

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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) C

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
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1a Name of plan <u>SLOY DAHL & HOLST BALANCED</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
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) <u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	2b Employer Identification Number (EIN) <u>47-5461985</u> 2c Plan Sponsor's telephone number <u>303-996-3781</u> 2d Business code (see instructions)

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			
	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	Filed with authorized/valid electronic signature.	10/14/2025	MACKENZIE LOTHERT
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
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:

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 <u>SLOY DAHL & HOLST BALANCED</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTA TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>47-5461985</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
c EIN-PN <u>92-0398350-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2598026</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA TOTAL RETURN BOND</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>47-5396070-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9508603</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER BOND FUND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>81-5420248-291</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6800552</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CT HIGH YIELD BOND FUND A</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>41-0007957-111</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4087429</u>
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)
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)
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)

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)

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)

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)

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)

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)

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)

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)

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	ACP DISTRIBUTION, INC. PSP	
b	Name of plan sponsor	ACP DISTRIBUTION, INC.	c EIN-PN 13-0419457-001
a	Plan name	ACTIVE CONSTRUCTION, INC. 401K PSP	
b	Name of plan sponsor	ACTIVE CONSTRUCTION, INC.	c EIN-PN 91-0839781-001
a	Plan name	A-DEC, INC. 401K	
b	Name of plan sponsor	A-DEC, INC.	c EIN-PN 93-0555952-001
a	Plan name	AIMCO EMPLOYEE SAVINGS & PSP	
b	Name of plan sponsor	AIMCO	c EIN-PN 93-0587292-001
a	Plan name	AIRX, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AIRX, LLC	c EIN-PN 87-2811634-001
a	Plan name	ALDRICH EIKE P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALDRICH EIKE P.C.	c EIN-PN 75-3109211-001
a	Plan name	ALDRICH GOLDSTEIN P.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALDRICH GOLDSTEIN P.C	c EIN-PN 93-1302829-001
a	Plan name	ANDERSON PACIFIC ENGINEERING CONSTRUCTION, INC. PENSION PLAN	
b	Name of plan sponsor	ANDERSON PACIFIC ENGINEERING CONSTRUCTION, INC.	c EIN-PN 94-1636147-001
a	Plan name	ANY BREAKERS, INC. 401K PLAN AND TRUST	
b	Name of plan sponsor	ANY BREAKERS, INC.	c EIN-PN 94-3399644-001
a	Plan name	APEX ENGINEERING 401K PSP	
b	Name of plan sponsor	APEX ENGINEERING, PLLC	c EIN-PN 91-1721403-001
a	Plan name	ASSOCIATED PETROLEUM PRODUCTS 401K	
b	Name of plan sponsor	ASSOCIATED PETROLEUM PRODUCTS, INC.	c EIN-PN 91-1186058-002
a	Plan name	B.M. FONG PENSION PLAN	
b	Name of plan sponsor	BRIAN MICHAEL FONG, PC	c EIN-PN 27-4381598-001

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	BENT, LLC 401(K) PLAN	
b	Name of plan sponsor	BENT, LLC	c EIN-PN 83-2520837-001
a	Plan name	BRIAN FONG CASH BALANCE PLAN	
b	Name of plan sponsor	BRIAN FONG	c EIN-PN 27-4381598-002
a	Plan name	BROADWAY MEDICAL CLINIC, LLP 401K PSP	
b	Name of plan sponsor	BROADWAY MEDICAL CLINIC, LLP	c EIN-PN 93-0399811-001
a	Plan name	CAPITAL INDUSTRIES, INC. 401K	
b	Name of plan sponsor	CAPITAL INDUSTRIES, INC.	c EIN-PN 91-0602278-002
a	Plan name	CASCADE FEDERAL CREDIT UNION 401K PLAN	
b	Name of plan sponsor	CASCADE FEDERAL CREDIT UNION	c EIN-PN 91-0569529-001
a	Plan name	CASCADE NEUROLOGIC CLINIC, INC. 401K	
b	Name of plan sponsor	CASCADE NEUROLOGIC CLINIC, INC.	c EIN-PN 91-0951358-002
a	Plan name	CENTERLINE CONCEPTS LAND SURVEYING, INC. 401K PSP	
b	Name of plan sponsor	CENTERLINE CONCEPTS LAND SURVEYING, INC.	c EIN-PN 80-0663882-001
a	Plan name	CHERNOFF, VILHAUER, MCCLUNG & STENZEL, LLP 401K	
b	Name of plan sponsor	CHERNOFF, VILHAUER, MCCLUNG & STENZEL, LLP	c EIN-PN 93-0793873-001
a	Plan name	COFFMAN EXCAVATION 401K	
b	Name of plan sponsor	COFFMAN EXCAVATION, INC.	c EIN-PN 36-4749989-002
a	Plan name	COFFMAN EXCAVATION UNION 401K	
b	Name of plan sponsor	COFFMAN EXCAVATION, INC.	c EIN-PN 36-4749989-003
a	Plan name	D&T EXCAVATION 401K RETIREMENT PLAN	
b	Name of plan sponsor	D&T EXCAVATION, INC.	c EIN-PN 71-0875232-001
a	Plan name	DAVID A. BUFALINI PS, INC. 401K PSP	
b	Name of plan sponsor	DAVID A. BUFALINI PS, INC.	c EIN-PN 91-1665057-001

