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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                          |                                          |            |
| <b>1a</b> Name of plan<br><u>NORTHWESTERN ENERGY 401(K) RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ | <u>103</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>NORTHWESTERN CORPORATION</u><br><u>NORTHWESTERN ENERGY</u><br><br><u>11 EAST PARK STREET</u><br><u>BUTTE, MT 59701-1711</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>01/01/1984</u>                                                                                                                                                                                                                                                                                                                                           |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>46-0172280</u>                                                                                                                                                                                                                                                                                                                             |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>605-978-2826</u>                                                                                                                                                                                                                                                                                                                                |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>221100</u>                                                                                                                                                                                                                                                                                                                                     |                                          |            |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/06/2023 | CHRISTOPHER FORBECK                                          |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/06/2023 | CRYSTAL LAIL                                                 |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|--|--|--------------|------|--------------|------|-----------|----|-----------|-----|-----------|------|-----------|----|-----------|------|-----------|------|-----------|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE<br>CHRISTOPHER FORBECK<br>3010 WEST 69TH STREET<br>SIOUX FALLS, SD 57108                                                                                                                                                                                                   |      | <b>3b</b> Administrator's EIN<br>46-0172280                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |      | <b>3c</b> Administrator's telephone number<br>605-978-2826                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |      | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="width: 90%; text-align: right;">1882</td> </tr> <tr> <td colspan="2" style="background-color: #f2f2f2;"> </td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">1494</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">1529</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: right;">20</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">377</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">1926</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: right;">16</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: right;">1942</td> </tr> <tr> <td style="text-align: center;"><b>6g</b></td> <td style="text-align: right;">1934</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td> </td> </tr> </table> | <b>5</b> | 1882 |  |  | <b>6a(1)</b> | 1494 | <b>6a(2)</b> | 1529 | <b>6b</b> | 20 | <b>6c</b> | 377 | <b>6d</b> | 1926 | <b>6e</b> | 16 | <b>6f</b> | 1942 | <b>6g</b> | 1934 | <b>6h</b> |  |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | 1882 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                               | 1494 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                               | 1529 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 20   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 377  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 1926 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 16   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 1942 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 1934 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |      | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |      | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |      | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |      | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |      | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |      | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |      | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |      | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |      | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td style="width: 90%;"> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>7</b> |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T                                                                                                                                                                                                                                       |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |      | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |      |  |  |              |      |              |      |           |    |           |     |           |      |           |    |           |      |           |      |           |  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |      | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>NORTHWESTERN ENERGY 401(K) RETIREMENT SAVINGS PLAN                       | B Three-digit plan number (PN) ▶                     | 103 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NORTHWESTERN CORPORATION         | D Employer Identification Number (EIN)<br>46-0172280 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |

04-2647786

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

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

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

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

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

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

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

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

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

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

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**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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65 37 60            | RECORDKEEPER                                                                                      | 162788                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MERCER INVESTMENTS LLC

36-2668272

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 25000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STRATEGIC ADVISORS INC

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 10383                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DODGE & COX STOCK- I CLASS<br><br>04-2456637                        | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2022 or fiscal plan year beginning <span style="margin-left: 20px;">01/01/2022</span> and ending <span style="margin-left: 20px;">12/31/2022</span>                                    |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>A</b> Name of plan<br><span style="color: blue;">NORTHWESTERN ENERGY 401(K) RETIREMENT SAVINGS PLAN</span>                                                                                                 |                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="margin-left: 20px;">►</span> <span style="margin-left: 20px;">103</span>                                     |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">NORTHWESTERN CORPORATION</span>                                                                            |                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">46-0172280</span>                                                                   |

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

|                                                                                                                 |                                                          |                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PRUDENTIAL CORE PLUS BOND FUND</span> |                                                          |                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">PRUDENTIAL TRUST COMPANY</span>    |                                                          |                                                                                                                                                             |
| <b>c</b> EIN-PN <span style="color: blue;">23-6994310-165</span>                                                | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">7083634</span> |

|                                                                                                                      |                                                          |                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">ROTHSCHILD US SMALL/MID-CAP CORE CL</span> |                                                          |                                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">SEI TRUST COMPANY</span>                |                                                          |                                                                                                                                                              |
| <b>c</b> EIN-PN <span style="color: blue;">46-1030163-007</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">22671416</span> |

|                                                                                                                      |                                                          |                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">AQR EMERGING MARKETS EQUITY CIT CLA</span> |                                                          |                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">GLOBAL TRUST COMPANY</span>             |                                                          |                                                                                                                                                             |
| <b>c</b> EIN-PN <span style="color: blue;">90-6194032-003</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">1744910</span> |

|                                                                                                                                |                                                          |                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">STATE STREET TARGET RETIREMENT SL L</span>           |                                                          |                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">STATE STREET GLOBAL ADVISORS TRUST COMPANY</span> |                                                          |                                                                                                                                                             |
| <b>c</b> EIN-PN <span style="color: blue;">90-0337987-326</span>                                                               | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">5030367</span> |

|                                                                                                                                |                                                          |                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">STATE STREET TARGET RETIREMENT 2020</span>           |                                                          |                                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">STATE STREET GLOBAL ADVISORS TRUST COMPANY</span> |                                                          |                                                                                                                                                              |
| <b>c</b> EIN-PN <span style="color: blue;">90-0337987-314</span>                                                               | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">11786507</span> |

|                                                                                                                                |                                                          |                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">STATE STREET TARGET RETIREMENT 2025</span>           |                                                          |                                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">STATE STREET GLOBAL ADVISORS TRUST COMPANY</span> |                                                          |                                                                                                                                                              |
| <b>c</b> EIN-PN <span style="color: blue;">90-0337987-315</span>                                                               | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">32318847</span> |

|                                                                                                                                |                                                          |                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">STATE STREET TARGET RETIREMENT 2030</span>           |                                                          |                                                                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">STATE STREET GLOBAL ADVISORS TRUST COMPANY</span> |                                                          |                                                                                                                                                              |
| <b>c</b> EIN-PN <span style="color: blue;">90-0337987-316</span>                                                               | <b>d</b> Entity code <span style="color: blue;">C</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">26026312</span> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2035

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-317 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21366414 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2040

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-318 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21135154 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2045

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-319 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22779203 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2050

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-320 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20594627 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2055

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-325 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11887234 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2060

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-454 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4331904 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET TARGET RETIREMENT 2065

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 32-6528132-049 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1134692 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>NORTHWESTERN ENERGY 401(K) RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                       | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>103</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NORTHWESTERN CORPORATION</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><u>46-0172280</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|--------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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    |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                    |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                    |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 430519463136       |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          | 436728456123       |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 3412016186         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                    |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 2883315933191291   |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                    |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                    |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                    |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                    |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                    |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                    |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                    |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                    |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                    |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                    |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          | 52570095226992     |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          | 258683251209891221 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                    |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                    |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                    |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 199516549156265963 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                    |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                    |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 493191335             | 405510912       |

**Liabilities**

|                                                                           |           |   |       |
|---------------------------------------------------------------------------|-----------|---|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   | 25000 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 25000 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 493191335 | 405485912 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 12313291   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 15445510   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 3157287    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 30916088  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 484251     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 237519     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 721770    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 6446708    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 6446708   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -43815954 |
| (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) |            | -43693308 |
| c Other income .....                                                                            | 2c     |            | 72407     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -49352289 |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 38154425   |           |
| (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)  |            | 38154425  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 538       |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 173171     |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 25000      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 198171    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 38353134  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -87705423 |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

**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:

**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.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> 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.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> 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.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> 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?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> 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?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>j</b> 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.)                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |          |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>NORTHWESTERN ENERGY 401(K) RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 103                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NORTHWESTERN CORPORATION                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>46-0172280                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 04-6568107                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

|                                                                                                                                                                                                                                                                                                                                 |            |                          |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|------------|
| <b>14</b> 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:                                                                                                            | <b>14a</b> |                          |            |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... |            | <b>14b</b>               |            |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                |            |                          | <b>14c</b> |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           |            |                          |            |
| <b>15</b> 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:                                                                                                                                          | <b>15a</b> |                          |            |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            |            | <b>15b</b>               |            |
| <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       |            |                          |            |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                  | <b>16a</b> |                          |            |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        |            | <b>16b</b>               |            |
| <b>b</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.....                                                                                                                                                           |            |                          |            |
| <b>17</b> 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 .....                                                                                           |            | <input type="checkbox"/> |            |

**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: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 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)?  
☐ 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 ☐ 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 \_\_\_\_\_

**NORTHWESTERN ENERGY 401(k)  
RETIREMENT SAVINGS PLAN**

**Financial Statements for the Years Ended  
December 31, 2022 and 2021, Supplemental  
Schedule, and Independent Auditor's Report**

# **NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN**

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## Independent Auditor's Report

The Plan Administrators and Participants of  
NorthWestern Energy 401(k) Retirement Savings Plan  
Sioux Falls, South Dakota

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

We have performed audits of the financial statements of NorthWestern Energy 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NorthWestern Energy 401(k) Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about NorthWestern Energy 401(k) Retirement Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of NorthWestern Energy 401(k) Retirement Savings 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 NorthWestern Energy 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter – Supplemental Schedule Required by ERISA**

The supplemental schedule H, line 4i-schedule of assets held at end of year as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

The image shows a handwritten signature in cursive script that reads "Eide Bailly LLP".

