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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
- [X] 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. . . . . ▶ [X]

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
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1972

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)
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES

11724 NE 195TH STREET
BOTHELL, WA 98011-8242

11724 NE 195TH STREET
BOTHELL, WA 98011-8242

2b Employer Identification Number (EIN)
91-6187192

2c Plan Sponsor's telephone number
206-282-4100

2d Business code (see instructions)
445110

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.	06/15/2023	KATINA WOOD
	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 [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**	16500
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)**	8172
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8203
b Retired or separated participants receiving benefits	**6b**	3077
c Other retired or separated participants entitled to future benefits	**6c**	4995
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	16275
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	327
f Total. Add lines **6d** and **6e**	**6f**	16602
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	22

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
91-6187192

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 09 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	208791224
(2)	Actuarial value of assets for funding standard account	**1b(2)**	190858476
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	227031425
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	222256872
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	411143878
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4897775
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	16442909
(3)	Expected plan disbursements for the plan year	**1d(3)**	15719473

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

Date

MARY ANN DUNLEAVY

Type or print name of actuary

20-08148

Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC

Firm name

240-247-4600

Telephone number (including area code)

8601 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		208791224
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3216	183747043
(2) For terminated vested participants		5064	171067184
(3) For active participants:			
(a) Non-vested benefits			0
(b) Vested benefits			56329651
(c) Total active		3923	56329651
(4) Total		12203	411143878
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		50.78 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	9767761				
			Totals ► **3(b)**	9767761	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	159043

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	85.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here [ ]	**4f**	2023

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a [ ] Attained age normal **b** [X] Entry age normal **c** [ ] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? [ ] Yes [ ] No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? [ ] Yes [X] No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.30 %			
			Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:						
(1) Males		**6c(1)**	A		A	
(2) Females		**6c(2)**	A		A	
d Valuation liability interest rate		**6d**	6.75 %		6.75 %	
e Expense loading		**6e**	139.5 %	☐ N/A	%	☒ N/A
f Salary scale		**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date		**6g**	9.5 %			
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	19.8 %			

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-6860038	-694469

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	3389804
b Employer's normal cost for plan year as of valuation date		**9b**	1962487
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	61283266	10693724
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1083106
e Total charges. Add lines 9a through 9d		**9e**	17129121

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	
g	Employer contributions. Total from column (b) of line 3		**9g**	9767761
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 28500121		4958847
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	664384
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 40709578		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 181290046		
	(3) FFL credit		**9j(3)**	
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	15390992
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	1738129

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	1738129
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☐ Yes ☒ No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
91-6187192

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

ARTISAN PARTNERS LP

30-0551775

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

CONTRARIAN DRE III MANAGEMENT LLC

47-3026446

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

DODGE & COX

94-1441976

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

DOUBLELINE CAPITAL LP

333 SOUTH GRAND AVENUE, SUITE 1800
LOS ANGELES, CA 90071

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

GROSVENOR INSTITUTIONAL PARTNERS LP

36-3795985

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

POST ADVISORY GROUP LLC

95-4814300

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

DIMENSAL FUND ADVISORS, LP

30-0447847

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

INTL. SMALL COMPANY PORTFOLIO

95-4592108

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

BARINGS LLC

51-0504477

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

ASSURED PARTNERS OF WASHINGTON, LLC

38-3942963

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

ZENITH AMERICAN SOLUTIONS, INC.

52-1590516

(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?
10 14 15 50	NONE	342722	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(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?
11 50	NONE	219386	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, N.A.

94-1347393

(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 27	NONE	58915	Yes [ ] No [X]	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)

REINHART BOERNER VAN DEUREN S.C.

39-1126909

(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?
50	NONE	51646	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RVK, INC.

93-0910652

(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?
17 27 50	NONE	45000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(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?
18 19 50 51	NONE	36230	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

ANASTASI, MOORE & MARTIN, PLLC

20-8149084

(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?
50	NONE	35485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REDMOND GENERAL INSURANCE

38-3942963

(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?
18 19 51 56		25840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAWTON PRINTING SERVICES

4111 E MISSION AVE
SPOKANE, WA 99202

(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?
36 50	NONE	11461	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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
91-6187192

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: ARTISAN MULTIPLE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI 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)
26-3653822-021	C	11357877

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET REAL ASSET NON-LENDING

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS 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)
90-0337987-291	C	8844386

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)**
(Complete as many entries as needed to report all participating plans)

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 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 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 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 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
91-6187192

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	6885613	5674576
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	768085	804682
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	58655	25113
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1847412	3244901
(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)	38102131	42333127
(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)	23356844	20202263
(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)	137892688	111056033
(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	208911428	183340695
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	47704	141377
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	72500	72321
k	Total liabilities (add all amounts in lines 1g through1j)	1k	120204	213698
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	208791224	183126997

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)	9767761	
	(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)		9767761
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7742	
	(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)	922753	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		930495
	(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)	3352452	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3352452
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2751420	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	648897	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2102523
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-1358438	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1358438

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3024587
(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)		-22374529
c Other income	2c		1275
d Total income. Add all **income** amounts in column (b) and enter total	2d		-10603048
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13848091	
(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)		13848091
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	309154	
(2) Contract administrator fees	2i(2)	324015	
(3) Investment advisory and management fees	2i(3)	115827	
(4) Other	2i(4)	464092	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1213088
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15061179
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-25664227
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) [X] 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)** [X] 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: ANASTASI, MOORE, & MARTIN PLLC **(2)** EIN: 20-8149084

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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		X	

			Yes	No	Amount
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**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 461045.

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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
91-6187192

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** |

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): _____ _____

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** | 1

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer ALBERTSONS

b EIN 82-0184434 **c** Dollar amount contributed by employer 5663439

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 SAFEWAY

b EIN 94-3019135 **c** Dollar amount contributed by employer 2282334

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 SAVE MART SUPERMARKETS

b EIN 81-3120588 **c** Dollar amount contributed by employer 637956

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 11 Day 30 Year 2021

e Contribution rate information *(If more than one rate applies, check this box* [X] *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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	
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)	**14b**	
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)	**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**	124.88
b The corresponding number for the second preceding plan year	**15b**	98.61

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**	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 48.0 % Investment-Grade Debt: 22.0 % High-Yield Debt: 4.0 % Real Estate: 0.0 % Other: 26.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 3-6 years [ ] 6-9 years [ ] 9-12 years [ ] 12-15 years [ ] 15-18 years [ ] 18-21 years [ ] 21 years or more

c What duration measure was used to calculate line 19(b)?
[X] Effective duration [ ] Macaulay duration [ ] Modified duration [ ] Other (specify):

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 [X] 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 _____

Intermountain Retail Store Employees Pension Plan

Financial Statements and Independent Auditors' Report

August 31, 2022, 2021, and 2020

Intermountain Retail Store Employees Pension Plan

August 31, 2022, 2021, and 2020

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Intermountain Retail Store Employees Pension Plan
Seattle, Washington

Opinion

We have audited the accompanying financial statements of the Intermountain Retail Store Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2022, 2021, and 2020, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Intermountain Retail Store Employees Pension Plan (the Plan) as of August 31, 2022, 2021, and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with 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 generally accepted auditing standards, 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.

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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Spokane, Washington
June 15, 2023

Intermountain Retail Store Employees Pension Plan

Statements of Net Assets Available for Benefits

August 31, 2022, 2021, and 2020

	2022	2021	2020
ASSETS:			
Investments, at fair value:			
Short-term funds	$ 3,244,901	$ 1,847,412	$ 703,691
Mutual funds	111,056,033	137,892,688	116,813,505
Limited partnerships	42,333,127	38,102,131	35,298,516
Common collective trusts	20,202,263	23,356,844	19,717,956
Total investments, at fair value	176,836,324	201,199,075	172,533,668
Employer contributions receivable	804,682	768,085	718,510
Cash	5,674,576	6,885,613	6,245,429
Prepaid expenses	6,064	35,579	32,937
Prepaid benefits	19,049	23,076	30,737
	5,699,689	6,944,268	6,309,103
Total assets	183,340,695	208,911,428	179,561,281
LIABILITIES:			
Checks in excess of deposits	72,321	72,500	114,314
Accounts payable	141,377	47,704	47,406
Total liabilities	213,698	120,204	161,720
NET ASSETS AVAILABLE FOR BENEFITS	$ 183,126,997	$ 208,791,224	$ 179,399,561

See accompanying notes to financial statements.

Intermountain Retail Store Employees Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended August 31, 2022, 2021, and 2020

	2022	2021	2020
ADDITIONS (REDUCTIONS):			
Investment income (loss):			
Net appreciation (depreciation) in fair value of investments	$ (24,655,031)	$ 31,590,861	$ 13,096,516
Interest, dividends, and other investment income	4,282,947	3,526,241	2,795,469
Total investment income (loss)	(20,372,084)	35,117,102	15,891,985
Less investment expenses	(115,827)	(96,692)	(117,976)
Net investment income (loss)	(20,487,911)	35,020,410	15,774,009
Employer contributions	9,767,761	9,061,193	7,914,074
Other income	1,275	2,694	1,420
Total additions (reductions)	(10,718,875)	44,084,297	23,689,503
DEDUCTIONS:			
Pensions paid	13,848,091	13,508,688	13,206,278
Administrative expenses:			
Administrative fees	324,015	324,260	324,000
Actuarial fees	219,386	283,462	369,122
Audit fees	19,695	20,815	18,294
Bank fees	24,320	13,821	13,899
Fiduciary insurance and fidelity bond	25,840	27,889	25,993
Legal	54,283	103,443	49,593
Meeting	3,144	2,856	7,125
Office	34,215	16,975	35,699
Other fees	1,349	8,883	1,350
Payroll examination fees	15,790	27,752	31,872
PBGC insurance	375,224	353,790	334,312
Total administrative expenses	1,097,261	1,183,946	1,211,259
Total deductions	14,945,352	14,692,634	14,417,537
NET INCREASE (DECREASE)	(25,664,227)	29,391,663	9,271,966
NET ASSETS AVAILABLE FOR BENEFITS:			
Beginning of year	208,791,224	179,399,561	170,127,595
End of year	$ 183,126,997	$ 208,791,224	$ 179,399,561

See accompanying notes to financial statements.