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	DYNIC USA CORP. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DYNIC USA CORP.	c EIN-PN 22-2876358-001
a	Plan name	EDGE SALES AND MARKETING 401K	
b	Name of plan sponsor	EDGE SALES AND MARKETING	c EIN-PN 01-0604758-001
a	Plan name	EIKE LAW PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EIKE LAW PC	c EIN-PN 45-3089247-001
a	Plan name	EMERY & SONS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMERY & SONS CONSTRUCTION, INC.	c EIN-PN 61-1740808-002
a	Plan name	ESPOUSAL STRATEGIES 401(K) PLAN	
b	Name of plan sponsor	ESPOUSAL STRATEGIES, LLC.	c EIN-PN 83-3318470-001
a	Plan name	EXPLORE APS 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE AMERICAN PROFESSIONAL STAFFING SOLUTIONS, LLC	c EIN-PN 83-3102256-001
a	Plan name	FELTSBERG ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	FELTSBERG ENTERPRISES, LLC	c EIN-PN 82-3598747-001
a	Plan name	GATEWAY HEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	GATEWAY HEALTH MANAGEMENT	c EIN-PN 77-0400402-001
a	Plan name	GNSA RETIREMENT PLAN	
b	Name of plan sponsor	GNSA, LLC	c EIN-PN 56-2421812-002
a	Plan name	GRAY LUMBER COMPANY 401K PSP	
b	Name of plan sponsor	GRAY LUMBER COMPANY	c EIN-PN 91-1029147-001
a	Plan name	HARLENS DRYWALL CO INC PSP	
b	Name of plan sponsor	HARLEN'S DRYWALL COMPANY, INC.	c EIN-PN 91-1062308-001
a	Plan name	HAWKEN FISHING 401 (K) PLAN	
b	Name of plan sponsor	HAWKEN OUTDOORS, LLC.	c EIN-PN 46-1697799-001

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	HI-SCHOOL PHARMACY 401K	
b	Name of plan sponsor	HI-SCHOOL PHARMACY	c EIN-PN 91-0520572-333
a	Plan name	HP CIVIL, INC.	
b	Name of plan sponsor	HP CIVIL, INC.	c EIN-PN 46-4349552-001
a	Plan name	HP CIVIL, INC. 401(K) PLAN	
b	Name of plan sponsor	HP CIVIL, INC., LARRY GESCHER, JOSH SMITH	c EIN-PN 46-4349551-001
a	Plan name	HYPHN 401K RETIREMENT PLAN	
b	Name of plan sponsor	HYPHN	c EIN-PN 81-4396097-001
a	Plan name	INDIAN WELLS RESTAURANT PROFIT SHARING PLAN	
b	Name of plan sponsor	INDIAN WELLS RESTAURANT, INC	c EIN-PN 30-0761276-001
a	Plan name	INTERFACE ENGINEERING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INTERFACE ENGINEERING, INC.	c EIN-PN 93-0576423-003
a	Plan name	ISLER NORTHWEST, LLC 401K	
b	Name of plan sponsor	ISLER NORTHWEST, LLC	c EIN-PN 20-4823470-001
a	Plan name	J.D. OTT COMPANY, INC. RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	J.D. OTT COMPANY, INC.	c EIN-PN 91-0818001-001
a	Plan name	JAMES M. KOMOROUS, MD, PS 401K	
b	Name of plan sponsor	JAMES M. KOMOROUS, MD, PS	c EIN-PN 91-1143189-001
a	Plan name	JOHN SZERSZEN, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN SZERSZEN, DDS, PLLC	c EIN-PN 81-5069578-001
a	Plan name	JOHNSTONE SUPPLY CINCINNATTI 401K PSP	
b	Name of plan sponsor	JOHNSTONE SUPPLY CINCINNATI	c EIN-PN 31-0514287-001
a	Plan name	JOHNSTONE SUPPLY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	JOHNSTONE SUPPLY, INC.	c EIN-PN 93-0788192-001

