments with favorable industry structures, strong market positions and experienced management. Managers of the small cap index fund attempt to match the performance of the Russell 2000 Index by holding all, or a representative sample of, the securities that comprise the Index. Managers of the small cap opportunity fund invest in small and micro-cap universe; micro-cap companies are emphasized because they represent the greatest risk—return opportunities; they also identify sectors and companies undergoing change and focus on those whose market prices are depressed and whose valuation is appropriate for a value fund.

Fund Names:

	2024	2023
American Funds New World Fund	\$ 64,536	\$ -
American Funds SMALLCAP World	172,917	-
DFA U.S. Small Cap Fund	74,571	65,471
DFA U.S. Targeted Value Fund	123,409	160,001
Fidelity Contra Fund	467,867	291,594
John Hancock iShares Gold Trust ETF	198,171	131,935
John Hancock Mid Cap Index Fund	427,900	235,253
John Hancock Mid Value Fund	234,009	218,862
New World Fund	-	74,759

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 5 - Fair Value Measurements, continued

Fund Names: (Aggressive Growth), continued

	2024	2023
Real Est. Securities Fund	\$ 24,067	\$ 9,457
Science & Technology Fund	334,132	205,168
John Hancock Small Cap Index Fund	110,389	44,345
John Hancock Small Cap World Fund	-	178,751
T. Rowe Price Health Science	115,835	126,535
Vanguard Energy Fund	88,431	129,845
Vanguard Explorer Fund	267,774	202,127
Vanguard Growth Index Fund	635,187	406,166
Vanguard Mid-Cap Growth ETF	225,213	203,662
Vanguard Mid-Cap Value ETF	258,007	245,694
Vanguard Small Cap Grow Index	73,644	64,672
Vanguard Small Cap Value Index	135,293	124,310

Growth

The majority of these funds seek to achieve the approximate aggregate total return of the U.S. domestic equity market index or track the performance of a benchmark index that measures the investment return of large-capitalization growth stocks. Managers of the 500 index fund attempt to match the performance of the S&P 500 index by holding all, or a representative sample of, the securities that comprise the index; they are expected to perform similarly over the long run. The growth index fund's management employs passive management or an indexing investment approach designed to track the performance of the CRSP US Large Cap Growth Index, a broadly diversified index of growth stocks of large U.S. companies.

Fund Names:

	2024	2023
American Balanced Fund	\$ 152,750	\$ 71,954
American Funds EUPAC Fund	121,226	-
DFA International Value	144,649	151,830
Dodge & Cox Stock Fund	185,544	163,160
EuroPacific Growth Fund	-	124,828
Fidelity International Index	154,314	-
Intl Equity Index Fund	-	105,896
JH 500 Index Fund	1,934,330	1,392,056
Parnassus Core Equity Fund	-	24,215
Vanguard Value Index Fund	563,722	489,801

Note 6 - Stable Value Fund

The John Hancock Stable Value Fund has stabilizing contracts from multiple insurance companies to maintain the book value of the fund. Fully benefit-responsive contracts provide for a stated return on principal invested over a specified period and permit withdrawals at contract value for benefit payments or transfers. The contract has no stated maturity date.

There are no reserves against contract value for credit risk of the contract issuer. Crediting interest rates are generally reset monthly with the reset based on formulas which may use market value, book value, duration, and yield. The contract allows the Trust the right to delay certain plan or participant distributions up to 12 months. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable. Balance of the fund at December 31, 2024, was \$153,425 (\$167,613 in 2023).

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 7 - Cash Surrender Value of Life Insurance Policies

The cash surrender value of life insurance is the amount that an insurance company will pay to the Plan, net of surrender charges, in the event the policies are surrendered. As of December 31, 2024, the total death benefit from the life insurance policies is \$761,758. The cash surrender value at December 31, 2024 and 2023, was \$290,243 and \$290,842, respectively. The Plan is the named beneficiary on the life insurance policies and each policy is allocated to the insured participant's account so that the proceeds will be payable by the Plan pursuant to the participant's designated beneficiary.