Intermountain Retail Store Employees Pension Plan

Notes to Financial Statements

Intermountain Retail Store Employees Pension Plan
Notes to Financial Statements

Note 1 – Description of the Plan

The following description of Intermountain Retail Store Employees Pension Plan (the Plan) provides only general information. Participants should refer to the official plan document for important details not included in these notes.

a. **General** – The Plan became effective September 1, 1973, as a result of collective bargaining between the employers and various Retail Clerks Local Unions signatory to the Trust Agreement. The Plan is a defined benefit pension plan covering eligible employees of participating employers under the collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. **Eligibility** – To be eligible to participate in this Plan, a person must work in covered employment and meet certain minimum service requirements as defined in the plan document.

c. **Contributions** – Contributions to the Plan are made by employers for each compensable hour worked by employees in accordance with the terms of collective bargaining agreements. Contributions received by the Plan are deposited in a trust account where they are invested on behalf of the Plan. Any benefits provided by the Plan are paid directly from net assets available for plan benefits. Approximately 82% and 84% of contributions were received from one employer for the years ended August 31, 2022 and 2021, respectively.

d. **Pension benefits** – Participants will be eligible for a normal retirement benefit when they have attained age 65 and have earned five years of credited service (without a permanent break in service) with at least one hour of service after August 31, 1998, and have terminated employment. Certain Class C participants are entitled to a monthly benefit of $8.00 for each year of benefit service; 6.93% of contributions made on the employee's behalf prior to September 1, 1991; 5.0% of the contributions made on the employee's behalf after August 31, 1991, and prior to September 1, 1999; and 4.5% of the contributions made on the employee's behalf after August 31, 1999, and prior to March 1, 2004. Effective March 1, 2004, the Plan was amended to reduce the benefit accrual rate for future hours from 4.5% to 2.25%. For other participants not satisfying the above conditions, benefits vary depending on dates of retirement and/or number of hours of service earned during certain plan years. The Plan permits early retirement at ages 55-64 when participants have earned five years of vesting service and have contributions made to the Plan for at least 375 hours of future service. The amount of the early retirement pension is reduced from the amount of the regular pension as stated in the Plan. Participants may elect to receive their benefits through various options.

e. **Death and disability benefits** – A death benefit is payable to the surviving spouse of a deceased participant if he or she has earned at least five years of credited service (without a permanent break in service) of which at least one year is credited future service. Active employees under age 65 who become totally and permanently disabled are eligible to receive a disability pension if they have earned at least five years of credited service (without a permanent break in service) of which at least one year is credited future service.

Note 1 – Description of the Plan (Continued)

f. **Vesting** – A participant becomes 100% vested in his accrued benefit when he has attained normal retirement age, or prior to retirement age, certain requirements as specified in the plan document have been satisfied.

g. **Administration** – The Plan is administered by a Board of Trustees that is assisted by a contract administration organization. Administrative expenses are borne by the Plan.

h. **Plan termination** – The Plan shall continue until all the collective bargaining agreements providing for contributions to the Plan have expired, and negotiations for extension thereof have ceased. The Plan may be terminated at an earlier date by written agreement of all the unions and employers. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, in the following order:

1. Benefits to participants who began receiving benefits at least three years prior to the date of plan termination.
2. Benefits to vested participants for amounts insured by the Pension Benefit Guaranty Corporation (PBGC) up to applicable limits discussed below.
3. Benefits to vested participants in excess of the amounts insured by the PBGC.
4. All other benefits.

Benefits under this Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. In no event shall any of the assets revert to the employers or the unions.

Note 2 – Summary of Significant Accounting Policies

A summary of the Plan's significant accounting policies applied in the preparation of the accompanying financial statements follows:

a. **Basis of accounting** – The accompanying financial statements are prepared on the accrual basis. At August 31, employers were liable for contributions based upon time worked prior to September 1 of each fiscal year. Such estimated contributions have been recorded as a receivable. A receivable is also recorded for investment income not received by the Plan prior to year end. A liability is recorded for expenses incurred in one period but paid in another.

Note 2 – Summary of Significant Accounting Policies (Continued)

b. **Use of estimates** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

c. **Investment valuation and income recognition** – 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 3 for discussion of fair value measurements.

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

d. **Payment of benefits** – Benefit payments to participants are recorded upon distribution.

e. **Funding policy** – The collective bargaining agreement presently calls for contributions by participating employers on covered employees. Contributions received by the Plan are deposited in a trust account where they are invested on behalf of the Plan. Any benefits provided by the Plan are paid directly from net assets available for benefits. Contributions made by participating employers for 2022, 2021, and 2020, exceeded the minimum funding requirements of ERISA.

f. **Actuarial present value of accumulated plan benefits** – Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on the sum of the past and future service credits as defined in the plan agreement, ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

   The actuarial present value of accumulated plan benefits is determined (beginning of year) by the consulting actuary, Horizon Actuarial Services, LLC, and is the amount that results from applying actuarial assumption to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Note 2 – Summary of Significant Accounting Policies (Continued)

g. **Actuarial present value of accumulated plan benefits (continued) –**

The significant actuarial assumptions used in the valuations as of September 1, 2021 and 2020, were as follows:

Non-disabled mortality:	RP-2014 Blue Collar Mortality Tables, projected generationally from 2006 with 50% of Scale MP-2018
Disabled mortality:	RP-2014 Disabled Mortality Table with five-year set forward, projected generationally from 2006 with 50% of Scale MP-2018
Interest rates:	6.75% per annum for 2021 and 2020
Current liability rate:	2.30% and 2.59% per annum for 2021 and 2020, respectively
Spouse ages:	Wives are assumed to be three years younger than their husbands
Marriage:	2021: 80% of the participants are assumed married 2020: 80% of the participants are assumed married
Actuarial cost method:	Entry Age Normal
Inactive vested benefits:	2021: Inactive vested participants over age 65 valued with actuarially increased benefits 2020: Inactive vested participants over age 65 valued with actuarially increased benefits
Form of payment election:	2021: All single participants are assumed to elect a Life Annuity. 75% of married participants elect a 50% Joint and Survivor Annuity. 2020: All single participants are assumed to elect a Life Annuity. 75% of married participants elect a 50% Joint and Survivor Annuity.

Note 2 – Summary of Significant Accounting Policies (Continued)

g. **Actuarial present value of accumulated plan benefits (continued) –**

The retirement age assumptions are as follows:

Age	September 1, 2022 Rate of Retirement	September 1, 2021 Rate of Retirement
55-58	7.5%	7.5%
59-60	10.0%	10.0%
61	10.0%	10.0%
62	20.0%	20.0%
63	20.0%	20.0%
64	20.0%	20.0%
65	35.0%	35.0%
66	35.0%	35.0%
67	35.0%	35.0%
68	35.0%	35.0%
69	35.0%	35.0%
70+	100.0%	100.0%

There have been no changes in the actuarial assumptions and methods from those used in the previous valuation.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

h. **Subsequent events –** Subsequent events were identified through June 15, 2023, the date these financial statements were available to be issued.

Note 3 – Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Note 3 – Fair Value Measurements (Continued)

The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used must maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at August 31, 2022, 2021, and 2020.

Level 1 – *Short-term Funds:* Valued at the observed price in the market the funds are traded.

Mutual Funds: Valued at the closing price reported on the active market on which the individual funds are traded.

Level 2 – The Plan had no investments that are classified as Level 2 for the years ended August 31, 2022, 2021 and 2020.

Level 3 – The Plan had no investments that are classified as Level 3 for the years ended August 31, 2022, 2021 and 2020.

Investments measured at NAV

Limited Partnerships: Valued based on the Plan's share of the unallocated underlying investments, which are based on observable prices of the underlying assets.

Common Collective Trusts: Valued at the net asset value of units, which is based on the observable prices of the underlying investments, held by the Plan at year end.

Note 3 – Fair Value Measurements (Continued)

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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 August 31, 2022			
	Level 1	Level 2	Level 3	Total
Short-term funds	$ 3,244,901	$ -	$ -	$ 3,244,901
Mutual funds	111,056,033	-	-	111,056,033
Investments measured at fair value	$ 114,300,934	$ -	$ -	114,300,934
Investments measured at NAV				62,535,390
Total investments at fair value				$ 176,836,324

	Investments at Fair Value as of August 31, 2021			
	Level 1	Level 2	Level 3	Total
Short-term funds	$ 1,847,412	$ -	$ -	$ 1,847,412
Mutual funds	137,892,688	-	-	137,892,688
Investments measured at fair value	$ 139,740,100	$ -	$ -	139,740,100
Investments measured at NAV				61,458,975
Total investments at fair value				$ 201,199,075

	Investments at Fair Value as of August 31, 2020			
	Level 1	Level 2	Level 3	Total
Short-term funds	$ 703,691	$ -	$ -	$ 703,691
Mutual funds	116,813,505	-	-	116,813,505
Investments measured at fair value	$ 117,517,196	$ -	$ -	117,517,196
Investments measured at NAV				55,016,472
Total investments at fair value				$ 172,533,668

Note 3 – Fair Value Measurements (Continued)

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended August 31, 2022, there were no significant transfers in or out of Levels 1, 2, or 3.

FASB ASC 820 also requires additional disclosure to assist in understanding the nature and risk of the investments that calculate NAV per share (or its equivalent). The following table summarizes the fair value and liquidity disclosure of each fund.

	Fair Value at August 31,			Unfunded	Redemption	Redemption
	2022	2021	2020	Commitments	Frequency	Notice Period
Limited partnerships:						
Barings Core Property Fund LP	$ ##########	$ 8,529,722	$ 8,226,691	$ -	Quarterly	90 days
Contrarian Distressed Real Estate Debt Fund III LP	1,985,753	2,578,376	3,338,514	777,275	Illiquid	N/A
Grosvenor Institutional Partners LP	##########	##########	##########	-	Monthly	30-90 days
Post Traditional High Yield Fund LP	107,502	2,294,725	2,145,612	-	Monthly	30 days
Prudential Real Estate Fund LP	6,225,319	-	-	-	Quarterly	90 days
WestRiver RE Finance Fund LP	453,470	455,625	629,445	648,820	Semiannually	180 days
Common collective trusts:						
Artisan International Growth Trust	##########	##########	##########	-	Daily	Daily
SSGA Real Asset Non-Lending Fund	8,844,386	8,021,610	6,511,448	-	Daily	Daily
	$ ##########	$ ##########	$ ##########	$ 1,426,095		

Limited Partnerships:

The Barings Core Property Fund LP (formerly, The Cornerstone Patriot Fund LP) operates as an open-ended partnership that invests in limited liability companies and limited partnerships to act as real estate investment vehicles.

The Contrarian Distressed Real Estate Debt Fund III LP strives to achieve returns by identifying inefficiently priced real estate equity and debt investment opportunities.