Billings, Montana  
October 5, 2023

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

|                                                       | December 31,   |                |
|-------------------------------------------------------|----------------|----------------|
|                                                       | 2022           | 2021           |
| Assets:                                               |                |                |
| Investments, at fair value:                           |                |                |
| Investments in mutual funds .....                     | \$ 189,457,254 | \$ 228,349,708 |
| Investment in collective investment trust funds ..... | 209,891,221    | 258,683,251    |
| Total investments at fair value (Notes 2 and 5).....  | 399,348,475    | 487,032,959    |
| Receivables:                                          |                |                |
| Employer contributions.....                           | 463,136        | 430,519        |
| Employee contributions .....                          | 456,123        | 436,728        |
| Participant loans (Note 2) .....                      | 5,212,919      | 5,256,825      |
| Accrued participant loan interest.....                | 14,623         | 13,690         |
| Accrued revenue credit (Note 2) .....                 | 16,186         | 34,120         |
| Total receivables.....                                | 6,162,987      | 6,171,882      |
| Total assets.....                                     | 405,511,462    | 493,204,841    |
| Liabilities:                                          |                |                |
| Investment advisor fees (Note 2).....                 | (25,000)       | -              |
| Total liabilities .....                               | (25,000)       | -              |
| Net Assets Available For Benefits .....               | \$ 405,486,462 | \$ 493,204,841 |

See notes to financial statements.

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2022

|                                                                      | Year Ended<br>December 31,<br>2022 |
|----------------------------------------------------------------------|------------------------------------|
| Investment Income (Loss):                                            |                                    |
| Net depreciation in fair value of investments .....                  | \$ (87,509,262)                    |
| Dividends.....                                                       | 6,930,959                          |
| Total investment income (loss).....                                  | <u>(80,578,303)</u>                |
| Other Income:                                                        |                                    |
| Interest on participant loans.....                                   | 237,693                            |
| Float interest in revenue recapture credits account (Note 2) .....   | 3,983                              |
| Revenue credits (Notes 2 and 7) .....                                | 68,424                             |
| Total other income .....                                             | <u>310,100</u>                     |
| Contributions:                                                       |                                    |
| Participant contributions.....                                       | 15,445,510                         |
| Participant rollover contributions.....                              | 3,157,287                          |
| Employer contributions .....                                         | 12,313,291                         |
| Total contributions .....                                            | <u>30,916,088</u>                  |
| Deductions:                                                          |                                    |
| Benefits paid to participants .....                                  | (38,168,093)                       |
| Participant recordkeeping fees paid by participants (Note 7) .....   | (136,522)                          |
| Loan fees paid by participants .....                                 | (21,031)                           |
| Withdrawal fees paid by participants .....                           | (5,235)                            |
| Planning and advice service fees paid by participants (Note 7) ..... | (10,383)                           |
| Accrued investment advisor fees (Note 2).....                        | (25,000)                           |
| Total deductions.....                                                | <u>(38,366,264)</u>                |
| Net Decrease.....                                                    | <u>(87,718,379)</u>                |
| Net Assets Available for Benefits at Beginning of Year.....          | 493,204,841                        |
| Net Assets Available for Benefits at End of Year .....               | <u>\$ 405,486,462</u>              |

See notes to financial statements.

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

---

### 1. DESCRIPTION OF THE PLAN

NorthWestern Corporation (“NorthWestern” or the “Company”) sponsors the NorthWestern Energy 401(k) Retirement Savings Plan (the “Plan”) to provide a means for retirement savings and investment by employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The following description of the Plan is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

**Plan Administration** - The Company’s Board of Directors has appointed the Employee Benefits Administration Committee (“EBAC”) as the named fiduciary and administrator of the Plan. Fidelity Investments Institutional Operations Company and Fidelity Management Trust Company serve as the recordkeeper and trustee for the Plan. Effective October 1, 2021, EBAC appointed Fidelity Personal and Workplace Advisors LLC and Strategic Advisers LLC who are both registered investment advisers to provide discretionary non-fiduciary managed account and personalized financial planning and advice services to Plan participants. Mercer Investment Consulting, LLC is the investment advisor and co-fiduciary for the Plan and Mercer (US), Inc. provides fee benchmarking services.

**Plan Amendment** – The pre-approved defined contribution plan document sponsored by Fidelity and adopted by the Company was amended and restated effective June 30, 2020 (Note 4) and as such the Plan was amended and restated effective January 2, 2022, to adopt the updated pre-approved document changes for the requirements of the Bipartisan Budget Act of 2018 provisions related to hardship withdrawals and related loan requirements and for the SECURE Act modification to beginning date for terminated participants and spousal beneficiaries to begin receiving minimum required distributions (“MRD”).

Effective January 2, 2022, the plan was amended for certain administrative procedures related to definition of compensation exclusions and forms of other non-annuity payments which are limited to only one partial withdrawal per plan year for participants age 50 or older on the date that employment terminates.

**Participant Contributions** - Participants become eligible and may elect to contribute to the Plan immediately upon hire. A participant can elect to contribute from 1% to 100% of eligible compensation in any combination of pre-tax, after-tax, Roth after-tax, or catch-up contributions (pre-tax or Roth), subject to Internal Revenue Code (“IRC”) limitations. Pre-tax contributions are tax deferred under Section 401(k) of the IRC. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan contains an automatic enrollment feature that, after a specified period, enrolls a new employee who has not already affirmatively elected to participate. The automatic enrollment contribution was 4% for both 2022 and 2021. Annually thereafter on January 1 or a date specified by the participant, the deferral percentage increases by 1% until such time as the participant’s deferral percentage is modified or revoked by the participant or reaches a maximum 10% deferral limit of eligible compensation established for auto enrolled participants.

***Participant Rollover Contributions*** - The Plan allows rollover contributions from additional sources as defined under provisions of the Pension Protection Act. Those sources must be eligible retirement plans and include eligible individual retirement and annuity accounts, qualified trusts, annuity plans, deferred compensation plans, including Roth after-tax accounts, and other annuity contracts or custodial accounts. Qualifying rollover contributions will be accepted provided the rollover contribution is in cash, allowable fund shares or as promissory notes evidencing a plan loan to the eligible participant. In addition, the employee must provide a written statement verifying the rollover is from an eligible retirement plan, is not subject to joint and survivor requirements, is being made by a direct trust to trust transfer or within 60 days of the receipt from the other eligible plan and meets all of the IRC requirements for rollover treatment.

***Employer Contributions*** - The Company contributes a matching percentage to an employee's pre-tax and Roth after-tax contributions, which is determined as follows:

|                                   | <b>Deferral<br/>Percentage<br/>Eligible for<br/>Matching<br/>Contribution</b> | <b>Applicable<br/>Matching<br/>Contribution<br/>Percentage</b> |
|-----------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------|
| Nonrepresented participants ..... | Up to 4%                                                                      | 100%                                                           |
| Represented participants.....     | Up to 6%*                                                                     | 90-100%*                                                       |

\*Dependent upon the various collective bargaining agreements.

The Plan provides for an additional non-elective Company contribution to be made on behalf of certain eligible employees that is based on a participant's points and a percentage of eligible earnings. Points are the sum of attained age in whole years and completed years of service. The non-elective contribution percentage for 2022 and 2021 ranged from 4% to 7%.

***Participant Accounts*** - Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of the net earnings associated with the investment funds in which the participant's account is held. Participants may also receive allocations of revenue credits from revenue sharing agreements, which are allocated based on a ratio of each participant's account balance to the total balances for all participants in such funds and are used to offset fees charged to participant accounts. Participant accounts are charged with administrative expenses that are directly related to their own account maintenance and managed account and personalized financial planning and advice services, and a fixed annual recordkeeping fee.

***Investment Options*** - Upon enrollment in the Plan, a participant may elect the manner in which their account is invested. A participant may choose from any one or a combination of mutual funds and collective investment trust ("CIT") funds available. If no election is made, their account is invested in a qualified default investment alternative fund.

Participants may elect to change their investment options daily. These elections may be in dollars, shares/units, or increments of 1% of the fund balance with the minimum amount required for transfer to be the lesser of \$250 or 100% of the participant's investment in that fund balance.

