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**

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
- [X] 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:
- [X] 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 SLOY DAHL & HOLST GROWTH	**1b** Three-digit plan number (PN) ▶ 001 **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) ALTA TRUST COMPANY 3500 S PHILLIPS AVE. STE. 201 SIOUX FALLS, SD 57105	**2b** Employer Identification Number (EIN) 47-5472063 **2c** Plan Sponsor's telephone number 303-996-3781 **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. **Signature of DFE**	10/14/2025 Date	MACKENZIE LOTHERT Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)** [ ] 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

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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached ______
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **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 D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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
SLOY DAHL & HOLST GROWTH

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALTA TRUST COMPANY

D Employer Identification Number (EIN)
47-5472063

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

a Name of MTIA, CCT, PSA, or 103-12 IE: ALTA TRUST SHORT TERM INVESTMENT

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

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)
92-0398350-001	C	1027025

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TOTAL RETURN BOND

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

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)
47-5396070-001	C	2127070

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)

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)

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	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
a Plan name	BENT, LLC 401(K) PLAN		
b Name of plan sponsor	BENT, LLC	**c** EIN-PN	83-2520837-001

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	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
a Plan name	DYNIC USA CORP. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	DYNIC USA CORP.	**c** EIN-PN	22-2876358-001

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	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
a Plan name	HI-SCHOOL PHARMACY 401K		
b Name of plan sponsor	HI-SCHOOL PHARMACY	**c** EIN-PN	91-0520572-333

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	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
a Plan name	JOSEPH HUGHES CONSTRUCTION 401K		
b Name of plan sponsor	JHC COMMERCIAL, LLC	**c** EIN-PN	20-0493795-001

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	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
a Plan name	MY FUTURE 401K		
b Name of plan sponsor	MCDONALD EXCAVATING, INC.	**c** EIN-PN	91-1545806-001

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	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
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

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	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
a Plan name	SLABJACK NW, LLC 401K		
b Name of plan sponsor	SLABJACK NW, LLC	**c** EIN-PN	20-5050153-001

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	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
a Plan name	T&T CARES, LLC 401K PLAN		
b Name of plan sponsor	T&T CARES, LLC	**c** EIN-PN	86-1285771-001

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	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
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

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	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).	**2024**
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection**
Pension Benefit Guaranty Corporation		

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 GROWTH

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)
47-5472063

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	56074	37422
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	95733	76546
(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)	2878480	3154095
(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)	48422959	50210061
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	51453246	53478124
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3255	4395
i Acquisition indebtedness	1i		
j Other liabilities	1j	2210	
k Total liabilities (add all amounts in lines 1g through1j)	1k	5465	4395
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	51447781	53473729

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)	31847	
(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)	83445	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		115292
(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)	653140	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		653140
(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		7898304
d Total income. Add all **income** amounts in column (b) and enter total	2d		8666736

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)	34374	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		34374
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34374

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		8632362
l Transfers of assets:			
(1) To this plan	2l(1)		5079772
(2) From this plan	2l(2)		11686186

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

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 ____________________.