Note 3 – Fair Value Measurements (Continued)

Limited Partnerships (continued):

The Grosvenor Institutional Partners LP serves as a Master Fund investment vehicle for Grosvenor Institutional Partners, LP.

The Post Traditional High Yield Fund LP seeks to maximize current income by primarily investing in a diversified portfolio of public and private issue debt securities that are generally rated below investment grade or deemed to be below investment grade by the General Partner. The Partnership also seeks capital appreciation by investing in issues whose value is expected to increase over time.

The Prudential Real Estate Investors' (PRIS) II is a real estate core plus fund managed by PGIM Real Estate. The fund is located in Newark, New Jersey, and invests in the United States.

The WestRiver RE Finance Fund LP was formed for the purpose of investing in debt and preferred equity investments backed primarily by commercial real estate-related assets or real estate companies located in the United States of America, including mortgage loans and subordinated and mezzanine debts.

Common Collective Trusts: The Artisan International Growth Trust and the SSGA Real Asset Non-Lending Fund are direct filing entities that are reported on the Schedule D of the Plan's Form 5500. Investment objectives are no longer required to be disclosed on the Plan's financial statements under FASB's *Accounting Standards Update* 2015-07.

Note 4 – Pension Protection Act Certification

For the plan years beginning on September 1, 2021 and 2020, the Plan's actuary certified that the Plan was in critical status ("red zone"), within the meaning of the Pension Protection Act of 2006 for both years. The Plan was considered to be in the red zone because it was in critical status last year and has a projected funding deficiency in the current or next nine succeeding plan years.

A Rehabilitation Plan was adopted on July 22, 2011, and includes actions already taken by the Trustees and bargaining parties over the last several years, such as eliminating certain subsidized benefits and increasing the level of contributions used solely for funding. The Rehabilitation Plan was amended by adopting revised Consent Resolutions dated June 15, 2012, and May 15, 2015. The Rehabilitation Plan was updated again on November 2, 2016, by adopting new updated schedules of benefit modifications and/or contribution increases, which replaced all such prior schedules.

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits, as calculated by Horizon Actuarial Services, LLC, the consulting actuary, is as follows:

	September 1, 2021	September 1, 2020
Vested benefits:		
Participants and beneficiaries currently receiving benefits	$ 119,486,188	$ 118,647,619
Active and inactive participants	100,869,087	101,165,115
	220,355,275	219,812,734
Non-vested benefits	1,901,597	2,013,752
Total actuarial present value of accumulated plan benefits	$ 222,256,872	$ 221,826,486

	September 1, 2021	September 1, 2020
Actuarial present value of accumulated plan benefits, beginning of period	$ 221,826,486	$ 214,071,339
Increase (decrease) during the year attributed to:		
Change in assumptions	-	5,688,374
Benefits accumulated and actuarial (gain)/ loss	(668,303)	661,208
Interest due to decrease in the discount period	14,607,377	14,611,843
Benefits paid	(13,508,688)	(13,206,278)
Actuarial present value of accumulated plan benefits, end of period	$ 222,256,872	$ 221,826,486

Note 6 – Income Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the Plan's net investment income is exempt from income taxes. The Plan has obtained a favorable determination letter from the Internal Revenue Service and the plan sponsor believes that the Plan, as amended, continues to qualify and operate as designed.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of August 31, 2022, and 2021, and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 – Concentration of Risk

The Plan maintains cash balances at one financial institution. Accounts at the institution are insured by the Federal Deposit Insurance Corporation up to $250,000. At times during the plan year, the Plan's cash in bank balances exceeded the federally insured limits.

Note 8 – Party-in-interest Transactions

Certain plan assets are funds managed by Wells Fargo. Zenith American Solutions, Inc., provides certain accounting and administrative services to the Plan. These are investment advisors, managers, custodians, and third-party administrators, and, therefore, these transactions qualify as party-in-interest transactions.

Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Trust and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 9 – Risks and Uncertainties

The Plan provides for various investment options in any combination of mutual funds, pooled funds, limited partnerships, and other investment securities. Investments are exposed to various risks, such as interest rate, market, political, credit, and overall market volatility risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Note 10 – Employer Withdrawal Liability

In August 2020, Diamond Bar Meats withdrew from the Plan and was assessed $781,255 plus interest, payable in 80 installments of $4,043. Payments received were $159,043, and $16,172 for the years ended August 31, 2022 and 2021, respectively. Diamond Bar Meats and the Plan settled the assessed withdrawal liability for $155,000.

During the year ended August 31, 2019, Vaughn's Meat Packing Co., Inc., withdrew from the Plan and has agreed to pay an employer withdrawal liability of $1,592,692 plus interest payable in 80 quarterly payments of $5,105. Payments received for employer withdrawal liability were $0, $0, and $5,105 for the years ended August 31, 2022, 2021, and 2020, respectively.

Note 10 – Employer Withdrawal Liability (Continued)

During the year ended August 31, 2018, Gary & Leo's withdrew from the Plan and were assessed a $3,700,000 withdrawal liability. Gary & Leo's negotiated a settlement reducing the original withdrawal liability during the year ended August 31, 2019, and made its final payment during the year ended August 31, 2020. Payments received were $0, $0, and $155,126 for the years ended August 31, 2022, 2021, and 2020, respectively.

Total employer withdrawal payments of $159,043, $16,172, and $160,231 were received during the years ended August 31, 2022, 2021, and 2020, respectively, and are included in employer contributions in the statements of changes in net assets available for benefits.

Intermountain Retail Store Employees Pension Plan

Supplementary Information

Intermountain Retail Store Employees Pension Plan

Form 5500, Schedule H, Part IV, Line 4i EIN: 91-6187192 PN: 001

August 31, 2022

Assets Held for Investment

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Cash and equivalents:				
	Wells Fargo	Advantage Government Money Market Fund	$ 3,244,901	$ 3,244,901
Mutual funds:				
	Dodge & Cox	Stock Fund	8,453,848	14,075,373
	Doubleline	Core Fixed Income Fund	20,507,556	18,093,282
	Nuveen	Real Asset Income Fund	7,155,915	7,070,243
	PIMCO	Total Return Fund	20,197,162	17,612,527
	T. Rowe Price	Inst. Large-Cap Core Growth Fund	14,243,250	14,238,023
	Vanguard	Explorer Fund Admiral Shares	5,323,540	6,715,413
	Vanguard	Explorer Value Fund	6,129,127	7,528,941
	Vanguard	Institutional Index Fund	7,045,427	13,579,581
	Vanguard	Total International Stock Index Fund	11,166,844	12,142,650
			100,222,669	111,056,033
Limited partnerships:				
	Barings	Core Property Fund LP	6,227,182	10,585,350
	Citco	Contrarian Distressed Real Estate Debt Fund III LP	1,460,831	1,985,753
	GCM Grosvenor	Grosvenor Institutional Partners LP	16,200,000	22,975,733
	Post Advisory Group	Post Traditional High Yield Fund LP	107,502	107,502
	Prudential Real Estate	PRISA II LP	5,949,081	6,225,319
	WestRiver	RE Finance Fund LP	1,166,278	453,470
			31,110,874	42,333,127
Common collective trusts:				
	Artisan	International Growth Trust	9,028,415	11,357,877
	SSGA	Real Asset Non-Lending Fd	6,404,786	8,844,386
			15,433,201	20,202,263
			$ 150,011,645	$ 176,836,324

See accompanying independent auditors' report.

Intermountain Retail Store Employees Pension Plan

Form 5500, Schedule H, Part IV, Line 4j EIN: 91-6187192 PN: 001

Year Ended August 31, 2022

Reportable Transactions						
(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) -- A Series of Transactions in Excess of 5% of Plan Assets:						
Wells Fargo Government Money Market Fund	Short-term fund 28 purchases	$ 24,574,815	$ -	$ 24,574,815	$ 24,574,815	$ -
Wells Fargo Government Money Market Fund	Short-term fund 11 sales	-	23,177,309	23,177,309	23,177,309	-
Wells Fargo Reinvs Market Fund	Short-term fund 3 sales	-	15,047,242	15,047,242	15,047,242	-

See accompanying independent auditors' report.

Plan Name	**Intermountain Retail Store Employees Pension Trust**
Plan Sponsor	The Board of Trustees of the Intermountain Retail Store Employees Pension Trust
EIN / PN	91-6187192 / 001
Effective Date and Most Recent Amendment	**Class C participants and Class M participants hired after June 30, 2005:** The original effective date of the Plan is September 1, 1973. The most recent amendment to the Plan reflected in this valuation is effective February 1, 2017. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** The original effective date of the Plan is October 1, 1966. The most recent amendment to the Plan reflected in this valuation is effective February 1, 2017.
Plan Year	**Class C and M participants:** The twelve-month period beginning September 1 and ending August 31.
Employers	**Class C participants and Class M participants hired after June 30, 2005:** Any Employer which on or after the effective date of the Plan has a Collective Bargaining Agreement or other written agreement with the Trustees requiring periodic contributions to be made to the Plan, is accepted for participation in the Plan by the Trustees or is a party to the Trust Agreement and makes contributions to the Plan as required by the Collective Bargaining Agreement. The term "Employer" may also mean the Union, the Plan, or any other jointly administered Employee Benefit Plan to which any Union or Employer is a party, if a Special Agreement exists with the Trustees to contribute to the Plan on behalf of its Employees. If an Employer has more than one place of business, the term applies only to the place or places covered by a Collective Bargaining Agreement requiring contributions to the Plan. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Any association, individual, partnership, corporation, or other entity doing business in one or more of the states of Idaho, Wyoming, and Montana, which is a party to a Collective Bargaining Agreement with the Union or otherwise is obligated to make payments into the Trust Fund.

Participants	**Class C participants and Class M participants hired after June 30, 2005:** An Employee becomes a participant in the Plan on the first day of the Plan Year in which the first contribution to the Plan is due on the Employee's behalf, or if later, the first day of the Plan Year in which the Employee attains age twenty-one. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Any Employee shall be eligible to participate upon completion of at least 375 Hours of Service in Covered Employment.
Covered Employment	**Class C and M participants:** The employment of any Employee by an Employer for which the Employer is obligated to contribute to the Plan pursuant to a Collective Bargaining Agreement or Participation Agreement.
Hours of Service	**Class C and M participants:** All hours for which an Employer makes a contribution to the Plan on the Employee's behalf.
Benefit Service	**Class C participants and Class M participants hired after June 30, 2005:** A period of employment during which no contributions are made to the Plan on behalf of the Employee but which is included in the calculation of the amount of his pension benefit. Benefit Service is limited to a maximum of twenty years. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** The sum of an Employee's Credited Past Service, if any, and the Employee's Credited Future Service.
Vesting Service	**Class C participants and Class M participants hired after June 30, 2005:** In general, a participant receives one year of Vesting Service for each Plan Year in which he completes 375 Hours of Service. Under certain circumstances, an Employee may accumulate Vesting Service for years during which his Employer did not contribute to the Plan. The provisions regarding Vesting Service credit for years when no contributions were made on behalf of the Employee vary depending on whether the Employer participated in the Plan before or after August 31, 1976. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** A participant receives one year of Vesting Service for each Plan Year in which he completes 375 Hours of Service.