Note 8 - Plan Termination

Although it has not expressed any intent to do so Shoestring Valley Holdings, Inc. has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 9 - Tax Status

The IRS has determined by an opinion letter dated June 30, 2020, that the Non-Standardized Pre-Approved Profit Sharing Plan with CODA sponsored by Davis Wright Tremaine LLP, which has been adopted by the Plan, is acceptable pursuant to Section 401 of the IRC and in compliance with the applicable requirements of the IRC. The Plan has not requested its own determination letter from the Internal Revenue Service. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that 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 at December 31, 2024. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 - Party-in-Interest Transactions

Transactions with the entities below qualify as party-in-interest transactions. For the year ended December 31, 2024, fees paid by the Plan for investment management, custodial, and recordkeeping services were:

Party-in-Interest	Relationship	Fees
John Hancock Life Insurance Company (U.S.A.)	Custodian	\$ 50,329
Independent Retirement Consulting	Third-Party Administrator	2,700
Raymond James Financial Services	Investment Manager	46,916
Ferguson Wellman Capital Management	Investment Manager	9,713
Quest Investment Management Inc.	Investment Manager	381,096

Transactions with these entities qualify as party-in-interest transactions and are exempt from the prohibited transaction rules under ERISA.

SUPPLEMENTAL SCHEDULE

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

EIN: 93-0422424 Plan: 001

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

December 31, 2024

	(b)	(c)		
(a)	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d)** Cost	(e) Current value
Pooled Separate Accounts:				
*	John Hancock Life Insurance Co.	AF American Balanced Fund	**	\$ 152,750
*	John Hancock Life Insurance Co.	American Funds 2020 TD	**	10,224
*	John Hancock Life Insurance Co.	American Funds 2025 TD	**	426,149
*	John Hancock Life Insurance Co.	American Funds 2030 TD	**	1,523,791
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*	John Hancock Life Insurance Co.	Vanguard Value Index Fund	**	563,722
				27,554,715
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*	Schwab Money Market Fund	774,282 shares	\$ 774,282	774,282
Exchange-Traded Funds:				
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	Invesco S&P 500 Equal Weight ETF	14,843 shares	2,566,978	2,600,939
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	iShares MSCI Emerging Markets ex China ETF	17,704 shares	1,062,478	981,687
	iShares S&P 100 ETF	10 shares	1,979	2,889
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	iShares Tr Core U.S. Aggregate Bond ETF	77 shares	8,450	7,461
	iShares Tr MSCI EAFE Idx ETF	13,005 shares	893,204	983,308
	ProShares S&P 500 Dividend Aristocrats ETF	25 shares	2,331	2,489
	ProShares S&P 500 Dividend Aristocrats ETF	56,193 shares	5,131,098	5,594,013
	ProShares S&P 500 Dividend Aristocrats ETF	1,620 shares	151,543	161,271
	SPDR Portfolio S&P 500 Growth ETF	32 shares	1,829	2,813
	SPDR Portfolio S&P 500 Growth ETF	36,784 shares	2,001,263	3,233,314
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	Vanguard High Dividend Yield ETF	798 shares	86,456	101,817
	Vanguard Index Fds Mid Cap ETF	10,094 shares	1,826,317	2,666,128
	Vanguard Index Fds Small Cp ETF	11,123 shares	2,296,793	2,672,634
	Vanguard Index Fds Value ETF	9 shares	1,277	1,524
	Vanguard Index Fds Value ETF	34,181 shares	4,908,072	5,786,843
	Vanguard Index Fds Value ETF	599 shares	86,773	101,409
	Vanguard Mortgage-Backed Securities ETF	49,481 shares	2,266,567	2,243,469
			23,677,808	27,636,839
Common Stock:				
	Alphabet Class C	5,276 shares	667,502	1,004,761
	Amazon.com Inc	4,937 shares	704,725	1,083,128
	Apple Inc	5,141 shares	878,555	1,287,409
	ASML Hldg Nv N Y Shs	292 shares	260,245	202,379
	Blackstone Inc	1,146 shares	205,323	197,593
	Boston Scientific Corp Com	4,492 shares	378,841	401,225
	Broadcom Inc	2,642 shares	373,870	612,521
	Costco Wholesale Corp	401 shares	289,027	367,424
	Eaton Corp Com	606 shares	219,390	201,113
	Ecolab Inc	1,774 shares	305,964	415,684
	Guidewire Software	2,378 shares	412,978	400,883
	Home Depot Inc	1,094 shares	386,643	425,555
	J P Morgan Chase & Co	1,688 shares	378,904	404,630
	Lilly Eli & Co Com	520 shares	330,558	401,440