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	JOSEPH HUGHES CONSTRUCTION 401K	
b	Name of plan sponsor	JHC COMMERCIAL, LLC	c EIN-PN 20-0493795-001
a	Plan name	K&E EXCAVATING, INC. 401K PLAN & TRUST	
b	Name of plan sponsor	K&E EXCAVATING, INC.	c EIN-PN 93-1242787-001
a	Plan name	KELLEY-ROSS & ASSOCIATES 401K PSP	
b	Name of plan sponsor	KELLEY-ROSS & ASSOCIATES	c EIN-PN 91-0688719-001
a	Plan name	KEN LEAHY CONSTRUCTION 401K	
b	Name of plan sponsor	KEN LEAHY CONSTRUCTION	c EIN-PN 93-1181470-001
a	Plan name	KEYPORT, LLC 401(K) PLAN	
b	Name of plan sponsor	KEYPORT, LLC	c EIN-PN 91-1767633-001
a	Plan name	KING RETAIL SOLUTIONS 401K PSP	
b	Name of plan sponsor	KING RETAIL SOLUTIONS	c EIN-PN 93-1139529-002
a	Plan name	LANG ENTERPRISES, LLC. 401(K) PLAN	
b	Name of plan sponsor	LANG ENTERPRISES, LLC.	c EIN-PN 46-4337994-001
a	Plan name	LUXELOCKER 401K PLAN	
b	Name of plan sponsor	LUXELOCKER, LLC.	c EIN-PN 83-2520837-001
a	Plan name	MCDONALD EXCAVATING, INC. UNION 401K	
b	Name of plan sponsor	MCDONALD EXCAVATING, INC.	c EIN-PN 91-1545806-002
a	Plan name	MEGI ENGINEERING INC. 401K PLAN	
b	Name of plan sponsor	MEGI ENGINEERING INC. 401K PLAN	c EIN-PN 82-4375279-001
a	Plan name	MOORE EXCAVATION, INC., RETIREMENT PLAN	
b	Name of plan sponsor	MOORE EXCAVATION, INC.	c EIN-PN 93-0583943-001
a	Plan name	MTMCARE, INC. 401K PSP	
b	Name of plan sponsor	MTMCARE, INC.	c EIN-PN 46-2774512-001

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 MY FUTURE 401K	
b	Name of plan sponsor MCDONALD EXCAVATING, INC.	c EIN-PN 91-1545806-001
a	Plan name NORTHWEST MEDICAL SPECIALTIES, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NORTHWEST MEDICAL SPECIALTIES, PLLC	c EIN-PN 91-1867315-002
a	Plan name NORTHWEST STEEL & PIPE, INC. 401K	
b	Name of plan sponsor NORTHWEST STEEL & PIPE, INC.	c EIN-PN 91-0778458-001
a	Plan name NW STEEL & PIPE 401(K) UNION PLAN	
b	Name of plan sponsor NW STEEL & PIPE	c EIN-PN 91-0778458-001
a	Plan name OCEAN PARK MECHANICAL 401(K) PLAN	
b	Name of plan sponsor OCEAN PARK MECHANICAL	c EIN-PN 98-0188137-001
a	Plan name OREGON STATE BRIDGE CONSTRUCTION, INC. RETIREMENT PLAN	
b	Name of plan sponsor OREGON STATE BRIDGE CONSTRUCTION, INC.	c EIN-PN 26-1776483-001
a	Plan name ORR, INC. 401(K) PLAN	
b	Name of plan sponsor ORR, INC	c EIN-PN 87-2084941-001
a	Plan name OXBOW CONSTRUCTION	
b	Name of plan sponsor IRON HORSE EXCAVATION, LLC DBA OXBOW CONSTRUCTION	c EIN-PN 72-1604704-001
a	Plan name OXBOW CONSTRUCTION CASH BALANCE PLAN	
b	Name of plan sponsor IRON HORSE EXCAVATION DBA OXBOW CONSTRUCTION	c EIN-PN 72-1604704-001
a	Plan name PACIFIC OFFICE AUTOMATION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor PACIFIC OFFICE AUTOMATION	c EIN-PN 93-0665413-001
a	Plan name PACKAGE CONTAINERS 401K	
b	Name of plan sponsor PACKAGE CONTAINERS, INC.	c EIN-PN 93-0351499-002
a	Plan name PARKER PACIFIC 401K	
b	Name of plan sponsor PARKER PACIFIC, INC.	c EIN-PN 91-1074603-001