Special Vesting Service	**Class M participants transferred from the IRF Pension Trust on July 1, 2005:** A participant receives one year of Special Vesting Service for each Plan Year beginning on or after October 1, 1988 in which he completes 520 Hours of Service. For prior Plan Years, Years of Vesting Service earned are counted as Years of Special Vesting Service.
Credited Past Service	**Class M participants transferred from the IRF Pension Trust on July 1, 2005:** The number of Completed Years of Continuous Service rendered by an Employee immediately prior to his Entry Date. The maximum number of years of Credited Past Service that may be given to an Employee is twenty, and no Employee is entitled to Credited Past Service for Years of Service prior to October 1, 1946.
Credited Future Service	**Class M participants transferred from the IRF Pension Trust on July 1, 2005:** A Participant shall receive one year of Credited Future Service for each Plan Year in which he earns at least 375 Covered Hours of Service on or after October 1, 1966, or the Employee's Entry Date(s), if later.
Break-In-Service	**Class C and M participants:** A Participant incurs a One-Year Break in Service upon failure to work at least 375 Hours of Service in covered employment in a Plan Year. A non-vested participant incurs a Permanent Break in Service if the number of consecutive One-Year Breaks in Service is at least five and it equals or exceeds the number of full years of Vesting Credit previously accumulated. At this time, all accumulated service is cancelled.
Normal Pension-Eligibility	**Class C participants and Class M participants hired after June 30, 2005:** In general, an Employee is eligible for a Normal Pension if the Employee has earned a Vested Benefit, has had contributions made to the Plan in his behalf for 375 Hours of Service and payment of his pension benefits begins on or after his attainment of age sixty-five. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** An Employee is eligible for a Normal Pension if the Employee has attained age sixty-two, is Vested, and earned 375 Covered Hours of Service in any Plan Year after October 1, 1991. Otherwise, they are eligible when they attain age sixty-five or their fifth anniversary of participation, if later.

Normal Pension – Amount of Benefit

Class C participants and Class M participants hired after June 30, 2005:
For those Class C participants who were not receiving pension benefits as of September 1, 1999 and had 375 or more Hours of Service in any Plan Year beginning on or after September 1, 1998, the sum of items 1 through 5, as follows:

1. $8.00 for each year of Benefit Service,
2. 6.93% of the contributions made on the Employee's behalf prior to September 1, 1991,
3. 5.00% of the contributions made on the Employee's behalf after August 31, 1991 and prior to September 1, 1999,
4. 4.50% of the contributions made on the Employee's behalf after August 31, 1999 and prior to March 1, 2004, and
5. 2.25% of the contributions made on the Employee's behalf after February 29, 2004.

For those Class C participants not satisfying the above conditions, benefits vary depending on dates of retirement and/or number of Hours of Service earned during certain Plan Years.

For Class M participants hired after June 30, 2005, equal to 1.60% of the contributions made on the Employee's behalf after June 30, 2005.

Special Contributions and contribution rate increases required under the terms of the Rehabilitation Plan are not benefit-bearing.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
Upon retirement on his Normal Retirement Date, a Participant will be entitled to receive a monthly Normal Retirement Benefit equal to the sum of items 1 through 7, as follows:

1. $8.50 per month for each year of Credited Past Service,
2. 2.50% of the contributions credited for service prior to October 1, 1988,
3. 3.00% of the contributions credited for service from October 1, 1988 through September 30, 1992,
4. 3.50% of the contributions credited for service from October 1, 1992 through September 30, 1995,
5. 4.00% of the contributions credited for service from October 1, 1995 through February 28, 2005, and
6. 2.60% of the contributions credited for service from March 1, 2005 through June 30, 2005, and
7. 2.00% of contributions credited for service after June 30, 2005.

Special Contributions and contribution rate increases required under the terms of the Rehabilitation Plan are not benefit-bearing.

Normal Pension – Amount of Benefit (cont.)

Accrued future service benefits for active Participants are also increased as follows:

Date	Percent
October 1, 1979	10.0%
October 1, 1980	15.0%
October 1, 1982	12.5%
October 1, 1983	20.0%
October 1, 1985	26.0%
October 1, 1986	18.0%
October 1, 1988	20.0%
October 1, 1990	10.0%
October 1, 1991	5.0%
October 1, 1997	10.0%
October 1, 2000	10.0%

Early Pension – Eligibility

Class C participants and Class M participants hired after June 30, 2005:
An employee is eligible for an Early Pension if the Employee has earned a Vested Benefit, has had contributions made to the Plan in his behalf for 375 Hours of Service and payment of his pension benefits begin on or after his attainment of age fifty-five and prior to age sixty-five.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
An Employee is eligible for an Early Pension if the Employee has attained age fifty-five and has earned 10 Years of Credited Service, one year of which must be Credited Future Service.

Early Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** For those whose pension benefits began on June 1, 2005 or later and have less than thirty years of Vesting Service, the sum of items 1 and 2 as follows: 1) The Normal Pension Benefit accrued prior to September 1, 1998 reduced 1/4% per month for the period from benefit commencement to Normal Retirement Date, and 2) The Normal Pension Benefit accrued after August 31, 1998 reduced based on the period from benefit commencement to Normal Retirement Date as follows: a. 2/3% per month from age 60 to age 65 b. 1/3% per month from age 55 to age 60 For those who were not receiving pension benefits as of September 1, 1988, have at least thirty years of Vesting Service, but are not eligible for an Unreduced Early Pension, the Normal Pension Benefit reduced actuarially for the period from benefit commencement to age sixty. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Upon retirement on his Early Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Early Retirement Date reduced by ½ of 1% per month from age 55 to 60 and ¼ of 1% per month from age 60 to 65 for each month that his Early Retirement Date precedes his Normal Retirement Date.
Unreduced Early Pension Eligibility	**Class C participants and Class M participants hired after June 30, 2005:** An Employee is eligible for an Unreduced Early Pension if the Employee has completed at least thirty years of Vesting Service, has had contributions made to the Plan in his behalf for at least 375 hours in each of seven or more Plan Years and payment of his pension benefits begin on or after his attainment of age fifty-five (age sixty if no Hours of Service have been reported in his behalf after August 31, 1987) and prior to age sixty-five. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** An Employee is eligible for a Special Early Pension if the Employee has attained age fifty-five and has earned 30 or more Years of Credited Service.
Unreduced Early Pension Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** The accrued Normal Pension Benefit earned to his Unreduced Early Pension date. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** The accrued Normal Pension Benefit earned to his Unreduced Early Pension date.

Golden 85 Pension – Eligibility	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** An Employee is eligible for a Golden 85 Pension if the Employee's attained age plus Credited Service totals at least 85.
Golden 85 Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Upon retirement on his Golden 85 Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Golden 85 Retirement Date.
Special 20 Pension – Eligibility	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** An Employee is eligible for a Special 20 Pension if the Employee has attained age fifty-five and has earned 20 Years of Credited Service. This benefit is effective for retirements on or after October 1, 2000.
Special 20 Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Upon retirement on his Special 20 Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Special 20 Retirement Date reduced by 1/6% per month from age 55 to 60 and no reduction from age 60 to 65.
Disability Pension – Eligibility	**Class C and M participants:** An active Participant is eligible for a Disability Pension if the Employee has earned 10 Years of Vesting Service, one year of which must be earned after October 1, 1988 and is considered totally and permanently disabled and eligible for a Social Security Disability Benefit. To be considered active, the Participant must have worked at least 375 Hours of Service during the Plan Year in which the disability occurred or in the prior Plan Year.

Disability Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** The accrued Normal Pension Benefit earned to his Disability Pension date. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** The accrued Normal Pension Benefit earned to his Disability Pension date.
Vested Benefit	**Class C participants and Class M participants hired after June 30, 2005:** In general, an Employee has a nonforfeitable right to his pension benefit, or is "vested", if he meets one of the following conditions: 1. Has earned five years of Vesting Service and has at least one Hour of Service reported on his behalf after August 31, 1998. 2. Has earned seven years of Vesting Service and has at least one Hour of Service reported on his behalf after August 31, 1988. 3. Has earned ten years of Vesting Service. 4. Upon his termination of employment if he has had contributions made to the Plan on his behalf for 375 Hours of Service, has earned at least one Hour of Service after August 31, 1988 and prior to his termination of employment has attained age sixty-five and completed five years of participation without a Break in Service. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** In general, an Employee has a nonforfeitable right to his pension benefit, or is "vested", if he meets one of the following conditions: 1. For a Participant who has not become fully vested as of October 1, 1999, they will become vested at the time they accrue at least ten Years of Vesting Service or five Years of Special Vesting Service under the Plan without a Permanent Break in Service. For vesting, at least one Year of Service must be Credited Future Service and Participants must have at least one Hour of Service under the Plan after September 30, 1999. 2. For a Participant who has not accrued at least ten Years of Vesting Service or seven Years of Special Vesting Service under the Plan as of October 1, 1989, they will become fully vested at the time they accrue at least ten Years of Vesting Service or seven Years of Special Vesting Service under the Plan. For vesting, at least one Year of Service must be Credited Future Service. 3. For a Participant who has accrued at least 10 Years of Vesting Service or seven Years of Special Vesting Service under the Plan as of October 1, 1989, they are fully vested. For vesting, at least one Year of Service must be Credited Future Service.