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

EIN: 93-0422424 Plan: 001

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December 31, 2024

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Common Stock, continued:				
	Merck	2,098 shares	\$ 251,038	\$ 208,709
	Meta Platforms	930 shares	428,582	544,524
	Microsoft	3,024 shares	793,917	1,274,616
	Monolithic Power Systems	349 shares	281,261	206,503
	Netflix	449 shares	220,848	400,203
	Nvidia Corp	9,687 shares	578,849	1,300,867
	Palo Alto Networks	2,448 shares	393,120	445,438
	S&P Global	406 shares	205,753	202,200
	Salesforce	1,246 shares	333,730	416,575
	Servicenow Inc	377 shares	396,434	399,665
	Tesla Inc	1,182 shares	275,535	477,339
	Union Pacific Corp	1,159 shares	282,940	264,298
	Visa	1,278 shares	293,382	403,904
			10,527,914	13,950,586
Corporate Debt Instruments:				
	AbbVie Inc	\$80,000 par, 4.500%, Due 05/14/35	95,056	74,940
	American Express Co	\$60,000 par, 3.300%, Due 05/03/27	66,835	58,150
	American Tower Corp	\$500,000 par, 5.450%, Due 02/15/34	506,600	500,984
	Amgen Inc	\$90,000 par, 2.300%, Due 02/25/31	92,190	76,644
	Amphenol Corp	\$500,000 par, 2.200%, Due 09/15/31	412,008	419,040
	Bank of America	\$65,000 par, 5.000%, Due 01/21/44	63,086	60,764
	Biogen	\$60,000 par, 2.250%, Due 05/01/30	58,771	51,827
	BlackRock Inc	\$275,000 par, 1.900%, Due 01/28/31	228,478	231,770
	BlackRock Inc	\$80,000 par, 2.400%, Due 04/30/30	83,915	71,053
	Bristol-Myers Squibb Co	\$500,000 par, 2.950%, Due 03/15/32	444,449	435,489
	Capital One Financial Corp	\$55,000 par, 3.800%, Due 01/31/28	61,303	53,078
	Charles Schwab Corp	\$500,000 par, 2.900%, Due 03/03/32	423,257	430,372
	Coca Cola Co	\$250,000 par, 2.125%, Due 09/06/29	252,766	224,020
	Coca Cola Co	\$475,000 par, 2.000%, Due 03/05/31	442,925	404,961
	Comcast Corp	\$65,000 par, 3.300%, Due 02/01/27	68,471	63,265
	Consolidated Edison Co N Y Inc	\$70,000 par, 6.200%, Due 06/15/36	95,308	74,143
	Consolidated Edison Co N Y Inc	\$70,000 par, 6.200%, Due 06/15/36	74,845	74,143
	Goldman Sachs Group Inc	\$80,000 par, 3.850%, Due 01/26/27	85,933	78,510
	Home Depot Inc	\$500,000 par, 3.250%, Due 04/15/32	456,789	446,141
	Home Depot Inc	\$85,000 par, 3.300%, Due 04/15/40	87,307	66,284
	Intel Corp	\$55,000 par, 3.700%, Due 07/29/25	61,884	54,633
	Intercontinental Exchange	\$225,000 par, 4.600%, Due 03/15/33	221,858	215,793
	International Business Machs	\$500,000 par, 5.875%, Due 01/29/32	545,434	525,998
	J P Morgan Chase & Co	\$90,000 par, 6.400%, Due 05/15/38	99,982	98,265
	John Deere Capital Corp	\$500,000 par, 2.450%, Due 01/09/30	474,954	449,783
	Lockheed Martin Corp	\$500,000 par, 4.750%, Due 02/15/34	502,232	485,552
	Marriott Intl	\$375,000 par, 2.850%, Due 04/15/31	310,346	327,645
	McDonald's	\$85,000 par, 3.600%, Due 07/01/30	91,150	79,751
	Morgan Stanley	\$80,000 par, 4.375%, Due 01/22/47	69,383	66,883
	Oracle	\$65,000 par, 3.250%, Due 01/15/27	70,851	62,509
	PayPal	\$500,000 par, 4.400%, Due 06/01/32	489,935	480,251
	Procter & Gamble	\$275,000 par, 3.000%, Due 03/25/30	297,922	253,165
	Qualcomm Inc	\$500,000 par, 5.400%, Due 05/20/33	515,715	515,717