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 PEDIATRIC ASSOCIATES, INC. 401K PSP	
b	Name of plan sponsor PEDIATRIC ASSOCIATES, INC., PS DBA ALLEGRO PEDIATRICS	c EIN-PN 91-0846502-001
a	Plan name PERMACOLD ENGINEERING, INC. 401K	
b	Name of plan sponsor PERMACOLD ENGINEERING, INC.	c EIN-PN 93-1128369-001
a	Plan name PETRINOVICH, PUGH & CO 401K PSP	
b	Name of plan sponsor PETRINOVICH, PUGH & CO	c EIN-PN 94-1668792-002
a	Plan name PIPELINE PLUMBING 401K PLAN	
b	Name of plan sponsor PIPELINE PLUMBING	c EIN-PN 77-0619682-001
a	Plan name QUALITY TANK & CONSTRUCTION 401K PLAN	
b	Name of plan sponsor QUALITY TANK & CONSTRUCTION	c EIN-PN 93-0757601-002
a	Plan name RAINIER VIEW WATER COMPANY, INC. 401K	
b	Name of plan sponsor RAINIER VIEW WATER COMPANY, INC.	c EIN-PN 91-1464595-001
a	Plan name ROBERTSON & OLSON CONSTRUCTION, INC. 401K	
b	Name of plan sponsor ROBERSON & OLSON CONSTRUCTION, INC.	c EIN-PN 91-1876356-001
a	Plan name RSG FOREST PRODUCTS, INC. 401K	
b	Name of plan sponsor RSG FOREST PRODUCTS	c EIN-PN 91-0908359-002
a	Plan name SEAN LIU, DDS, PLLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SEAN LIU, DDS, PLLC	c EIN-PN 83-1750456-001
a	Plan name SILICON LEGAL STRATEGY 401K	
b	Name of plan sponsor SILICON LEGAL STRATEGY, APC	c EIN-PN 27-0258131-001
a	Plan name SISKIYOU GIFTS 401K	
b	Name of plan sponsor SISKIYOU GIFTS	c EIN-PN 93-0739822-001
a	Plan name SKYLINE SHEET METAL, INC. 401K PSP	
b	Name of plan sponsor SKYLINE SHEET METAL, INC.	c EIN-PN 93-1023636-001