***Vesting and Benefit Payments*** - Participants are always 100% vested in their account balance. Benefits are payable upon death, termination of employment, retirement, attainment of age 59½, disability, or termination of the Plan. The Plan provides for hardship withdrawals in the event of a qualifying immediate and heavy financial need. The Plan also provides for a non-spousal beneficiary rollover distribution to another qualified plan. Retirees may take an annual partial lump sum distribution from their account on a pro rata basis from each of his or her investment accounts net of any fees associated with the distribution. Retirees under the Plan are defined as those participants who are at least age 50 at the time of termination. Minimum required distributions (“MRD”) for participants attaining age 70 ½ after 2019 was changed to the later of age 72 or the year in which the participant retires. Spousal beneficiaries may defer MRD’s until December 31<sup>st</sup> of the calendar year in which the participant would have attained age 72. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

***Participant Loans*** - Participants may borrow from their accounts up to the lesser of \$50,000 or 50 percent of the participant’s vested account balance, excluding any non-elective Company contributions. The interest rate for all such loans is the prime rate announced periodically by the U.S. Treasury, plus 1%. Each participant may have two outstanding loans at a time. However, if an outstanding loan is in default, the participant cannot initiate another new loan in the 90 day period following the default on the prior loan. The maximum term of loans is generally five years, or twenty years for the purchase of a principal residence. Principal and interest is paid ratably through payroll deductions. Each new loan is subject to a \$50 origination fee and a \$25 annual loan maintenance fee, which are deducted from the participant’s account.

***In-Plan Roth Conversions*** – The Plan allows participants to elect to convert all or part of non-Roth Plan assets to Roth assets.

***Plan Termination*** - Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan were terminated, the trustee would continue to hold, invest, and administer the trust funds in accordance with the provisions of the trust agreement and make distributions from the trust in accordance with the provisions of the Plan pursuant to instructions filed with the trustee by the Company upon such termination.

## **2. SUMMARY OF ACCOUNTING POLICIES**

***Basis of Accounting*** - The financial statements of the Plan are prepared under the accrual method of accounting.

***Use of Estimates*** - The preparation of the Plan’s financial statements in conformity with accounting principles generally accepted in the U.S. requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***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 5 for discussion of fair value measurements.

The net appreciation (depreciation) in the fair value of investments presented in the statement of changes in net assets available for benefits consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments. Investment income and net appreciation (depreciation) in fair value of investments are presented net of investment manager fees.

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

Investments in CIT funds are valued at their respective net asset value ("NAV") per unit on the date of valuation. The NAV is calculated each business day by adding the value of all trust assets, subtracting all accrued expenses and liabilities, and dividing by the number of units outstanding. Unit issuances and redemptions are based on the net asset value determined at the end of the current day. Investment income and realized gains will be reinvested in the fund and no distributions will be declared.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

***Participant Loans Receivable*** - Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

***Payment of Benefits*** - Benefits are recorded when paid.

***Contributions*** - Participant and employer contributions are transferred to the trustee or accrued in the period during which participant payroll deductions are made.

***Revenue and other credits*** - Revenue credits are accrued in the period during which they are earned and are allocated to participants invested in the mutual funds for which Fidelity received revenue credits. During 2022, \$68,424 was earned through revenue sharing agreements and \$86,358 of revenue credits were allocated to participant accounts. The Plan accrued revenue credit receivables of \$16,186 and \$34,120 at December 31, 2022 and 2021, respectively. The revenue recapture account receives float interest income from Fidelity and related dividend income on the account balance. These funds are used to pay Plan administrative expenses or allocated to participant accounts. During 2022, \$3,983 float interest was received in this account. At December 31, 2022 and 2021, the revenue recapture account totaled \$6,123 and \$2,076, respectively. No funds were used to pay Plan administrative expenses or allocated to participants during 2022.

***Forfeiture Account*** - At December 31, 2022 and 2021, the forfeiture account totaled \$35,428 and \$7,393 respectively. Forfeiture funds may be used to pay administrative expenses under the Plan or allocated to participant accounts. No funds were used in 2022 to pay Plan administrative expenses or allocated to participant accounts. At December 31, 2022, the Plan has an accrued liability of \$25,000 outstanding for 2022 investment advisor fees paid February 2023 from the forfeiture account.

**Plan Expenses** - Investment related expenses are included in the net appreciation of the fair value of investments. Plan administrative fees may include legal, accounting, trustee, recordkeeping and other administrative fees and expenses associated with maintaining the Plan. Any expenses that are paid by the Company are excluded from these financial statements.

The recordkeeping fee for the Plan is a fixed annual fee per participant and is deducted from participant accounts on a quarterly basis. Other fees related to the administration of loans receivable, early redemptions, withdrawals and managed account and personalized financial planning services are also charged directly to the participant's account and are included in administrative expenses.

During 2022, the Company paid a portion of Plan investment advisor service fees and recordkeeper participant communication fees. At December 31, 2022, the Plan has an accrued liability of \$25,000 outstanding for 2022 investment advisor fees paid February 2023 from the forfeiture account.

### **3. INFORMATION CERTIFIED BY THE TRUSTEE**

In accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has received certification from Fidelity Management Trust Company, the Plan's trustee, as to the accuracy and completeness of the financial information of the Plan. The following information contained in the financial statements has been certified by the trustee:

- Investment fund balances
- Investment fund purchases and sales
- Dividend and interest income
- Net realized and unrealized (loss) gain on investments
- Participant loans receivable

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information with the related information in the financial statements.

### **4. TAX STATUS**

The Internal Revenue Service ("IRS") has determined and informed the Plan Sponsor by letter dated March 29, 2017, that the amendments to the Plan for various law changes and certain regulatory changes did not affect the tax qualification of the Plan under Code Sections 401(a) and 401(k) and the trust established under the Plan is tax-exempt under Code Section 501(a).

NorthWestern has been advised by Fidelity of notification from the IRS on June 30, 2020, that the pre-approved plan document sponsored by Fidelity and adopted by NorthWestern satisfies the applicable provisions of the IRC. The Plan administrator believes that the Plan was previously and is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the U.S. require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain tax position that may not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

## **5. FAIR VALUE MEASUREMENTS**

Investments are reflected in the Plan financial statements at fair value. Fair value is defined as 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 (i.e., an exit price). Measuring fair value requires the use of market data or assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, corroborated by market data, or generally unobservable. Valuation techniques are required to maximize the use of observable inputs and minimize the use of unobservable inputs.

The framework for measuring fair value 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 inputs) and the lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy 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;
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Plan assets held by the trustee have been invested in mutual funds and collective investment trust ("CIT") funds, which trade at net asset value (NAV) per share. NAV for CIT funds, as provided by the trustee, is used as a practical expedient to estimate fair value of the fund. As a result, these funds are not categorized within the fair value hierarchy. Investments of these funds consist of equity and fixed income securities. The following is a description of the valuation methodologies used for these assets.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*CIT funds:* Valued at the unit NAV of a CIT fund. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the CIT fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidation will be carried out in an orderly business manner. The trustee may also assess the Plan a redemption fee which will be deducted from the redemption proceeds and paid to the applicable fund. These investments are valued daily and have no redemption restrictions or future commitments.

The table below sets forth by level, within the fair value hierarchy, the Plan assets at fair value.

| Assets at Fair Value as of December 31, 2022                           |                                                                                           |                                                     |                                                 |                       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-----------------------|
|                                                                        | Quoted Prices in<br>Active Markets for<br>Identical Assets or<br>Liabilities<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable Inputs<br>(Level 3) | Total                 |
| Mutual Funds                                                           | \$ 189,457,254                                                                            | \$ —                                                | \$ —                                            | \$ 189,457,254        |
| Total assets in the fair value<br>hierarchy                            | \$ 189,457,254                                                                            | \$ —                                                | \$ —                                            | \$ 189,457,254        |
| Investments measured at net<br>asset value as a practical<br>expedient |                                                                                           |                                                     |                                                 | \$ 209,891,221        |
| <b>Total assets at fair value</b>                                      |                                                                                           |                                                     |                                                 | <b>\$ 399,348,475</b> |

| Assets at Fair Value as of December 31, 2021                           |                                                                                           |                                                     |                                                 |                       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-----------------------|
|                                                                        | Quoted Prices in<br>Active Markets for<br>Identical Assets or<br>Liabilities<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable Inputs<br>(Level 3) | Total                 |
| Mutual Funds                                                           | \$ 228,349,708                                                                            | \$ —                                                | \$ —                                            | \$ 228,349,708        |
| Total assets in the fair value<br>hierarchy                            | \$ 228,349,708                                                                            | \$ —                                                | \$ —                                            | \$ 228,349,708        |
| Investments measured at net<br>asset value as a practical<br>expedient |                                                                                           |                                                     |                                                 | \$ 258,683,251        |
| <b>Total assets at fair value</b>                                      |                                                                                           |                                                     |                                                 | <b>\$ 487,032,959</b> |

### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV as a practical expedient per share as of December 31, 2022 and 2021, respectively.

| Investments at NAV:                                                                        | December 31, 2022            |                     |                      |                              |
|--------------------------------------------------------------------------------------------|------------------------------|---------------------|----------------------|------------------------------|
|                                                                                            | Fair Value                   | Unfunded Commitment | Redemption Frequency | Redemption Notice Period (A) |
| Common Collective Trust Funds:                                                             |                              |                     |                      |                              |
| AQR Emerging Equity Class A CIT                                                            | \$ 1,744,910                 | N/A                 | Daily                | 7 Days                       |
| Prudential Core Plus Bond Class 5 CIT                                                      | 7,083,634                    | N/A                 | Daily                | 5 Days                       |
| Rothschild U.S. Small/Mid-Cap Core Class 2 CIT                                             | 22,671,416                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement Income Securities Lending ("SL") Series Fund - Class VI CIT | 5,030,367                    | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2020 SL Series Fund - Class VI CIT                          | 11,786,507                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2025 SL Series Fund - Class VI CIT                          | 32,318,847                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2030 SL Series Fund - Class VI CIT                          | 26,026,312                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2035 SL Series Fund - Class VI CIT                          | 21,366,414                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2040 SL Series Fund - Class VI CIT                          | 21,135,154                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2045 SL Series Fund - Class VI CIT                          | 22,779,203                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2050 SL Series Fund - Class VI CIT                          | 20,594,627                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2055 SL Series Fund - Class VI CIT                          | 11,887,234                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2060 SL Series Fund - Class VI CIT                          | 4,331,904                    | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2065 SL Series Fund - Class VI CIT                          | 1,134,692                    | N/A                 | Daily                | 5 Days                       |
| <b>Total investments at NAV</b>                                                            | <b><u>\$ 209,891,221</u></b> |                     |                      |                              |

| Investments at NAV:                                                 | December 31, 2021 |                     |                      |                              |
|---------------------------------------------------------------------|-------------------|---------------------|----------------------|------------------------------|
|                                                                     | Fair Value        | Unfunded Commitment | Redemption Frequency | Redemption Notice Period (A) |
| Common Collective Trust Funds:                                      |                   |                     |                      |                              |
| AQR Emerging Equity Class A CIT                                     | \$ 2,117,602      | N/A                 | Daily                | 7 Days                       |
| Prudential Core Plus Bond Class 5 CIT                               | 9,076,549         | N/A                 | Daily                | 5 Days                       |
| Rothschild U.S. Small/Mid-Cap Core Class 2 CIT                      | 30,214,075        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement Income SL Series Fund – Class VI CIT | 7,500,413         | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2020 SL Series Fund - Class VI CIT   | 20,469,141        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2025 SL Series Fund - Class VI CIT   | 44,075,449        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2030 SL Series Fund – Class VI CIT   | 29,169,393        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2035 SL Series Fund – Class VI CIT   | 24,424,972        | N/A                 | Daily                | 5 Days                       |

|                                                    |                              |     |       |        |
|----------------------------------------------------|------------------------------|-----|-------|--------|
| State Street Target Retirement 2040 SL Series Fund |                              |     |       |        |
| – Class VI CIT                                     | 24,970,539                   | N/A | Daily | 5 Days |
| State Street Target Retirement 2045 SL Series Fund |                              |     |       |        |
| – Class VI CIT                                     | 26,054,640                   | N/A | Daily | 5 Days |
| State Street Target Retirement 2050 SL Series Fund |                              |     |       |        |
| – Class VI CIT                                     | 22,457,442                   | N/A | Daily | 5 Days |
| State Street Target Retirement 2055 SL Series Fund |                              |     |       |        |
| – Class VI CIT                                     | 12,852,688                   | N/A | Daily | 5 Days |
| State Street Target Retirement 2060 SL Series Fund |                              |     |       |        |
| – Class VI CIT                                     | 4,602,361                    | N/A | Daily | 5 Days |
| State Street Target Retirement 2065 SL Series Fund |                              |     |       |        |
| – Class VI CIT                                     | 697,987                      | N/A | Daily | 5 Days |
| <b>Total investments at NAV</b>                    | <b><u>\$ 258,683,251</u></b> |     |       |        |

(A) The funds are redeemable daily. This notice period is for full or partial withdrawal from the fund and may be required at the trustee's discretion.

## 6. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|                                                                   | <b><u>December 31,<br/>2022</u></b> | <b><u>December 31,<br/>2021</u></b> |
|-------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| Net assets available for benefits<br>per the financial statements | \$405,486,462                       | \$493,204,841                       |
| Deemed distributions of participant loans                         | (550)                               | (13,506)                            |
| Net assets available for benefits per Form 5500                   | <b><u>\$405,485,912</u></b>         | <b><u>\$493,191,335</u></b>         |

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500:

|                                                                       | <b><u>Year Ended December 31, 2022</u></b>             |                           |                                         |
|-----------------------------------------------------------------------|--------------------------------------------------------|---------------------------|-----------------------------------------|
|                                                                       | <b><u>Amounts Per<br/>Financial<br/>Statements</u></b> | <b><u>Adjustments</u></b> | <b><u>Amounts per<br/>Form 5500</u></b> |
| <b>Statement of Net Assets Available<br/>for Benefits:</b>            |                                                        |                           |                                         |
| Investments in mutual funds                                           | 189,457,254                                            | (33,191,291)              | 156,265,963                             |
| Interest bearing cash                                                 | -                                                      | 33,191,291                | 33,191,291                              |
| Participant loans                                                     | 5,212,919                                              | 14,073                    | 5,226,992                               |
| Accrued participant loan interest                                     | 14,623                                                 | (14,623)                  | -                                       |
| Deemed loan difference for Form 5500<br>reporting                     | -                                                      | 550                       | -                                       |
| <b>Statement of Changes in Net Assets<br/>Available for Benefits:</b> |                                                        |                           |                                         |
| Interest on interest-bearing cash                                     | -                                                      | 484,251                   | 484,251                                 |
| Dividends                                                             | 6,930,959                                              | (6,930,959)               | --                                      |

|                                                                                     |              |              |              |
|-------------------------------------------------------------------------------------|--------------|--------------|--------------|
| Dividends from registered investment company shares                                 | -            | 6,446,708    | 6,446,708    |
| Float interest on revenue recapture credits account                                 | 3,983        | (3,983)      | -            |
| Revenue credits                                                                     | 68,424       | (68,424)     | -            |
| Other income                                                                        | -            | 72,407       | 72,407       |
| Interest on participant loans                                                       | 237,693      | (174)        | 237,519      |
| Benefits paid to participants                                                       | (38,168,093) | 13,668       | (38,154,425) |
| Deemed distributions of participant loans                                           | -            | (538)        | (538)        |
| Net depreciation in fair value of investments                                       | (87,509,262) | 87,509,262   | -            |
| Net investment gain (loss) from common/collective trusts                            | -            | (43,815,954) | (43,815,954) |
| Net investment gain (loss) from registered investment companies (e.g. mutual funds) | -            | (43,693,308) | (43,693,308) |

**Year Ended December 31, 2021**

|                                                        | <b>Amounts Per<br/>Financial<br/>Statements</b> | <b>Adjustments</b> | <b>Amounts per<br/>Form 5500</b> |
|--------------------------------------------------------|-------------------------------------------------|--------------------|----------------------------------|
| <b>Statement of Net Assets Available for Benefits:</b> |                                                 |                    |                                  |
| Investments in mutual funds                            | 228,349,708                                     | (28,833,159)       | 199,516,549                      |
| Interest bearing cash                                  | -                                               | 28,833,159         | 28,833,159                       |
| Participant loans                                      | 5,256,825                                       | 184                | 5,257,009                        |
| Accrued participant loan interest                      | 13,690                                          | (13,690)           | -                                |
| Deemed loan difference for Form 5500 reporting         | -                                               | 13,506             | -                                |

## 7. PARTY-IN-INTEREST TRANSACTIONS

The Plan has investments in mutual funds affiliated with the custodian, Fidelity Management Trust Company, and the recordkeeper, Fidelity Investments Institutional Operations Company. Mercer Investment Consulting, LLC serves as investment advisor and co-fiduciary for the Plan. Mercer (US), Inc. performs periodic plan fee benchmarking for the Plan. Fidelity Personal and Workplace Advisors LLC and Strategic Advisers LLC are both registered investment advisers and Fidelity Investments companies and provide Fidelity® Personalized Planning & Advice *at Work* which provides Managed Account Services to Plan participants for a fee. These transactions qualify as exempt party-in-interest transactions.