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

EIN: 93-0422424 Plan: 001

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

December 31, 2024

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Corporate Debt Instruments, continued:				
	Shell Int'l Finance	\$55,000 par, 6.375%, Due 02/15/38	\$ 53,778	\$ 59,881
	Starbucks	\$500,000 par, 3.000%, Due 02/14/32	430,022	437,347
	Starbucks	\$50,000 par, 3.550%, Due 08/15/29	55,211	47,339
	Stryker Corporation	\$500,000 par, 4.625%, Due 09/11/34	484,190	477,383
	Thermo Fisher Scientific	\$500,000 par, 2.000%, Due 0-15-31	411,782	416,160
	Thermo Fisher Scientific	\$500,000 par, 5.086%, Due 08/10/33	495,010	497,394
	Union Pacific Corp	\$500,000 par, 2.800%, Due 02/14/32	440,516	433,808
	UnitedHealth Group	\$250,000 par, 2.875%, Due 08/15/29	250,590	229,798
	UnitedHealth Group	\$90,000 par, 3.500%, Due 08/15/39	73,680	71,208
	Verizon Communications Inc	\$60,000 par, 3.875%, Due 02/08/29	69,057	57,867
	Walt Disney	\$90,000 par, 2.650%, Due 01/13/31	89,601	68,140
	Waste Management Inc Del	\$500,000 par, 4.875%, Due 02/15/34	492,285	490,447
	Wells Fargo & Co New	\$85,000 par, 4.150%, Due 01/24/29	100,149	82,400
			11,297,809	10,880,695
U.S. Government Securities:				
	United States Treas Bds	\$25,000 par, 6.875%, Due 08/15/25	25,000	25,461
	United States Treas Bds	\$100,000 par, 6.500%, Due 01/15/26	100,000	104,547
	United States Treas Bds	\$5,000 par, 6.625%, Due 02/15/27	5,000	5,259
	United States Treas Bds	\$100,000 par, 5.250%, Due 01/15/28	100,000	103,137
	United States Treas Bds	\$115,000 par, 3.750%, Due 08/15/41	115,000	101,272
	United States Treas Bds	\$125,000 par, 3.125%, Due 01/15/41	125,000	100,698
	United States Treas Bds	\$80,000 par, 3.000%, Due 05/15/42	80,000	62,856
	United States Treas Bds	\$110,000 par, 2.250%, Due 08/15/46	110,000	71,105
	United States Treas Bds	\$125,000 par, 3.375%, Due 01/15/48	125,000	97,769
	United States Treas Bds	\$45,000 par, 4.125%, Due 08/15/53	45,000	40,147
	United States Treas Nts	\$335,000 par, 2.625%, Due 02/15/29	335,000	313,160
	United States Treas Nts	\$2,050,000 par, 1.750%, Due 01/15/29	2,050,000	1,817,773
	United States Treas Nts	\$2,050,000 par, 1.500%, Due 02/15/30	2,050,000	1,779,816
	United States Treas Nts	\$2,060,000 par, 1.375%, Due 11/15/31	2,060,000	1,683,245
	United States Treas Nts	\$1,975,000 par, 1.875%, Due 02/15/32	1,975,000	1,661,083
	United States Treas Nts	\$1,975,000 par, 3.375%, Due 05/15/33	1,975,000	1,815,148
	United States Treas Nts	\$2,060,000 par, 4.000%, Due 02/15/34	2,060,000	1,972,530
	United States Treas Nts	\$1,250,000 par, 3.875%, Due 08/15/34	1,250,000	1,182,227
	United States Treas Nts	\$140,000 par, 2.125%, Due 05/15/25	140,000	138,903
	United States Treas Nts	\$100,000 par, 2.250%, Due 01/15/25	100,000	98,288
	United States Treas Nts	\$130,000 par, 3.625%, Due 05/15/26	130,000	128,923
	United States Treas Nts	\$50,000 par, 2.375%, Due 05/15/27	50,000	47,879
	United States Treas Nts	\$100,000 par, 2.750%, Due 02/15/28	100,000	95,473
	United States Treas Nts	\$30,000 par, 1.625%, Due 05/15/31	30,000	25,307
	United States Treas Nts	\$100,000 par, 2.875%, Due 05/15/32	100,000	89,809
	United States Treas Nts	\$150,000 par, 3.375%, Due 05/15/33	150,000	137,859
	United States Treas Nts	\$50,000 par, 4.000%, Due 02/15/34	50,000	51,507
			15,435,000	13,751,181
Cash Surrender Value of Life Insurance:				
	* Standard Insurance Company	Cash surrender value of life insurance***	166,620	290,243