Pre-Retirement Death Benefits - Married	**Class C participants and Class M participants hired after June 30, 2005:** If a participant who has earned a Vested Benefit dies before commencement of pension benefits, a death benefit is payable to the deceased participant's eligible spouse as follows: a. If the participant was less than fifty-five years old at the date of death, the surviving spouse will receive a benefit equal to 50% of the monthly benefit the participant would have been entitled to receive in the form of a 50% Husband and Wife Annuity (as defined in the Plan document) as of the date the surviving spouse commences benefits. The benefit will commence on the later of the first day of the month in which application is filed, the first day of the month following the participant's death and the month following the month the participant would have attained age fifty-five. b. If the participant was fifty-five years of age or older at the date of death, the surviving spouse will receive a benefit equal to 50% of the monthly benefit the participant would have been entitled to receive in the form of a 50% Husband and Wife Annuity (as defined in the Plan document) as of the date the surviving spouse commences benefits. The benefit will commence on the later of the first day of the month in which application is filed and the first day of the month following the participant's death. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** If a participant who has earned five years of Vesting Service dies before commencement of pension benefits, their spouse will receive 50% of the benefit the Participant would have received had they retired the day before they died and had selected the 50% joint and survivor annuity. If the participant's death occurs before age 55, benefits to the surviving spouse will be deferred to the date when the participant would have attained that age. Benefits will be payable for the life of the surviving spouse.
Post-Disability Death Benefits - Married	**Class C participants and Class M participants hired after June 30, 2005:** The death benefit, if any, will depend on the annuity form elected by the participant.

Death Benefits - Unmarried	**Class C participants and Class M participants hired after June 30, 2005:** If an unmarried participant who has earned a Vested Benefit dies after August 31, 1994 and had completed 375 Hours of Service during the Plan Year immediately prior to the Plan Year in which the participant dies, a death benefit equal to the total amount of contributions made on behalf of the participant will be paid as a lump sum provided the participant dies before receiving a pension benefit from the Plan and, if the participant was married at any time prior to death, any former spouse is not entitled to any benefits from the Plan. Eliminated for deaths occurring on and after February 1, 2017.
Special Death Benefit	**Class M participants transferred from the IRF Pension Trust on July 1, 2005:** In the case of a death of an eligible Participant who has completed at least 10 years of Credited Service, including one year of Credited Future Service, and who has not reached the earliest age at which retirement benefits could have been elected, the Participant's surviving spouse shall receive the monthly accrued benefit for a period of forty-eight (48) months. The benefit will be payable until the earlier of the 48 months, the commencement of the Pre-Retirement Death Benefit, if applicable, or death of the surviving spouse. Eliminated for deaths occurring on and after February 1, 2017.
Pop-up Benefit	**Class M participants transferred from the IRF Pension Trust on July 1, 2005:** With respect to a Participant retiring after October 1, 1990, who elected the 50% Joint and Survivor Annuity, should such Participant's spouse predecease the Participant at any time following the Annuity Start Date, the surviving Participant's annuity shall be increased to equal the monthly amount he would have received had he elected to receive the value of his benefits in the form of a single life annuity.
Normal Form of Payment	**Class C and M participants:** Single Life Annuity payable as an actuarially reduced 50% Joint and Survivor Annuity for married participants not electing otherwise.
Variable Benefit Adjustment for Retired Participants	**Class C participants and Class M participants hired after June 30, 2005:** For participants who first commenced payment prior to January 1, 2011, annual adjustments will be made in proportion to changes in the Consumer Price Index limited to 2% change in any one year. Changes in excess of 2% will be carried forward to subsequent years.

Contribution Reductions and Enhanced Benefit Accruals	**Class C participants and Class M participants hired after June 30, 2005:** Pursuant to policies adopted by the Trustees on November 2, 1994 and July 27, 1995, benefit accruals will be granted for twenty-four months beginning September 1, 1995 as follows: 1. For a participant with contributions reduced prior to September 1, 1995, based upon the participant's contribution rate in effect prior to the reduction. 2. For a participant with contributions not reduced by September 1, 1995, based upon the participant's contribution rate(s) in effect from September 1, 1995 to August 31, 1997, effectively increased by the same amount under paragraph 1. above as if the participant's contribution rate had been reduced prior to September 1, 1995. Pursuant to policies adopted by the Trustees, benefit accruals will be granted during the period beginning on or after September, 2000 and ending twenty-four months later, as follows: 1. For the period with contributions not suspended, 9% of the contributions made on the participant's behalf. 2. For the period with contributions suspended, 4.5% of the contributions that would have been made on the participant's behalf based on the contribution rate in effect immediately prior to the suspension. Pursuant to policies adopted by the Trustees, benefit accruals will be granted during each Employer's applicable contribution suspension period carried over from the IRF Pension Trust equal to 1.6% of the contributions that would have been made on the Class M participant's behalf based on the contribution rate in effect immediately prior to the suspension.
Reciprocity Agreements and Transfers	**Class C participants and Class M participants hired after June 30, 2005:** Agreements exist whereby a non-vested Employee who has moved out of the Plan's jurisdiction can continue to accumulate Vesting Service. Also, a non-vested Employee who has transferred to noncovered job category with the same Employer can continue to accumulate Vesting Service.

Benefit Adjustment for Application After Normal Retirement Date

Class C participants and Class M participants hired after June 30, 2005:
Prior to August 1, 1995, the participant is entitled to a retroactive payment for the number of omitted payments from his Normal Retirement Date to his benefit commencement date, excluding certain periods employed in covered employment.

After July 31, 1995, the participant's benefits are actuarially increased prospectively for the period from his Normal Retirement Date to his benefit commencement date, excluding certain periods employed in covered employment.

Special Contributions

Class M participants:
Special Contributions on behalf of Class M participants in an amount that varies by Employer based on the Employer's March, 2005 contribution rate, or March, 2005 highest contribution rate for contracts with multiple rates, as follows:

Hours Worked	Percent
June 2005 through May 2006	26.8%
June 2006 through May 2007	33.8%
June 2007 and later	35.2%

If Special Contributions made on a Class M participant's behalf are less than the required amount, the contractual contribution recognized under the benefit formula will be reduced and re-characterized as Special Contributions to make up any shortfall.

Contribution Suspensions

Pursuant to policies adopted by the Trustees, benefit accruals will be granted for seven months beginning July 1, 2005 equal to 2.0% of the contributions that would have been made on the participant's behalf based on the contribution rate in effect immediately prior to the suspension.

In addition, assets transferred from the IRF Pension Trust included reserves for future contribution suspensions varying by participating employer.

Pursuant to policies adopted by the Trustees, benefit accruals will be granted during each Employer's applicable contribution suspension period equal to 2.0% of the contributions that would have been made on the participant's behalf based on the contribution rate in effect immediately prior to the suspension.

Actuarial Equivalence	**Class C participants and Class M participants hired after June 30, 2005:** Benefits under optional forms of payment are converted from the amount payable under the normal form, based on assumptions of 7.5% interest and 50% male and 50% female blended 1983 Group Annuity Mortality Table. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Benefits under optional forms of payment are converted from the amount payable under the normal form, based on assumptions of 6.0% interest and UP-1984 Non-Insured Pension Mortality Table.
Contribution Rates	Employers contribute at rates as defined in the various bargaining agreements. Special Contributions and contribution rate increases required under the terms of the Rehabilitation plan are not benefit-bearing.
Changes in Plan Provisions	None.

Intermountain Retail Store Employees Pension Plan

Form 5500, Schedule H, Line 4i EIN: 91-6187192 PN: 001

August 31, 2022

Assets Held for Investment

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment	Cost	Current Value
Cash and equivalents:				
Wells Fargo		Advantage Government Money Market Fund	$ 3,244,901	$ 3,244,901
Mutual funds:				
Dodge & Cox		Stock Fund	8,453,848	14,075,373
Doubleline		Core Fixed Income Fund	20,507,556	18,093,282
Nuveen		Real Asset Income Fund	7,155,915	7,070,243
PIMCO		Total Return Fund	20,197,162	17,612,527
T. Rowe Price		Inst. Large-Cap Core Growth Fund	14,243,250	14,238,023
Vanguard		Explorer Fund Admiral Shares	5,323,540	6,715,413
Vanguard		Explorer Value Fund	6,129,127	7,528,941
Vanguard		Institutional Index Fund	7,045,427	13,579,581
Vanguard		Total International Stock Index Fund	11,166,844	12,142,650
			100,222,669	111,056,033
Limited partnerships:				
Barings		Core Property Fund LP	6,227,182.00	10,585,350.00
Citco		Contrarian Distressed Real Estate Debt Fund III LP	1,460,831	1,985,753
GCM Grosvenor		Grosvenor Institutional Partners LP	16,200,000	22,975,733
Post Advisory Group		Post Traditional High Yield Fund LP	107,502	107,502
Prisa		II LP	5,949,081	6,225,319
WestRiver		RE Finance Fund LP	1,166,278	453,470
			31,110,874	42,333,127
Common collective trusts:				
Artisan		International Growth Trust	9,028,415	11,357,877
SSGA		Real Asset Non-Lending Fd	6,404,786	8,844,386
			15,433,201	20,202,263

See accompanying independent auditors' report.

Measurement Date: September 1, 2021 [Schedule MB, Line 8b(2)]

Years of Credited Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	567	60	-	-	-	-	-	-	-	627
25 - 29	-	284	116	10	-	-	-	-	-	-	410
30 - 34	-	207	74	38	9	-	-	-	-	-	328
35 - 39	-	140	52	20	13	4	-	-	-	-	229
40 - 44	-	840	54	32	19	17	5	-	-	-	967
45 - 49	-	110	40	16	15	13	11	6	-	-	211
50 - 54	-	142	59	32	17	20	15	16	4	-	305
55 - 59	-	143	86	34	25	18	16	19	15	3	359
60 - 64	-	119	59	35	32	18	22	12	14	13	324
65 - 69	-	51	30	11	7	6	5	4	2	4	120
70 +	-	23	13	1	3	2	1	-	-	-	43
Total	-	2,626	643	229	140	98	75	57	35	20	3,923

Actuarial Certification of Plan Status

Plan Name:	Intermountain Retail Store Employees Pension Trust
EIN / PN:	91-6187192 / 001
Plan Sponsor:	Board of Trustees, Intermountain Retail Store Employees Pension Trust 11724 NE 195th Street | Bothell, WA 98011 | (509) 534-5625
Plan Year:	Beginning September 1, 2021 and ending August 31, 2022
Certification Results:	• Critical Status ("Red Zone") • Not in Critical and Declining Status • Making scheduled progress toward Rehabilitation Plan

This is the annual certification by the Plan Actuary as required under section 432(b) of the Internal Revenue Code (the "Code") for the above-named multiemployer plan (the "Plan") and plan year (the "Plan Year"). For the Plan Year, the Plan is in critical status. We further certify that the Plan is making scheduled progress in meeting the requirements of the Rehabilitation Plan because the plan is projected to emerge from critical status within the required timeframe.