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 SLABJACK NW, LLC 401K	
b	Name of plan sponsor SLABJACK NW, LLC	c EIN-PN 20-5050153-001
a	Plan name SLAYDEN CONSTRUCTION GROUP, INC. DAVIS BACON PLAN	
b	Name of plan sponsor SLAYDEN CONSTRUCTION GROUP	c EIN-PN 93-1326413-002
a	Plan name SLAYDEN CONSTRUCTION GROUP, INC. 401K PSP	
b	Name of plan sponsor SLAYDEN CONSTRUCTION GROUP, INC.	c EIN-PN 93-1326413-003
a	Plan name SLOY, DAHL & HOLST, LLC 401K PLAN	
b	Name of plan sponsor MICHAEL TUDOR/ SLOY, DAHL & HOLST LLC	c EIN-PN 93-0989022-001
a	Plan name SMALL, SNELL, WEISS & COMFORT, PS 401K	
b	Name of plan sponsor SMALL, SNELL, WEISS & COMFORT, PS	c EIN-PN 91-1110449-001
a	Plan name SMITHCFI 401K	
b	Name of plan sponsor SMITHCFI, INC.	c EIN-PN 93-0565114-001
a	Plan name SOUND CREDIT UNION 401K RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor SOUND CREDIT UNION	c EIN-PN 91-0557925-003
a	Plan name SOUTH BAY CONSTRUCTION COMPANY 401K PSP	
b	Name of plan sponsor SOUTH BAY CONSTRUCTION COMPANY	c EIN-PN 94-2516394-001
a	Plan name STEPHEN M. BADER RETIREMENT PLAN	
b	Name of plan sponsor STEPHEN M. BADER, CPA	c EIN-PN 91-1394435-001
a	Plan name STETTLER SUPPLY COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STETTLER SUPPLY COMPANY	c EIN-PN 93-0463205-001
a	Plan name STEVEN FELDMAN 401K PSP	
b	Name of plan sponsor STEVEN H. FELDMAN, ATTORNEY	c EIN-PN 93-1165829-001
a	Plan name SUPERIOR LINEN SERVICE CO. UNION 401K PSP	
b	Name of plan sponsor SUPERIOR LINEN SERVICE CO.	c EIN-PN 91-0259410-002

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	T&T CARES, LLC 401K PLAN	
b	Name of plan sponsor	T&T CARES, LLC	c EIN-PN 86-1285771-001
a	Plan name	TALENT SOLVERS, LLC 401K PLAN	
b	Name of plan sponsor	TALENT SOLVERS, LLC	c EIN-PN 46-4499877-001
a	Plan name	TERRY R. WALLEN DDS, PSP 401K	
b	Name of plan sponsor	TERRY R. WALLEN, DDS, PS	c EIN-PN 91-1085084-002
a	Plan name	THE AMERICAN PROFESSIONAL STAFFING SOLUTIONS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	THE AMERICAN PROFESSIONAL STAFFING SOLUTIONS, LLC	c EIN-PN 83-3102256-001
a	Plan name	THE PSP & TRUST OF WALLACE, KLOR & MANN, PC	
b	Name of plan sponsor	WALLACE, KLOR & MANN, PC	c EIN-PN 93-1007240-001
a	Plan name	THE STONER ELECTRIC GROUP 401K	
b	Name of plan sponsor	THE STONER ELECTRIC GROUP	c EIN-PN 93-0612566-001
a	Plan name	TOPTIER, LLC 401K	
b	Name of plan sponsor	TOPTIER, LLC	c EIN-PN 93-1323103-001
a	Plan name	TOZNY, LLC 401K	
b	Name of plan sponsor	TOZNY, LLC	c EIN-PN 46-2363412-001
a	Plan name	UCS INVESTMENTS, LLC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UCS INVESTMENTS, LLC	c EIN-PN 46-2508637-001
a	Plan name	WESTECH CONSTRUCTION CASH BALANCE PLAN	
b	Name of plan sponsor	WESTECH CONSTRUCTION, INC.	c EIN-PN 82-3713342-002
a	Plan name	WESTECH CONSTRUCTION, INC. DAVIS BACON 401K PSP	
b	Name of plan sponsor	WESTECH CONSTRUCTION, INC.	c EIN-PN 93-1139383-001
a	Plan name	WHITWORTH PEST SOLUTIONS 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WHITWORTH PEST SOLUTIONS, INC.	c EIN-PN 91-1213288-001

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	WILLIAM B. PARKER, DDS, PS 401K PSP	
b Name of plan sponsor	WILLIAM B. PARKER, DDS	c EIN-PN 91-1160746-001

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 SLOY DAHL & HOLST BALANCED	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTA TRUST COMPANY	D Employer Identification Number (EIN) 47-5461985

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	121011
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	89203
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	22994610
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	112474434
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	134789805	135679258
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	11892	17185
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	256	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12148	17185
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	134777657	135662073

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	84028	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	142518	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		226546
(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)	1702604	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1702604
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		18367770
d Total income. Add all income amounts in column (b) and enter total	2d		20296920

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	88742	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		88742
j Total expenses. Add all expense amounts in column (b) and enter total	2j		88742

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20208178
l Transfers of assets:			
(1) To this plan	2l(1)		16216820
(2) From this plan	2l(2)		35540582

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:

(2) EIN:

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?			
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 _____.