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN**EIN: 93-0422424 Plan: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**December 31, 2024

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Notes Receivable from Participants:

* Participant Loans

Interest: 4.25% to 10.50% and maturities
ranging from April 2025 to August 2039.

**

\$ 1,055,571

* Designates a party-in-interest to the Plan.

** Cost information is omitted for participant-directed investments.

*** Reported at contract value.

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

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	Vanguard High Dividend Yield ETF	798 shares	86,456	101,817
	Vanguard Index Fds Mid Cap ETF	10,094 shares	1,826,317	2,666,128
	Vanguard Index Fds Small Cp ETF	11,123 shares	2,296,793	2,672,634
	Vanguard Index Fds Value ETF	9 shares	1,277	1,524
	Vanguard Index Fds Value ETF	34,181 shares	4,908,072	5,786,843
	Vanguard Index Fds Value ETF	599 shares	86,773	101,409
	Vanguard Mortgage-Backed Securities ETF	49,481 shares	2,266,567	2,243,469
			23,677,808	27,636,839
Common Stock:				
	Alphabet Class C	5,276 shares	667,502	1,004,761
	Amazon.com Inc	4,937 shares	704,725	1,083,128
	Apple Inc	5,141 shares	878,555	1,287,409
	ASML Hldg Nv N Y Shs	292 shares	260,245	202,379
	Blackstone Inc	1,146 shares	205,323	197,593
	Boston Scientific Corp Com	4,492 shares	378,841	401,225
	Broadcom Inc	2,642 shares	373,870	612,521
	Costco Wholesale Corp	401 shares	289,027	367,424
	Eaton Corp Com	606 shares	219,390	201,113
	Ecolab Inc	1,774 shares	305,964	415,684
	Guidewire Software	2,378 shares	412,978	400,883
	Home Depot Inc	1,094 shares	386,643	425,555
	J P Morgan Chase & Co	1,688 shares	378,904	404,630
	Lilly Eli & Co Com	520 shares	330,558	401,440