This certification was performed based upon actuarial projections of assets and liabilities for the current and succeeding plan years, as described under section 432(b)(3)(B). These projections are based on reasonable actuarial estimates, assumptions, and methods that offer my best estimate of anticipated experience under the Plan. The projected Plan liabilities as of the beginning of the Plan Year were determined based on a projection of the actuarial valuation of the Plan as of September 1, 2020 and reflect the Trustees' decision to disregard the Plan's amortization extensions under section 431(d) effective September 1, 2020. The projections of Plan assets are based on a preliminary estimate of the market value of assets as of August 31, 2021, provided by the Plan Administrator, and the assumption that future net investment returns will be 6.75% per year, beginning September 1, 2021.

This certification is also based on projections of industry activity, including future covered employment and contribution levels, which are based on information provided in good faith by the Plan Sponsor. This certification assumes that the current terms of the collective bargaining agreements under which contributions are made to the Plan will remain in effect for all succeeding plan years.

Certified by:

Mary Ann Dunleavy

Mary Ann Dunleavy, ASA, EA, MAAA
Horizon Actuarial Services, LLC
8601 Georgia Avenue, Suite 700
Silver Spring, MD 20910

Phone Number: (240) 247-4524
Enrollment Number: 20-08148
Date: November 29, 2021

The Plan is in critical status for the 2021 Plan Year because it was in critical status last year and has a projected funding deficiency in the current or next 9 succeeding plan years, reflecting any extension of amortization periods under section 431(d) of the Code. Other tests may also apply.

The Plan was originally certified in critical status for the plan year beginning September 1, 2010, and the Board of Trustees adopted an initial rehabilitation plan in August 2011, as required under section 432(e). The Plan's rehabilitation period, as defined under section 432(e)(4), began on September 1, 2013. The Rehabilitation Plan was last amended in November, 2016.

Projection of Funding Standard Account

Exhibit 3 – Projection of Funded Percentage and Funding Standard Account

	Prior	Current	Current + 1	Current + 2	Current + 3	Current + 4	Current + 5	Current + 6
Plan year beginning	9/1/2020	9/1/2021	9/1/2022	9/1/2023	9/1/2024	9/1/2025	9/1/2026	9/1/2027
Plan year ending	8/31/2021	8/31/2022	8/31/2023	8/31/2024	8/31/2025	8/31/2026	8/31/2027	8/31/2028
Valuation interest rate	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%
Funded percentage								
Actuarial value of assets	179,702,262	190,813,431	202,033,280	213,262,476	226,172,978	238,256,646	245,742,309	253,290,943
Actuarial accrued liability (unit credit method)	221,826,487	222,975,429	223,665,668	223,995,229	223,878,678	223,223,533	222,042,413	220,340,717
Funded percentage	81.0%	85.5%	90.3%	95.2%	101.0%	106.7%	110.6%	114.9%
Funding standard account								
Charges								
(a) Prior year funding deficiency, if any	-	3,441,051	1,923,828	25,342	-	-	-	-
(b) Employer's normal cost for plan year	1,938,510	1,881,587	1,873,344	1,876,709	1,884,777	1,895,523	1,911,274	1,930,338
(c) Amortization charges as of valuation date								
(1) Bases for which extensions do not apply	20,224,494	10,693,725	10,554,610	10,501,271	8,672,627	6,747,796	5,752,833	4,829,387
(2) Funding waivers	-	-	-	-	-	-	-	-
(3) Bases for which extensions apply	-	-	-	-	-	-	-	-
(d) Interest as applicable to end of plan year	1,496,003	1,081,105	968,745	837,224	712,625	583,424	517,327	456,281
(e) Total charges	23,659,007	17,097,468	15,320,527	13,240,546	11,270,029	9,226,743	8,181,434	7,216,006
Credits								
(f) Prior year credit balance, if any	5,751,925	-	-	-	2,206,611	7,181,098	14,990,108	22,869,458
(g) Employer contributions	9,011,618	9,649,399	9,793,545	9,793,545	9,793,545	9,793,545	9,793,545	9,793,545
(h) Amortization credits as of valuation date	4,460,905	4,869,859	4,844,129	4,986,492	5,593,904	6,020,564	4,613,466	4,468,932
(i) Interest as applicable to end of plan year	993,508	654,382	657,511	667,120	857,067	1,221,644	1,653,773	2,175,873
(j) Full funding limitation credit	-	-	-	-	-	-	-	-
(k) Waived funding deficiency or other credits	-	-	-	-	-	-	-	-
(l) Total credits	20,217,956	15,173,640	15,295,185	15,447,157	18,451,127	24,216,851	31,050,892	39,307,808
(m) Credit balance	-	-	-	2,206,611	7,181,098	14,990,108	22,869,458	32,091,802
(n) Funding deficiency	3,441,051	1,923,828	25,342	-	-	-	-	-

As required under section 432(b)(3)(B) of the Code, this certification is based on actuarial projections for the current and succeeding plan years for the current value of Plan assets and Plan liabilities related to participants and beneficiaries covered under the Plan. The projections are based on reasonable actuarial estimates, assumptions, and methods that (except as noted below) offer the actuary's best estimate of anticipated experience under the Plan.

Actuarial Assumptions and Methods

For this certification for the 2021 Plan Year, projections of Plan liabilities are based on the actuarial valuation as of September 1, 2020. Except as otherwise noted, the actuarial assumptions and methods used in the September 1, 2020 actuarial valuation, including a valuation interest rate assumption of 6.75%, are the same as those used in this certification. Please refer to the September 1, 2020 actuarial valuation for a summary of the assumptions, methods, and plan provisions, as applicable.

The demographic actuarial assumptions used in the actuarial valuation and this certification were selected based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. The valuation interest rate was developed based on our professional judgement, the Plan's investment policy and asset allocation, past experience, and considers the results of the Survey of Capital Market Assumptions by Horizon Actuarial, LLC.

Projection of Plan Assets and Liabilities

The projection of Plan assets used in this certification is based on a preliminary estimate of the market value of assets as of August 31, 2021, provided by the Plan Administrator, and assumes future net investment returns equal to the valuation interest rate assumption, or 6.75% in each future year.

The projections of Plan liabilities was performed using an open-group forecast methodology. Each year, hypothetical new entrants were added to the population to sustain level headcounts for active participants, the expected level of projected covered employment, based on information provided by the Plan sponsor. The demographic characteristics of the assumed new entrants were developed based on characteristics of new participants under the Plan in recent years.

Projections of the funding standard account and actuarial value of assets for the current and each succeeding plan year reflect the relief provisions of the Pension Relief Act of 2010 as adopted by the Board of Trustees.

Future Industry Activity and Contributions

The projection of Plan assets is also based on a projection of industry activity and employer contributions and for current and succeeding plan years. The projection of industry activity (or, covered employment levels) is based on information provided in good faith by the Board of Trustees. It was assumed that future contribution units (hours) will equal 5,299,000 and remain level in the current and all succeeding plan years. For purposes of the certification of Plan status, the projection of employer contributions reflects the contribution rates agreed to in the collective bargaining agreement(s) in effect as of September 1, 2021. For purposes of determining whether the Plan is in critical and declining status, the projection of employer contributions assumes that each contributing employer currently in compliance with the adopted rehabilitation plan will continue to be in compliance.

Withdrawal liability payments represented $159,043 of the $9,767,761 contributions shown on Line 3 for the plan year. Withdrawal liability payments were made throughout the year.

Charges [Schedule MB, Line 9c]

Type	Date Established	*Outstanding at 9/1/2021* Period	Balance	Annual Payment
Assumption	9/1/1992	1.00	$ 11,604	$ 11,604
Amendment	9/1/1992	1.00	11,204	11,204
Amendment	9/1/1993	2.00	19,752	10,198
Assumption	9/1/1994	3.00	621,826	220,952
Amendment	9/1/1995	4.00	188,009	51,703
Assumption	9/1/1995	4.00	872,154	239,843
Assumption	9/1/1996	5.00	197,105	44,732
Assumption	9/1/1997	6.00	656,355	128,000
Amendment	9/1/1999	8.00	422,066	65,573
Assumption	9/1/2005	14.00	95,463	10,073
Amendment	9/1/2005	14.00	231,888	24,467
Amendment	10/1/1991	0.08	5,965	5,965
Amendment	10/1/1992	1.08	130,411	120,703
Assumption	10/1/1993	2.08	70,622	35,099
Amendment	10/1/1995	4.08	222,830	60,184
Assumption	10/1/1996	5.08	203,711	45,590
Amendment	10/1/1996	5.08	352,134	78,806
Amendment	10/1/1998	7.08	246,076	42,008
Amendment	10/1/1999	8.08	96,129	14,818
Assumption	10/1/1999	8.08	593,117	91,425
Amendment	10/1/2001	10.08	1,445,971	189,517
Assumption	9/1/2006	15.00	831,775	84,204
Assumption	9/1/2008	2.00	1,343	693
Exper Loss	9/1/2009	3.00	4,442,004	1,578,367
Assumption	9/1/2009	3.00	74,047	26,311
Exper Loss	9/1/2010	4.00	5,661,735	1,556,983
Assumption	9/1/2010	4.00	77,407	21,287
Exper Loss	9/1/2011	5.00	3,718,249	843,826
Assumption	9/1/2012	6.00	127,655	24,895
Exper Loss	9/1/2012	6.00	3,959,173	772,101
Exper Loss	9/1/2013	7.00	1,465,716	252,555
Exper Loss	9/1/2015	9.00	1,934,376	275,177
Exper Loss	9/1/2016	10.00	4,657,223	613,997
Exper Loss	9/1/2017	11.00	2,574,972	317,683
Assumption	9/1/2017	11.00	4,493,003	554,317

Charges [Schedule MB, Line 9c]

Type	Date Established	*Outstanding at 9/1/2021* Period	Balance	Annual Payment
Assumption	9/1/2018	12.00	$ 460,719	$ 53,616
Exper Loss	9/1/2018	12.00	3,799,067	442,114
Exper Loss	9/1/2019	13.00	4,284,664	473,465
Assumption	9/1/2019	13.00	6,171,124	681,922
Assumption	9/1/2020	14.00	5,665,086	597,748
Exper Loss	9/1/2020	14.00	189,536	19,999
Total Charges			$ 61,283,266	$ 10,693,724

Credits [Schedule MB, Line 9h]

Type	Date Established	*Outstanding at 9/1/2021* Period	Balance	Annual Payment
Assumption	9/1/1993	2.00	$ 476,654	$ 246,107
Amendment	9/1/1998	7.00	605,171	104,276
Assumption	9/1/1998	7.00	44,335	7,639
Assumption	9/1/2003	11.00	74,365	9,175
Amendment	3/1/2004	12.50	476,537	53,998
Assumption	10/1/1992	1.08	52,674	48,752
Amendment	10/1/1992	1.08	417	386
Assumption	10/1/1995	4.08	247,584	66,870
Exper Gain	9/1/2007	1.00	502,158	502,158
Assumption	9/1/2007	16.00	118,047	11,513
Exper Gain	9/1/2008	2.00	148,270	76,555
Amendment	9/1/2011	5.00	6,174,969	1,401,359
Amendment	9/1/2012	6.00	741,139	144,534
Exper Gain	9/1/2014	8.00	258,372	40,141
Amendment	9/1/2015	9.00	5,563,484	791,439
Amendment	9/1/2017	11.00	6,155,907	759,476
Exper Gain	9/1/2021	15.00	6,860,038	694,469
Total Credits			$ 28,500,121	$ 4,958,847
Net Total			**$ 32,783,145**	**$ 5,734,877**

See the comments following this exhibit.