Investment advisor, consulting and recordkeeping services fees are paid directly by the Plan, the Plan Sponsor, or included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than direct payment. The trust agreement between the Company and Fidelity Management Trust Company provides for an annual recordkeeping service fee to be paid at a fixed rate of \$72 per participant account per year. Fidelity Management Trust Company also receives revenue from the mutual funds for services it provides to the funds. The revenue from mutual funds was used to offset the annual recordkeeping service fees owed to Fidelity Investments Institutional Operations Company for its administrative services to the plan. Any revenue credits received from the mutual funds were directly allocated to those participants who invested in those particular funds for which there were revenue sharing agreements with Fidelity Management Trust Company.

The quarterly fees for the Managed Account Service applicable to each participant will be calculated based on a participant's daily balances for all days not previously billed and the advisory fee will be paid pro rata from the investment options in that portion of the electing participant's account. During 2022, electing participants paid a total of \$10,383 for these advisory fees.

If the revenue received by Fidelity Management Trust Company from the mutual funds exceeds the amount owed under the trust agreement, Fidelity Management Trust Company remits the excess to the Plan's trust on a quarterly basis to be allocated to participant accounts. During 2022, the Plan earned revenue credits totaling \$68,424 and received revenue credit proceeds from the December 31, 2021 revenue credit receivable in the amount of \$34,120. Of the total revenue credits received in 2022, \$86,358 were allocated to participant accounts. At December 31, 2022 the Plan has a revenue credit receivable of \$16,186 which will be allocated to participant accounts in 2023.

## **8. RISKS AND UNCERTAINTIES**

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

## **9. SUBSEQUENT EVENTS**

The Plan Sponsor has evaluated subsequent events through October 5, 2023 the date the financial statements were available to be issued. Based on this evaluation, no disclosures and/or adjustments were required to the financial statements, except as noted below, as of December 31, 2022.

Effective January 1, 2023, the plan was amended to allow for immediate participation in the Plan for temporary and limited part-time employees and to remove different entry dates for different groups.

On January 25, 2023, the following Plan investment options and share class changes were completed as disclosed in the table below. Participant balances in the old investment options and share classes were transferred to the new investment options and share classes and future contributions will be directed to the new options as shown below.

| Old Investment Options or Share Classes                                      | New Investment Options or Share Classes                        |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| Rothschild U.S. Small/Mid-Cap Core CIT Fund Class 2                          | Jennison Small/Mid Cap Equity Fund CIT                         |
| T. Rowe Price Institutional Large Cap Core Growth Fund (Ticker Symbol TPLGX) | JP Morgan Large Cap Growth Fund Class R6 (Ticker Symbol JLGMX) |
| AQR Emerging Equity CIT – Class A                                            | AQR Emerging Equity CIT - Class C                              |
| Dodge & Cox Stock Fund - Class I (Ticker Symbol DODGX)                       | Dodge & Cox Stock Fund - Class X (Ticker Symbol DOXGX)         |
| MFS International Equity Fund - Class R6 (Ticker Symbol MIEIX)               | MFS International Equity Fund CIT - Class 3A                   |

\* \* \* \* \*

## **SUPPLEMENTAL SCHEDULE**

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Held at End of Year)

DECEMBER 31, 2022 (EIN #46-0172280 PLAN #103)

| Identity of Issuer, Borrower, Lessor or Similar Party                              | Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value | Cost | Current Value         |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------|-----------------------|
| AQR Emerging Equity Collective Investment Fund Class A                             | Collective Investment Trust                                                                           | **   | \$ 1,744,910          |
| Dodge & Cox Stock Fund Class I                                                     | Mutual fund                                                                                           | **   | 65,184,940            |
| Fidelity® Extended Market Index Fund - Premium Class*                              | Mutual fund                                                                                           | **   | 6,443,744             |
| Fidelity® Investments Money Market Government Portfolio Institutional Class Fund * | Mutual fund                                                                                           | **   | 33,191,291            |
| iShares MSCI Total International Index Fund Class K                                | Mutual fund                                                                                           | **   | 1,127,423             |
| MFS Institutional International Equity Fund                                        | Mutual fund                                                                                           | **   | 12,555,604            |
| PIMCO Inflation Response Multi-Asset Fund Institutional                            | Mutual fund                                                                                           | **   | 1,795,713             |
| Prudential Core Plus Bond Fund Class 5 CIT                                         | Collective Investment Trust                                                                           | **   | 7,083,634             |
| Rothschild U.S. Small/Mid-Cap Core CIT Fund Class 2                                | Collective Investment Trust                                                                           | **   | 22,671,416            |
| State Street Target Retirement Income SL Series Fund - Class VI CIT                | Collective Investment Trust                                                                           | **   | 5,030,367             |
| State Street Target Retirement 2020 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 11,786,507            |
| State Street Target Retirement 2025 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 32,318,847            |
| State Street Target Retirement 2030 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 26,026,312            |
| State Street Target Retirement 2035 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 21,366,414            |
| State Street Target Retirement 2040 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 21,135,154            |
| State Street Target Retirement 2045 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 22,779,203            |
| State Street Target Retirement 2050 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 20,594,627            |
| State Street Target Retirement 2055 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 11,887,234            |
| State Street Target Retirement 2060 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 4,331,904             |
| State Street Target Retirement 2065 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 1,134,692             |
| T. Rowe Price Institutional Large Cap Core Growth Fund                             | Mutual fund                                                                                           | **   | 28,050,664            |
| Vanguard Total Bond Market Index Fund Institutional Shares                         | Mutual fund                                                                                           | **   | 12,341,582            |
| Vanguard Institutional Index Fund                                                  | Mutual fund                                                                                           | **   | 28,766,293            |
| Participant loans*                                                                 | 4.25% - 8.75% loans, due 2023 - 2042                                                                  | \$0  | 5,212,919             |
|                                                                                    |                                                                                                       |      | <u>\$ 404,561,394</u> |

\* Known party-in-interest

\*\* Historical cost is omitted for participant-directed investments

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment 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**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

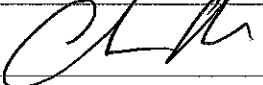
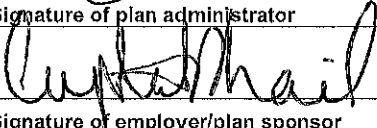
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. .... ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ☐

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                                            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>1a</b> Name of plan<br>NorthWestern Energy 401(k) Retirement Savings Plan                                                                                                                                                                                                                                                                                               | <b>1b</b> Three-digit plan number (PN) ▶ 103                 |
|                                                                                                                                                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan<br>01/01/1984               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NorthWestern Corporation<br><br>NorthWestern Energy<br><br>11 East Park Street<br><br>Butte MT 59701-1711 | <b>2b</b> Employer Identification Number (EIN)<br>46-0172280 |
|                                                                                                                                                                                                                                                                                                                                                                            | <b>2c</b> Plan Sponsor's telephone number<br>(605) 978-2826  |
|                                                                                                                                                                                                                                                                                                                                                                            | <b>2d</b> Business code (see instructions)<br>221100         |

**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.

|                  |                                                                                     |           |                                                              |
|------------------|-------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 12/6/23   | Christopher Forbeck                                          |
|                  | Signature of plan administrator                                                     | Date      | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 12/6/2023 | Crystal Lail                                                 |
|                  | Signature of employer/plan sponsor                                                  | Date      | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |           |                                                              |
|                  | Signature of DFE                                                                    | Date      | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>Employee Benefits<br>Administration Committee<br>Christopher Forbeck<br>3010 West 69th Street<br><br>Sioux Falls SD 57108                                                                                                                                                                                         |  | <b>3b</b> Administrator's EIN<br>46-0172280<br><b>3c</b> Administrator's telephone number<br>(605) 978-2826                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                             |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |  | <b>5</b> 1,882                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>6</b> 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).                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                             |  | <b>6a(1)</b> 1,494                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(2)</b> 1,529                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 |  | <b>6b</b> 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                 |  | <b>6c</b> 377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....                                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 1,926                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                         |  | <b>6e</b> 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>f</b> Total. Add lines 6d and 6e.....                                                                                                                                                                                                                                                                                                                                                                           |  | <b>6f</b> 1,942                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                    |  | <b>6g</b> 1,934                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                         |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 2T                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                      |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

**NorthWestern Corporation**  
**EIN: 46-0172280**  
**Labor Union Listing**  
**FORM 5500**

| <b><u>No.</u></b> | <b><u>Labor Union Group (South Dakota)</u></b> | <b><u>L-M</u></b> |
|-------------------|------------------------------------------------|-------------------|
| 1.                | IBEW Local Union No 766 (Huron)                | 022-537           |
| 2.                | IBEW Local Union No 706 (Aberdeen)             | 037-649           |
| 3.                | IBEW Local Union No 690 (Mitchell & Yankton)   | 023-524           |

These three bargaining Units combine to negotiate a collective bargaining agreement with NorthWestern Energy. Collectively, this group is referred to as System Council U-26.