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

EIN: 93-0422424 Plan: 001

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

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d)** Cost	(e) Current value
Common Stock, continued:				
	Merck	2,098 shares	\$ 251,038	\$ 208,709
	Meta Platforms	930 shares	428,582	544,524
	Microsoft	3,024 shares	793,917	1,274,616
	Monolithic Power Systems	349 shares	281,261	206,503
	Netflix	449 shares	220,848	400,203
	Nvidia Corp	9,687 shares	578,849	1,300,867
	Palo Alto Networks	2,448 shares	393,120	445,438
	S&P Global	406 shares	205,753	202,200
	Salesforce	1,246 shares	333,730	416,575
	Servicenow Inc	377 shares	396,434	399,665
	Tesla Inc	1,182 shares	275,535	477,339
	Union Pacific Corp	1,159 shares	282,940	264,298
	Visa	1,278 shares	293,382	403,904
			10,527,914	13,950,586
Corporate Debt Instruments:				
	AbbVie Inc	\$80,000 par, 4.500%, Due 05/14/35	95,056	74,940
	American Express Co	\$60,000 par, 3.300%, Due 05/03/27	66,835	58,150
	American Tower Corp	\$500,000 par, 5.450%, Due 02/15/34	506,600	500,984
	Amgen Inc	\$90,000 par, 2.300%, Due 02/25/31	92,190	76,644
	Amphenol Corp	\$500,000 par, 2.200%, Due 09/15/31	412,008	419,040
	Bank of America	\$65,000 par, 5.000%, Due 01/21/44	63,086	60,764
	Biogen	\$60,000 par, 2.250%, Due 05/01/30	58,771	51,827
	BlackRock Inc	\$275,000 par, 1.900%, Due 01/28/31	228,478	231,770
	BlackRock Inc	\$80,000 par, 2.400%, Due 04/30/30	83,915	71,053
	Bristol-Myers Squibb Co	\$500,000 par, 2.950%, Due 03/15/32	444,449	435,489
	Capital One Financial Corp	\$55,000 par, 3.800%, Due 01/31/28	61,303	53,078
	Charles Schwab Corp	\$500,000 par, 2.900%, Due 03/03/32	423,257	430,372
	Coca Cola Co	\$250,000 par, 2.125%, Due 09/06/29	252,766	224,020
	Coca Cola Co	\$475,000 par, 2.000%, Due 03/05/31	442,925	404,961
	Comcast Corp	\$65,000 par, 3.300%, Due 02/01/27	68,471	63,265
	Consolidated Edison Co N Y Inc	\$70,000 par, 6.200%, Due 06/15/36	95,308	74,143
	Consolidated Edison Co N Y Inc	\$70,000 par, 6.200%, Due 06/15/36	74,845	74,143
	Goldman Sachs Group Inc	\$80,000 par, 3.850%, Due 01/26/27	85,933	78,510
	Home Depot Inc	\$500,000 par, 3.250%, Due 04/15/32	456,789	446,141
	Home Depot Inc	\$85,000 par, 3.300%, Due 04/15/40	87,307	66,284
	Intel Corp	\$55,000 par, 3.700%, Due 07/29/25	61,884	54,633
	Intercontinental Exchange	\$225,000 par, 4.600%, Due 03/15/33	221,858	215,793
	International Business Machs	\$500,000 par, 5.875%, Due 01/29/32	545,434	525,998
	J P Morgan Chase & Co	\$90,000 par, 6.400%, Due 05/15/38	99,982	98,265
	John Deere Capital Corp	\$500,000 par, 2.450%, Due 01/09/30	474,954	449,783
	Lockheed Martin Corp	\$500,000 par, 4.750%, Due 02/15/34	502,232	485,552
	Marriott Intl	\$375,000 par, 2.850%, Due 04/15/31	310,346	327,645
	McDonald's	\$85,000 par, 3.600%, Due 07/01/30	91,150	79,751
	Morgan Stanley	\$80,000 par, 4.375%, Due 01/22/47	69,383	66,883
	Oracle	\$65,000 par, 3.250%, Due 01/15/27	70,851	62,509
	PayPal	\$500,000 par, 4.400%, Due 06/01/32	489,935	480,251
	Procter & Gamble	\$275,000 par, 3.000%, Due 03/25/30	297,922	253,165
	Qualcomm Inc	\$500,000 par, 5.400%, Due 05/20/33	515,715	515,717