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the cost method or actuarial valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

Plan Name	**Intermountain Retail Store Employees Pension Trust**
Plan Sponsor	The Board of Trustees of the Intermountain Retail Store Employees Pension Trust
EIN / PN	91-6187192 / 001
Interest Rates	6.75% per annum, compounded annually, net of investment expense for the purpose of developing the Plan's funding liabilities. 2.30% per annum for determining Current Liability for the plan year beginning September 1, 2021 The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment consultant. The ultimate selection of the interest rate is our best estimate and reflects professional judgment. The interest rate assumption used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code, 105% the weighted average of the rates of interest on 30-year Treasury securities during the 4-year period ending on the last day before the beginning of the plan year.

Retirement Age

These assumptions were selected based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

The weighted average retirement age for active participants is age 64. This average is based on the active population in the September 1, 2021 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Class C Participants
Active participants:

Retirement Rates

Age	Unreduced Early Pension	Other Pensions
55-58	10.0%	7.5%
59-60	10.0%	10.0%
61	20.0%	10.0%
62	20.0%	20.0%
63	20.0%	20.0%
64	30.0%	20.0%
65	100.0%	35.0%
66	N/A	35.0%
67	N/A	35.0%
68	N/A	35.0%
69	N/A	35.0%
70+	N/A	100.0%

Inactive vested participants:

Termination prior to September 1, 2011 or after August 31, 2012:
Retirement is assumed to occur upon the later of current age and age sixty-five.

Termination between September 1, 2011 and August 31, 2012:
Retirement is assumed to occur upon the later of current age and the earlier of age sixty or age fifty-five and thirty years of Vesting Service.

Retirement Age (cont.)

Class M Participants

Active participants:

Retirement Rates

Age	Service & Subsidized Early Pension*	Other Pensions
51-54	10.0%	N/A
55-58	10.0%	7.5%
59-60	10.0%	10.0%
61	20.0%	10.0%
62	20.0%	20.0%
63	20.0%	20.0%
64	30.0%	20.0%
65	100.0%	35.0%
66	N/A	35.0%
67	N/A	35.0%
68	N/A	35.0%
69	N/A	35.0%
70+	N/A	100.0%

*Subsidized Early Pension eligibility is age fifty-five and twenty years of Credited Service or a sum of age and Credited Service of at least eighty-five.

Inactive vested participants:

Class M Participants who transferred from the IRF Pension Trust on July 1, 2005:

- Termination prior to September 1, 2011 or after August 31, 2012: Retirement is assumed to occur upon the later of current age and age sixty-two.
- Termination between September 1, 2011 and August 31, 2012: Retirement is assumed to occur upon the later of current age and the earlier of age sixty-two or age sixty and ten years of Credited Service.

Class M Participants hired after June 30, 2005:

- Termination prior to September 1, 2011 or after August 31, 2012: Retirement is assumed to occur upon the later of current age and age sixty-five.
- Termination between September 1, 2011 and August 31, 2012: Retirement is assumed to occur upon the later of current age and the earlier of age sixty or age fifty-five and thirty years of Credited Service.

Operating Expenses	Expected recurring expenses are assumed to be prior year operating expenses adjusted for any non-recurring expense anticipated for the Plan Year. The annual operating expenses assumption was selected based on historical and current data, estimated future experience, and professional judgment.
Hours Worked	**Class C and M Participants:** For the purpose of projecting future benefit accruals, assumed hours are equal to the hours worked in the prior Plan Year for each individual adjusted to reflect known store closures and employer withdrawals.
Contribution Income	**Class C and M Participants:** For the purpose of projecting future contribution income, it is assumed that each active participant will earn contributions based on the same number of hours per year as worked during the Plan Year preceding the valuation date. Participants are assumed to continue to work for the employer reported in the data and at the rate required by that employer's contract.
Active Participant	**Class C and M Participants:** For employers who had not withdrawn on the valuation date, non-retired participants with at least 375 hours reported during the prior Plan Year.
Non-Disabled Mortality	**Class C and M Participants:** RP-2014 Blue Collar Mortality Tables, projected generationally from 2006 with 50% of Scale MP-2018 The mortality assumptions including future improvement were chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment. For determining the Current Liability, the mortality tables prescribed by the IRS Regulations were used.

Disabled Mortality

Class C and M Participants:
RP-2014 Disabled Mortality Table with 5-year set forward, projected generationally from 2006 with 50% of Scale MP-2018

The mortality assumptions including future improvement were chosen based on a review of standard mortality tables and projection scales, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

For determining the Current Liability, the mortality tables prescribed by the IRS Regulations were used.

Disability

Class C and M Participants:
Illustrations of the annual graduated disability rates adapted from the experience of the UFCW International Union – Industry Pension Plan are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Rate
20	0.01%
25	0.01%
30	0.01%
35	0.01%
40	0.01%
45	0.05%
50	0.38%
55	0.38%
60	0.38%

The disability assumptions were chosen based on a review of standard tables, historical and current demographic data, and reflecting anticipated future experience and professional judgment.

Withdrawal

Class C Participants:
Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates

	Years of Service	
Age	Less than 5	5 or greater
20	35.00%	20.00%
25	35.00%	20.00%
30	32.33%	17.33%
35	29.67%	14.67%
40	27.00%	12.00%
45	25.17%	9.67%
50	23.33%	7.33%
55	21.50%	5.00%
60	20.75%	N/A

Class M Participants:
Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Representative Withdrawal Rates

	Years of Service	
Age	Less than 5	5 or greater
20	24.44%	16.94%
25	24.12%	16.62%
30	23.71%	16.21%
35	23.05%	15.55%
40	21.90%	14.40%
45	20.04%	12.54%
50	17.33%	9.83%
55	14.23%	6.73%
60	12.66%	N/A

The withdrawal rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Reemployment

Class C and M Participants:
No rehire nor reciprocity is assumed.

Form of Payment	**Class C Participants and Class M Participants hired after June 30, 2005:** For participants retiring on and after February 1, 2017, all single participants are assumed to elect a Life Annuity. 75% of married participants are assumed to elect a 50% Joint and Survivor Annuity. **Class M Participants transferred from the IRF Pension Trust on July 1, 2005:** All single participants are assumed to elect a Life Annuity. 75% of married participants are assumed to elect a 50% Joint and Survivor Annuity (with pop-up feature).
Marriage	**Class C and M Participants:** 80% of the participants are assumed married.
Spouse Ages	**Class C and M Participants:** Wives are assumed to be 3 years younger than their husbands.
Cost of Living Increase	**Class C Participants and Class M Participants hired after June 30, 2005:** 2% per year after retirement for participants who first commenced payment prior to January 1, 2011. **Class M Participants transferred from the IRF Pension Trust on July 1, 2005:** None.
Cost Method	The valuation was performed by using the Entry Age Normal Actuarial Cost Method. Under this method, the Normal Cost is equal to the sum of the Normal Cost of plan benefits and the Normal Cost of operating expenses. The Normal Cost of plan benefits is the sum of the level amounts for each active participant that would exactly fund their projected benefits under the Plan if this amount were contributed from their date of hire until retirement.
Asset Valuation Method	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the Plan Year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Participant Data	Participant data was supplied by Zenith American Solutions as of the valuation date. No future new or rehired employees are assumed.
Missing or Incomplete Participant Data	Same as those exhibited by participants with similar known characteristics. For those with unknown gender, their gender was assumed to be male.
Financial Information	Financial information was obtained from the audited financial statements filed with the 2020 Form 5500 and information from financial statements prepared by the Plan Administrator, Zenith American Solutions.
Benefits Not Included in Valuation	We believe that we have reflected all significant plan provisions in this valuation.
Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.
Changes in Assumptions	None.

Schedule MB, Line 4c
Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

Under section 432(b)(3)(A)(ii), in the case of a plan which is in a funding improvement or rehabilitation period, the plan actuary shall certify whether the plan is making scheduled progress in meeting the requirements of its adopted funding improvement or rehabilitation plan.

The Plan is making scheduled progress in meeting the requirements of its rehabilitation plan because the plan is projected to emerge from critical status within the required timeframe.

[Schedule MB, Line 8b(1)]

Plan Year Beginning September 1	Expected Annual Benefit Payments
2021	15,052,377
2022	15,415,085
2023	15,768,563
2024	16,205,540
2025	16,635,250
2026	17,003,292
2027	17,361,670
2028	17,669,282
2029	17,831,070
2030	17,898,225

Notes

- Expected benefit payments above assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions.