**NORTHWESTERN ENERGY 401(k)  
RETIREMENT SAVINGS PLAN**

**Financial Statements for the Years Ended  
December 31, 2022 and 2021, Supplemental  
Schedule, and Independent Auditor's Report**

# **NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN**

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## Independent Auditor's Report

The Plan Administrators and Participants of  
NorthWestern Energy 401(k) Retirement Savings Plan  
Sioux Falls, South Dakota

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

We have performed audits of the financial statements of NorthWestern Energy 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NorthWestern Energy 401(k) Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about NorthWestern Energy 401(k) Retirement Savings Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of NorthWestern Energy 401(k) Retirement Savings 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 NorthWestern Energy 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Other Matter – Supplemental Schedule Required by ERISA**

The supplemental schedule H, line 4i-schedule of assets held at end of year as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

The image shows a handwritten signature in cursive script that reads "Eide Bailly LLP".

Billings, Montana  
October 5, 2023

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

|                                                       | December 31,   |                |
|-------------------------------------------------------|----------------|----------------|
|                                                       | 2022           | 2021           |
| Assets:                                               |                |                |
| Investments, at fair value:                           |                |                |
| Investments in mutual funds .....                     | \$ 189,457,254 | \$ 228,349,708 |
| Investment in collective investment trust funds ..... | 209,891,221    | 258,683,251    |
| Total investments at fair value (Notes 2 and 5).....  | 399,348,475    | 487,032,959    |
| Receivables:                                          |                |                |
| Employer contributions.....                           | 463,136        | 430,519        |
| Employee contributions .....                          | 456,123        | 436,728        |
| Participant loans (Note 2) .....                      | 5,212,919      | 5,256,825      |
| Accrued participant loan interest.....                | 14,623         | 13,690         |
| Accrued revenue credit (Note 2) .....                 | 16,186         | 34,120         |
| Total receivables.....                                | 6,162,987      | 6,171,882      |
| Total assets.....                                     | 405,511,462    | 493,204,841    |
| Liabilities:                                          |                |                |
| Investment advisor fees (Note 2).....                 | (25,000)       | -              |
| Total liabilities .....                               | (25,000)       | -              |
| Net Assets Available For Benefits .....               | \$ 405,486,462 | \$ 493,204,841 |

See notes to financial statements.

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2022

|                                                                      | Year Ended<br>December 31,<br>2022 |
|----------------------------------------------------------------------|------------------------------------|
| Investment Income (Loss):                                            |                                    |
| Net depreciation in fair value of investments .....                  | \$ (87,509,262)                    |
| Dividends.....                                                       | 6,930,959                          |
| Total investment income (loss).....                                  | <u>(80,578,303)</u>                |
| Other Income:                                                        |                                    |
| Interest on participant loans.....                                   | 237,693                            |
| Float interest in revenue recapture credits account (Note 2) .....   | 3,983                              |
| Revenue credits (Notes 2 and 7) .....                                | 68,424                             |
| Total other income .....                                             | <u>310,100</u>                     |
| Contributions:                                                       |                                    |
| Participant contributions.....                                       | 15,445,510                         |
| Participant rollover contributions.....                              | 3,157,287                          |
| Employer contributions .....                                         | 12,313,291                         |
| Total contributions .....                                            | <u>30,916,088</u>                  |
| Deductions:                                                          |                                    |
| Benefits paid to participants .....                                  | (38,168,093)                       |
| Participant recordkeeping fees paid by participants (Note 7) .....   | (136,522)                          |
| Loan fees paid by participants .....                                 | (21,031)                           |
| Withdrawal fees paid by participants .....                           | (5,235)                            |
| Planning and advice service fees paid by participants (Note 7) ..... | (10,383)                           |
| Accrued investment advisor fees (Note 2).....                        | (25,000)                           |
| Total deductions.....                                                | <u>(38,366,264)</u>                |
| Net Decrease.....                                                    | <u>(87,718,379)</u>                |
| Net Assets Available for Benefits at Beginning of Year.....          | 493,204,841                        |
| Net Assets Available for Benefits at End of Year .....               | <u>\$ 405,486,462</u>              |

See notes to financial statements.

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2022 AND 2021

---

### 1. DESCRIPTION OF THE PLAN

NorthWestern Corporation (“NorthWestern” or the “Company”) sponsors the NorthWestern Energy 401(k) Retirement Savings Plan (the “Plan”) to provide a means for retirement savings and investment by employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The following description of the Plan is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

**Plan Administration** - The Company’s Board of Directors has appointed the Employee Benefits Administration Committee (“EBAC”) as the named fiduciary and administrator of the Plan. Fidelity Investments Institutional Operations Company and Fidelity Management Trust Company serve as the recordkeeper and trustee for the Plan. Effective October 1, 2021, EBAC appointed Fidelity Personal and Workplace Advisors LLC and Strategic Advisers LLC who are both registered investment advisers to provide discretionary non-fiduciary managed account and personalized financial planning and advice services to Plan participants. Mercer Investment Consulting, LLC is the investment advisor and co-fiduciary for the Plan and Mercer (US), Inc. provides fee benchmarking services.

**Plan Amendment** – The pre-approved defined contribution plan document sponsored by Fidelity and adopted by the Company was amended and restated effective June 30, 2020 (Note 4) and as such the Plan was amended and restated effective January 2, 2022, to adopt the updated pre-approved document changes for the requirements of the Bipartisan Budget Act of 2018 provisions related to hardship withdrawals and related loan requirements and for the SECURE Act modification to beginning date for terminated participants and spousal beneficiaries to begin receiving minimum required distributions (“MRD”).

Effective January 2, 2022, the plan was amended for certain administrative procedures related to definition of compensation exclusions and forms of other non-annuity payments which are limited to only one partial withdrawal per plan year for participants age 50 or older on the date that employment terminates.

**Participant Contributions** - Participants become eligible and may elect to contribute to the Plan immediately upon hire. A participant can elect to contribute from 1% to 100% of eligible compensation in any combination of pre-tax, after-tax, Roth after-tax, or catch-up contributions (pre-tax or Roth), subject to Internal Revenue Code (“IRC”) limitations. Pre-tax contributions are tax deferred under Section 401(k) of the IRC. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan contains an automatic enrollment feature that, after a specified period, enrolls a new employee who has not already affirmatively elected to participate. The automatic enrollment contribution was 4% for both 2022 and 2021. Annually thereafter on January 1 or a date specified by the participant, the deferral percentage increases by 1% until such time as the participant’s deferral percentage is modified or revoked by the participant or reaches a maximum 10% deferral limit of eligible compensation established for auto enrolled participants.

***Participant Rollover Contributions*** - The Plan allows rollover contributions from additional sources as defined under provisions of the Pension Protection Act. Those sources must be eligible retirement plans and include eligible individual retirement and annuity accounts, qualified trusts, annuity plans, deferred compensation plans, including Roth after-tax accounts, and other annuity contracts or custodial accounts. Qualifying rollover contributions will be accepted provided the rollover contribution is in cash, allowable fund shares or as promissory notes evidencing a plan loan to the eligible participant. In addition, the employee must provide a written statement verifying the rollover is from an eligible retirement plan, is not subject to joint and survivor requirements, is being made by a direct trust to trust transfer or within 60 days of the receipt from the other eligible plan and meets all of the IRC requirements for rollover treatment.

***Employer Contributions*** - The Company contributes a matching percentage to an employee's pre-tax and Roth after-tax contributions, which is determined as follows:

|                                   | <b>Deferral<br/>Percentage<br/>Eligible for<br/>Matching<br/>Contribution</b> | <b>Applicable<br/>Matching<br/>Contribution<br/>Percentage</b> |
|-----------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------|
| Nonrepresented participants ..... | Up to 4%                                                                      | 100%                                                           |
| Represented participants.....     | Up to 6%*                                                                     | 90-100%*                                                       |

\*Dependent upon the various collective bargaining agreements.

The Plan provides for an additional non-elective Company contribution to be made on behalf of certain eligible employees that is based on a participant's points and a percentage of eligible earnings. Points are the sum of attained age in whole years and completed years of service. The non-elective contribution percentage for 2022 and 2021 ranged from 4% to 7%.

***Participant Accounts*** - Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of the net earnings associated with the investment funds in which the participant's account is held. Participants may also receive allocations of revenue credits from revenue sharing agreements, which are allocated based on a ratio of each participant's account balance to the total balances for all participants in such funds and are used to offset fees charged to participant accounts. Participant accounts are charged with administrative expenses that are directly related to their own account maintenance and managed account and personalized financial planning and advice services, and a fixed annual recordkeeping fee.