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN

EIN: 93-0422424 Plan: 001

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

December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d)** Cost	(e) Current value
Corporate Debt Instruments, continued:				
	Shell Int'l Finance	\$55,000 par, 6.375%, Due 02/15/38	\$ 53,778	\$ 59,881
	Starbucks	\$500,000 par, 3.000%, Due 02/14/32	430,022	437,347
	Starbucks	\$50,000 par, 3.550%, Due 08/15/29	55,211	47,339
	Stryker Corporation	\$500,000 par, 4.625%, Due 09/11/34	484,190	477,383
	Thermo Fisher Scientific	\$500,000 par, 2.000%, Due 0-15-31	411,782	416,160
	Thermo Fisher Scientific	\$500,000 par, 5.086%, Due 08/10/33	495,010	497,394
	Union Pacific Corp	\$500,000 par, 2.800%, Due 02/14/32	440,516	433,808
	UnitedHealth Group	\$250,000 par, 2.875%, Due 08/15/29	250,590	229,798
	UnitedHealth Group	\$90,000 par, 3.500%, Due 08/15/39	73,680	71,208
	Verizon Communications Inc	\$60,000 par, 3.875%, Due 02/08/29	69,057	57,867
	Walt Disney	\$90,000 par, 2.650%, Due 01/13/31	89,601	68,140
	Waste Management Inc Del	\$500,000 par, 4.875%, Due 02/15/34	492,285	490,447
	Wells Fargo & Co New	\$85,000 par, 4.150%, Due 01/24/29	100,149	82,400
			11,297,809	10,880,695
U.S. Government Securities:				
	United States Treas Bds	\$25,000 par, 6.875%, Due 08/15/25	25,000	25,461
	United States Treas Bds	\$100,000 par, 6.500%, Due 01/15/26	100,000	104,547
	United States Treas Bds	\$5,000 par, 6.625%, Due 02/15/27	5,000	5,259
	United States Treas Bds	\$100,000 par, 5.250%, Due 01/15/28	100,000	103,137
	United States Treas Bds	\$115,000 par, 3.750%, Due 08/15/41	115,000	101,272
	United States Treas Bds	\$125,000 par, 3.125%, Due 01/15/41	125,000	100,698
	United States Treas Bds	\$80,000 par, 3.000%, Due 05/15/42	80,000	62,856
	United States Treas Bds	\$110,000 par, 2.250%, Due 08/15/46	110,000	71,105
	United States Treas Bds	\$125,000 par, 3.375%, Due 01/15/48	125,000	97,769
	United States Treas Bds	\$45,000 par, 4.125%, Due 08/15/53	45,000	40,147
	United States Treas Nts	\$335,000 par, 2.625%, Due 02/15/29	335,000	313,160
	United States Treas Nts	\$2,050,000 par, 1.750%, Due 01/15/29	2,050,000	1,817,773
	United States Treas Nts	\$2,050,000 par, 1.500%, Due 02/15/30	2,050,000	1,779,816
	United States Treas Nts	\$2,060,000 par, 1.375%, Due 11/15/31	2,060,000	1,683,245
	United States Treas Nts	\$1,975,000 par, 1.875%, Due 02/15/32	1,975,000	1,661,083
	United States Treas Nts	\$1,975,000 par, 3.375%, Due 05/15/33	1,975,000	1,815,148
	United States Treas Nts	\$2,060,000 par, 4.000%, Due 02/15/34	2,060,000	1,972,530
	United States Treas Nts	\$1,250,000 par, 3.875%, Due 08/15/34	1,250,000	1,182,227
	United States Treas Nts	\$140,000 par, 2.125%, Due 05/15/25	140,000	138,903
	United States Treas Nts	\$100,000 par, 2.250%, Due 01/15/25	100,000	98,288
	United States Treas Nts	\$130,000 par, 3.625%, Due 05/15/26	130,000	128,923
	United States Treas Nts	\$50,000 par, 2.375%, Due 05/15/27	50,000	47,879
	United States Treas Nts	\$100,000 par, 2.750%, Due 02/15/28	100,000	95,473
	United States Treas Nts	\$30,000 par, 1.625%, Due 05/15/31	30,000	25,307
	United States Treas Nts	\$100,000 par, 2.875%, Due 05/15/32	100,000	89,809
	United States Treas Nts	\$150,000 par, 3.375%, Due 05/15/33	150,000	137,859
	United States Treas Nts	\$50,000 par, 4.000%, Due 02/15/34	50,000	51,507
			15,435,000	13,751,181
Cash Surrender Value of Life Insurance:				
	* Standard Insurance Company	Cash surrender value of life insurance***	166,620	290,243

See independent auditor's report.

SHOESTRING VALLEY HOLDINGS RETIREMENT PLAN**EIN: 93-0422424 Plan: 001****Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d)** Cost	(e) Current value

Notes Receivable from Participants:

* Participant Loans		Interest: 4.25% to 10.50% and maturities ranging from April 2025 to August 2039.	**	\$ 1,055,571
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* Designates a party-in-interest to the Plan.

** Cost information is omitted for participant-directed investments.

*** Reported at contract value.