Plan Name: Intermountain Retail Store Employees Pension Plan
Plan Sponsor: Intermountain Retail Store Employees Pension Plan
Plan Sponsor EIN: 91-6187192
Form 5500, Schedule R, line 13d - Collective Bargaining Agreement Expiration Dates

Employer EIN	Employer Name	Location	CBA Effective Date	CBA Expiration Date
82-0184431	Albertsons	Anaconda	5/1/2017	4/30/2021
82-0184431	Albertsons	Billings	5/1/2017	4/30/2021
82-0184431	Albertsons	Bozeman	5/1/2017	4/30/2021
82-0184431	Albertsons	Kalispell	5/1/2017	4/30/2021
82-0184431	Albertsons	Missoula	5/1/2017	4/30/2021
82-0184431	Albertsons	Rock Springs	8/1/2019	7/31/2023
82-0184431	Albertsons	Great Falls	5/1/2017	4/30/2021
82-0184431	Albertsons	Lewistown	5/1/2017	4/30/2021
82-0184431	Albertsons	Shelby	5/1/2017	4/30/2021
82-0184431	Albertsons	Boise/Nampa	11/1/2019	10/31/2023
82-0184431	Albertsons	Caldwell	11/1/2019	10/31/2023
82-0184431	Albertsons	East Caldwell	11/1/2019	10/31/2023
82-0184431	Albertsons	Emmett	11/1/2019	10/31/2023
82-0184431	Albertsons	Idaho Falls	11/1/2019	10/31/2023
82-0184431	Albertsons	Jackson	11/1/2019	10/31/2023
82-0184431	Albertsons	Jackson	11/1/2020	10/31/2024
82-0184431	Albertsons	Meridian	11/1/2019	10/31/2023
82-0184431	Albertsons	Mountain Home	11/1/2019	10/31/2023
82-0184431	Albertsons	Ontario	11/1/2019	10/31/2023
82-0184431	Albertsons	Ontario	11/1/2020	10/31/2024
82-0184431	Albertsons	Pocatello	11/1/2019	10/31/2023
82-0184431	Albertsons	Rexburg	11/1/2019	10/31/2023
82-0184431	Albertsons	Twin Falls	11/1/2019	10/31/2023
91-0582611	Rosauers	Kalispell	5/1/2017	4/30/2021
91-0582611	Rosauers	Libby	5/1/2017	4/30/2021
94-3019135	Safeway	Bozeman	5/1/2018	4/30/2022
94-3019135	Safeway	Butte	5/1/2017	4/30/2021
94-3019135	Safeway	Deer Lodge	7/1/2019	6/30/2023
94-3019135	Safeway	Deer Lodge	8/1/2019	7/31/2023
94-3019135	Safeway	Dillon	5/1/2018	4/30/2022
94-3019135	Safeway	Hamilton	5/1/2018	4/30/2022
94-3019135	Safeway	Hamilton/Helena	5/1/2017	4/30/2021
94-3019135	Safeway	Helena	5/1/2017	4/30/2021
94-3019135	Safeway	Whitefish	7/1/2019	6/30/2023
94-3019135	Safeway	Whitefish	8/1/2019	7/31/2023
94-3019135	Safeway Reno	Reno	12/1/2017	11/30/2021
81-3120581	Save Mart Supermarkets	Reno	12/1/2017	11/30/2021

Plan Name: Intermountain Retail Store Employees Pension Plan
Plan Sponsor: Intermountain Retail Store Employees Pension Plan
Plan Sponsor EIN: 91-6187192
Form 5500, Schedule R, line 13e - Information on Contribution Rates and Base Units

Employer EIN	Employer Name	Location	Fund 2 Pension	Fund 6 MeatPen	Base Unit
82-0184434	Albertsons	Anaconda	$ 0.50	$ -	Hourly
82-0184434	B & B Kalispell	Kalispell	$ 0.30	$ -	Hourly
82-0184434	B & B Kalispell	Kalispell	$ 0.45	$ -	Hourly
82-0184434	B & B Kalispell	Kalispell	$ 0.80	$ -	Hourly
82-0184434	Cascade Wholesale Meats	Great Falls	$ 0.95	$ -	Hourly
82-0184434	Cascade Wholesale Meats	Great Falls	$ -	$ 0.95	Hourly
82-0184434	Licini's Print Shop	Great Falls	$ 0.50	$ -	Hourly
91-0582615	Rosauers	Kalispell	$ 0.25	$ -	Hourly
91-0582615	Rosauers	Kalispell	$ 0.35	$ -	Hourly
91-0582615	Rosauers	Kalispell	$ 0.50	$ -	Hourly
91-0582615	Rosauers	Kalispell	$ 0.30	$ -	Hourly
91-0582615	Rosauers	Kalispell	$ 0.45	$ -	Hourly
91-0582615	Rosauers	Kalispell	$ 0.80	$ -	Hourly
91-0582615	Rosauers	Libby	$ 0.30	$ -	Hourly
91-0582615	Rosauers	Libby	$ 0.45	$ -	Hourly
91-0582615	Rosauers	Libby	$ 0.55	$ -	Hourly
91-0582615	Rosauers	Libby	$ 0.85	$ -	Hourly
91-0582615	Rosauers	Libby	$ -	$ 0.85	Hourly
91-0582615	Rosauers	Libby	$ 0.30	$ -	Hourly
91-0582615	Rosauers	Libby	$ 0.45	$ -	Hourly
91-0582615	Rosauers	Libby	$ 0.60	$ -	Hourly
81-3120588	Smith's Food & Drug Centers	Great Falls	$ 0.40	$ -	Hourly
81-3120588	Smith's Food & Drug Centers	Great Falls	$ 0.57	$ -	Hourly
81-3120588	Smith's Food & Drug Centers	Great Falls	$ 0.80	$ -	Hourly
81-3120588	UFCW Local 4	Butte	$ 0.15	$ -	Hourly
81-3120588	UFCW Local 4	Butte	$ 0.25	$ -	Hourly
81-3120588	UFCW Local 4	Butte	$ 1.64	$ -	Hourly
81-3120588	UFCW Local 4	Butte	$ 0.25	$ -	Hourly
81-3120588	UFCW Local 4	Butte	$ 0.45	$ -	Hourly
81-3120588	UFCW Local 4	Butte	$ 1.10	$ -	Hourly
81-3120588	UFCW Local 8	Great Falls	$ 0.35	$ -	Hourly
81-3120588	UFCW Local 8	Great Falls	$ 0.45	$ -	Hourly
81-3120588	UFCW Local 8	Great Falls	$ 0.55	$ -	Hourly
81-3120588	Van's Evergreen IGA	Billings	$ 0.80	$ -	Hourly
81-3120588	Van's Evergreen IGA	Billings	$ -	$ 0.80	Hourly
81-3120588	Van's Thriftway	Helena	$ 0.15	$ -	Hourly
81-3120588	Van's Thriftway	Helena	$ 0.25	$ -	Hourly
81-3120588	Van's Thriftway	Helena	$ 0.40	$ -	Hourly

81-3120588	Van's Thriftway	Helena	$	0.35	$	-	Hourly
81-3120588	Van's Thriftway	Helena	$	0.50	$	-	Hourly
81-3120588	Van's Thriftway	Helena	$	0.95	$	-	Hourly
81-3120588	Van's Thriftway	Helena	$	-	$	0.95	Hourly
81-3120588	Western Meat Block	Butte	$	0.25	$	-	Hourly
81-3120588	Western Meat Block	Butte	$	0.40	$	-	Hourly
81-3120588	Western Meat Block	Butte	$	1.50	$	-	Hourly
81-3120588	Western Meat Block	Butte	$	0.25	$	-	Hourly
81-3120588	Western Meat Block	Butte	$	0.40	$	-	Hourly
81-3120588	Western Meat Block	Butte	$	0.75	$	-	Hourly

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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
[ ] 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 ▶ [X]

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
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1972

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)
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN B

11724 NE 195TH STREET

BOTHELL WA 98011-8242

2b Employer Identification Number (EIN) 91-6187192

2c Plan Sponsor's telephone number 206-282-4100

2d Business code (see instructions) 445110

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	Katina Wood	6/16/23	KATINA WOOD
	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 [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**	16,500
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)**	8,172
a (2) Total number of active participants at the end of the plan year	**6a(2)**	8,203
b Retired or separated participants receiving benefits	**6b**	3,077
c Other retired or separated participants entitled to future benefits	**6c**	4,995
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	16,275
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	327
f Total. Add lines **6d** and **6e**	**6f**	16,602
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	22

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] ____ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Intermountain Retail Store Employees Pension Plan

Form 5500, Schedule H, Line 4j EIN: 91-6187192 PN: 001

Year Ended August 31, 2022

Reportable Transactions

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Issue Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) -- A Series of Transactions in Excess of 5% of Plan Assets:						
Wells Fargo Government Money Market Fund	Short-term fund 28 purchases	$ 24,574,815	$ -	$ 24,574,815	$ 24,574,815	$ -
Wells Fargo Government Money Market Fund	Short-term fund 11 sales	-	23,177,309	23,177,309	23,177,309	-
Wells Fargo Reinvs	Short-term fund					

See accompanying independent auditors' report.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Intermountain Retail Store Employees Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees, Intermountain
Retail Store Employees Pension Plan

D Employer Identification Number (EIN)
91-6187192

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 9 Day 1 Year 2021

b	Assets		
(1)	Current value of assets	**1b(1)**	208,791,224
(2)	Actuarial value of assets for funding standard account	**1b(2)**	190,858,476
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	227,031,425
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	222,256,872
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	411,143,878
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4,897,775
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	16,442,909
(3)	Expected plan disbursements for the plan year	**1d(3)**	15,719,473

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Mary Ann Dunleavy — 6/13/2023

Signature of actuary — Date

MARY ANN DUNLEAVY — 23-08148

Type or print name of actuary — Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC — (240)247-4600

Firm name — Telephone number (including area code)

8601 GEORGIA AVENUE, SUITE 700
SILVER SPRING MD 20910

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		208,791,224
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,216	183,747,043
(2) For terminated vested participants		5,064	171,067,184
(3) For active participants:			
(a) Non-vested benefits			3,697,616
(b) Vested benefits			52,632,035
(c) Total active		3,923	56,329,651
(4) Total		12,203	411,143,878
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		50.78 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	9,767,761				
			Totals ► **3(b)**	9,767,761	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	159,043

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	85.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here [ ]	**4f**	2023

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a [ ] Attained age normal **b** [X] Entry age normal **c** [ ] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? [ ] Yes [ ] No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.30 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males		**6c(1)**	A	A	
(2) Females		**6c(2)**	A	A	
d Valuation liability interest rate		**6d**	6.75 %	6.75 %	
e Expense loading		**6e**	139.5 % ☐ N/A	% ☒ N/A	
f Salary scale		**6f**	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date		**6g**	9.5 %		
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	19.8 %		

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-6,860,038	-694,469

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	3,389,804
b Employer's normal cost for plan year as of valuation date		**9b**	1,962,487
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	61,283,266	10,693,724
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1,083,106
e Total charges. Add lines 9a through 9d		**9e**	17,129,121

Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	
g Employer contributions. Total from column (b) of line 3			**9g**	9,767,761
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	28,500,121		4,958,847
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	664,384
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	40,709,578		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	181,290,046		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	15,390,992
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	1,738,129

9 o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	**9o(1)**		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**		0
(3) Total as of valuation date	**9o(3)**		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**		1,738,129
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☐ Yes ☒ No