***Investment Options*** - Upon enrollment in the Plan, a participant may elect the manner in which their account is invested. A participant may choose from any one or a combination of mutual funds and collective investment trust ("CIT") funds available. If no election is made, their account is invested in a qualified default investment alternative fund.

Participants may elect to change their investment options daily. These elections may be in dollars, shares/units, or increments of 1% of the fund balance with the minimum amount required for transfer to be the lesser of \$250 or 100% of the participant's investment in that fund balance.

***Vesting and Benefit Payments*** - Participants are always 100% vested in their account balance. Benefits are payable upon death, termination of employment, retirement, attainment of age 59½, disability, or termination of the Plan. The Plan provides for hardship withdrawals in the event of a qualifying immediate and heavy financial need. The Plan also provides for a non-spousal beneficiary rollover distribution to another qualified plan. Retirees may take an annual partial lump sum distribution from their account on a pro rata basis from each of his or her investment accounts net of any fees associated with the distribution. Retirees under the Plan are defined as those participants who are at least age 50 at the time of termination. Minimum required distributions (“MRD”) for participants attaining age 70 ½ after 2019 was changed to the later of age 72 or the year in which the participant retires. Spousal beneficiaries may defer MRD’s until December 31<sup>st</sup> of the calendar year in which the participant would have attained age 72. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

***Participant Loans*** - Participants may borrow from their accounts up to the lesser of \$50,000 or 50 percent of the participant’s vested account balance, excluding any non-elective Company contributions. The interest rate for all such loans is the prime rate announced periodically by the U.S. Treasury, plus 1%. Each participant may have two outstanding loans at a time. However, if an outstanding loan is in default, the participant cannot initiate another new loan in the 90 day period following the default on the prior loan. The maximum term of loans is generally five years, or twenty years for the purchase of a principal residence. Principal and interest is paid ratably through payroll deductions. Each new loan is subject to a \$50 origination fee and a \$25 annual loan maintenance fee, which are deducted from the participant’s account.

***In-Plan Roth Conversions*** – The Plan allows participants to elect to convert all or part of non-Roth Plan assets to Roth assets.

***Plan Termination*** - Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If the Plan were terminated, the trustee would continue to hold, invest, and administer the trust funds in accordance with the provisions of the trust agreement and make distributions from the trust in accordance with the provisions of the Plan pursuant to instructions filed with the trustee by the Company upon such termination.

## **2. SUMMARY OF ACCOUNTING POLICIES**

***Basis of Accounting*** - The financial statements of the Plan are prepared under the accrual method of accounting.

***Use of Estimates*** - The preparation of the Plan’s financial statements in conformity with accounting principles generally accepted in the U.S. requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

***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 5 for discussion of fair value measurements.

The net appreciation (depreciation) in the fair value of investments presented in the statement of changes in net assets available for benefits consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments. Investment income and net appreciation (depreciation) in fair value of investments are presented net of investment manager fees.

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

Investments in CIT funds are valued at their respective net asset value ("NAV") per unit on the date of valuation. The NAV is calculated each business day by adding the value of all trust assets, subtracting all accrued expenses and liabilities, and dividing by the number of units outstanding. Unit issuances and redemptions are based on the net asset value determined at the end of the current day. Investment income and realized gains will be reinvested in the fund and no distributions will be declared.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

***Participant Loans Receivable*** - Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

***Payment of Benefits*** - Benefits are recorded when paid.

***Contributions*** - Participant and employer contributions are transferred to the trustee or accrued in the period during which participant payroll deductions are made.

***Revenue and other credits*** - Revenue credits are accrued in the period during which they are earned and are allocated to participants invested in the mutual funds for which Fidelity received revenue credits. During 2022, \$68,424 was earned through revenue sharing agreements and \$86,358 of revenue credits were allocated to participant accounts. The Plan accrued revenue credit receivables of \$16,186 and \$34,120 at December 31, 2022 and 2021, respectively. The revenue recapture account receives float interest income from Fidelity and related dividend income on the account balance. These funds are used to pay Plan administrative expenses or allocated to participant accounts. During 2022, \$3,983 float interest was received in this account. At December 31, 2022 and 2021, the revenue recapture account totaled \$6,123 and \$2,076, respectively. No funds were used to pay Plan administrative expenses or allocated to participants during 2022.

***Forfeiture Account*** - At December 31, 2022 and 2021, the forfeiture account totaled \$35,428 and \$7,393 respectively. Forfeiture funds may be used to pay administrative expenses under the Plan or allocated to participant accounts. No funds were used in 2022 to pay Plan administrative expenses or allocated to participant accounts. At December 31, 2022, the Plan has an accrued liability of \$25,000 outstanding for 2022 investment advisor fees paid February 2023 from the forfeiture account.

**Plan Expenses** - Investment related expenses are included in the net appreciation of the fair value of investments. Plan administrative fees may include legal, accounting, trustee, recordkeeping and other administrative fees and expenses associated with maintaining the Plan. Any expenses that are paid by the Company are excluded from these financial statements.

The recordkeeping fee for the Plan is a fixed annual fee per participant and is deducted from participant accounts on a quarterly basis. Other fees related to the administration of loans receivable, early redemptions, withdrawals and managed account and personalized financial planning services are also charged directly to the participant's account and are included in administrative expenses.

During 2022, the Company paid a portion of Plan investment advisor service fees and recordkeeper participant communication fees. At December 31, 2022, the Plan has an accrued liability of \$25,000 outstanding for 2022 investment advisor fees paid February 2023 from the forfeiture account.

### **3. INFORMATION CERTIFIED BY THE TRUSTEE**

In accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has received certification from Fidelity Management Trust Company, the Plan's trustee, as to the accuracy and completeness of the financial information of the Plan. The following information contained in the financial statements has been certified by the trustee:

- Investment fund balances
- Investment fund purchases and sales
- Dividend and interest income
- Net realized and unrealized (loss) gain on investments
- Participant loans receivable

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information with the related information in the financial statements.

### **4. TAX STATUS**

The Internal Revenue Service ("IRS") has determined and informed the Plan Sponsor by letter dated March 29, 2017, that the amendments to the Plan for various law changes and certain regulatory changes did not affect the tax qualification of the Plan under Code Sections 401(a) and 401(k) and the trust established under the Plan is tax-exempt under Code Section 501(a).

NorthWestern has been advised by Fidelity of notification from the IRS on June 30, 2020, that the pre-approved plan document sponsored by Fidelity and adopted by NorthWestern satisfies the applicable provisions of the IRC. The Plan administrator believes that the Plan was previously and is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the U.S. require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain tax position that may not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

## **5. FAIR VALUE MEASUREMENTS**

Investments are reflected in the Plan financial statements at fair value. Fair value is defined as 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 (i.e., an exit price). Measuring fair value requires the use of market data or assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, corroborated by market data, or generally unobservable. Valuation techniques are required to maximize the use of observable inputs and minimize the use of unobservable inputs.

The framework for measuring fair value 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 inputs) and the lowest priority to unobservable inputs (level 3 inputs). The three levels of the fair value hierarchy 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;
- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Plan assets held by the trustee have been invested in mutual funds and collective investment trust ("CIT") funds, which trade at net asset value (NAV) per share. NAV for CIT funds, as provided by the trustee, is used as a practical expedient to estimate fair value of the fund. As a result, these funds are not categorized within the fair value hierarchy. Investments of these funds consist of equity and fixed income securities. The following is a description of the valuation methodologies used for these assets.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*CIT funds:* Valued at the unit NAV of a CIT fund. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the CIT fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidation will be carried out in an orderly business manner. The trustee may also assess the Plan a redemption fee which will be deducted from the redemption proceeds and paid to the applicable fund. These investments are valued daily and have no redemption restrictions or future commitments.

The table below sets forth by level, within the fair value hierarchy, the Plan assets at fair value.

| Assets at Fair Value as of December 31, 2022                           |                                                                                           |                                                     |                                                 |                       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-----------------------|
|                                                                        | Quoted Prices in<br>Active Markets for<br>Identical Assets or<br>Liabilities<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable Inputs<br>(Level 3) | Total                 |
| Mutual Funds                                                           | \$ 189,457,254                                                                            | \$ —                                                | \$ —                                            | \$ 189,457,254        |
| Total assets in the fair value<br>hierarchy                            | \$ 189,457,254                                                                            | \$ —                                                | \$ —                                            | \$ 189,457,254        |
| Investments measured at net<br>asset value as a practical<br>expedient |                                                                                           |                                                     |                                                 | \$ 209,891,221        |
| <b>Total assets at fair value</b>                                      |                                                                                           |                                                     |                                                 | <b>\$ 399,348,475</b> |

| Assets at Fair Value as of December 31, 2021                           |                                                                                           |                                                     |                                                 |                       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|-----------------------|
|                                                                        | Quoted Prices in<br>Active Markets for<br>Identical Assets or<br>Liabilities<br>(Level 1) | Significant Other<br>Observable Inputs<br>(Level 2) | Significant<br>Unobservable Inputs<br>(Level 3) | Total                 |
| Mutual Funds                                                           | \$ 228,349,708                                                                            | \$ —                                                | \$ —                                            | \$ 228,349,708        |
| Total assets in the fair value<br>hierarchy                            | \$ 228,349,708                                                                            | \$ —                                                | \$ —                                            | \$ 228,349,708        |
| Investments measured at net<br>asset value as a practical<br>expedient |                                                                                           |                                                     |                                                 | \$ 258,683,251        |
| <b>Total assets at fair value</b>                                      |                                                                                           |                                                     |                                                 | <b>\$ 487,032,959</b> |

### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV as a practical expedient per share as of December 31, 2022 and 2021, respectively.

| Investments at NAV:                                                                        | December 31, 2022            |                     |                      |                              |
|--------------------------------------------------------------------------------------------|------------------------------|---------------------|----------------------|------------------------------|
|                                                                                            | Fair Value                   | Unfunded Commitment | Redemption Frequency | Redemption Notice Period (A) |
| Common Collective Trust Funds:                                                             |                              |                     |                      |                              |
| AQR Emerging Equity Class A CIT                                                            | \$ 1,744,910                 | N/A                 | Daily                | 7 Days                       |
| Prudential Core Plus Bond Class 5 CIT                                                      | 7,083,634                    | N/A                 | Daily                | 5 Days                       |
| Rothschild U.S. Small/Mid-Cap Core Class 2 CIT                                             | 22,671,416                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement Income Securities Lending ("SL") Series Fund - Class VI CIT | 5,030,367                    | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2020 SL Series Fund - Class VI CIT                          | 11,786,507                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2025 SL Series Fund - Class VI CIT                          | 32,318,847                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2030 SL Series Fund - Class VI CIT                          | 26,026,312                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2035 SL Series Fund - Class VI CIT                          | 21,366,414                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2040 SL Series Fund - Class VI CIT                          | 21,135,154                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2045 SL Series Fund - Class VI CIT                          | 22,779,203                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2050 SL Series Fund - Class VI CIT                          | 20,594,627                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2055 SL Series Fund - Class VI CIT                          | 11,887,234                   | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2060 SL Series Fund - Class VI CIT                          | 4,331,904                    | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2065 SL Series Fund - Class VI CIT                          | 1,134,692                    | N/A                 | Daily                | 5 Days                       |
| <b>Total investments at NAV</b>                                                            | <b><u>\$ 209,891,221</u></b> |                     |                      |                              |

| Investments at NAV:                                                 | December 31, 2021 |                     |                      |                              |
|---------------------------------------------------------------------|-------------------|---------------------|----------------------|------------------------------|
|                                                                     | Fair Value        | Unfunded Commitment | Redemption Frequency | Redemption Notice Period (A) |
| Common Collective Trust Funds:                                      |                   |                     |                      |                              |
| AQR Emerging Equity Class A CIT                                     | \$ 2,117,602      | N/A                 | Daily                | 7 Days                       |
| Prudential Core Plus Bond Class 5 CIT                               | 9,076,549         | N/A                 | Daily                | 5 Days                       |
| Rothschild U.S. Small/Mid-Cap Core Class 2 CIT                      | 30,214,075        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement Income SL Series Fund – Class VI CIT | 7,500,413         | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2020 SL Series Fund - Class VI CIT   | 20,469,141        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2025 SL Series Fund - Class VI CIT   | 44,075,449        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2030 SL Series Fund – Class VI CIT   | 29,169,393        | N/A                 | Daily                | 5 Days                       |
| State Street Target Retirement 2035 SL Series Fund – Class VI CIT   | 24,424,972        | N/A                 | Daily                | 5 Days                       |

|                                                    |                       |     |       |        |
|----------------------------------------------------|-----------------------|-----|-------|--------|
| State Street Target Retirement 2040 SL Series Fund |                       |     |       |        |
| – Class VI CIT                                     | 24,970,539            | N/A | Daily | 5 Days |
| State Street Target Retirement 2045 SL Series Fund |                       |     |       |        |
| – Class VI CIT                                     | 26,054,640            | N/A | Daily | 5 Days |
| State Street Target Retirement 2050 SL Series Fund |                       |     |       |        |
| – Class VI CIT                                     | 22,457,442            | N/A | Daily | 5 Days |
| State Street Target Retirement 2055 SL Series Fund |                       |     |       |        |
| – Class VI CIT                                     | 12,852,688            | N/A | Daily | 5 Days |
| State Street Target Retirement 2060 SL Series Fund |                       |     |       |        |
| – Class VI CIT                                     | 4,602,361             | N/A | Daily | 5 Days |
| State Street Target Retirement 2065 SL Series Fund |                       |     |       |        |
| – Class VI CIT                                     | 697,987               | N/A | Daily | 5 Days |
| <b>Total investments at NAV</b>                    | <b>\$ 258,683,251</b> |     |       |        |

(A) The funds are redeemable daily. This notice period is for full or partial withdrawal from the fund and may be required at the trustee's discretion.

## 6. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|                                                                   | <b>December 31,<br/>2022</b> | <b>December 31,<br/>2021</b> |
|-------------------------------------------------------------------|------------------------------|------------------------------|
| Net assets available for benefits<br>per the financial statements | \$405,486,462                | \$493,204,841                |
| Deemed distributions of participant loans                         | (550)                        | (13,506)                     |
| Net assets available for benefits per Form 5500                   | <u>\$405,485,912</u>         | <u>\$493,191,335</u>         |

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500:

|                                                                       | <b>Year Ended December 31, 2022</b>             |                    |                                  |
|-----------------------------------------------------------------------|-------------------------------------------------|--------------------|----------------------------------|
|                                                                       | <b>Amounts Per<br/>Financial<br/>Statements</b> | <b>Adjustments</b> | <b>Amounts per<br/>Form 5500</b> |
| <b>Statement of Net Assets Available<br/>for Benefits:</b>            |                                                 |                    |                                  |
| Investments in mutual funds                                           | 189,457,254                                     | (33,191,291)       | 156,265,963                      |
| Interest bearing cash                                                 | -                                               | 33,191,291         | 33,191,291                       |
| Participant loans                                                     | 5,212,919                                       | 14,073             | 5,226,992                        |
| Accrued participant loan interest                                     | 14,623                                          | (14,623)           | -                                |
| Deemed loan difference for Form 5500<br>reporting                     | -                                               | 550                | -                                |
| <b>Statement of Changes in Net Assets<br/>Available for Benefits:</b> |                                                 |                    |                                  |
| Interest on interest-bearing cash                                     | -                                               | 484,251            | 484,251                          |
| Dividends                                                             | 6,930,959                                       | (6,930,959)        | --                               |

|                                                                                     |              |              |              |
|-------------------------------------------------------------------------------------|--------------|--------------|--------------|
| Dividends from registered investment company shares                                 | -            | 6,446,708    | 6,446,708    |
| Float interest on revenue recapture credits account                                 | 3,983        | (3,983)      | -            |
| Revenue credits                                                                     | 68,424       | (68,424)     | -            |
| Other income                                                                        | -            | 72,407       | 72,407       |
| Interest on participant loans                                                       | 237,693      | (174)        | 237,519      |
| Benefits paid to participants                                                       | (38,168,093) | 13,668       | (38,154,425) |
| Deemed distributions of participant loans                                           | -            | (538)        | (538)        |
| Net depreciation in fair value of investments                                       | (87,509,262) | 87,509,262   | -            |
| Net investment gain (loss) from common/collective trusts                            | -            | (43,815,954) | (43,815,954) |
| Net investment gain (loss) from registered investment companies (e.g. mutual funds) | -            | (43,693,308) | (43,693,308) |

**Year Ended December 31, 2021**

|                                                        | <b>Amounts Per<br/>Financial<br/>Statements</b> | <b>Adjustments</b> | <b>Amounts per<br/>Form 5500</b> |
|--------------------------------------------------------|-------------------------------------------------|--------------------|----------------------------------|
| <b>Statement of Net Assets Available for Benefits:</b> |                                                 |                    |                                  |
| Investments in mutual funds                            | 228,349,708                                     | (28,833,159)       | 199,516,549                      |
| Interest bearing cash                                  | -                                               | 28,833,159         | 28,833,159                       |
| Participant loans                                      | 5,256,825                                       | 184                | 5,257,009                        |
| Accrued participant loan interest                      | 13,690                                          | (13,690)           | -                                |
| Deemed loan difference for Form 5500 reporting         | -                                               | 13,506             | -                                |

## 7. PARTY-IN-INTEREST TRANSACTIONS

The Plan has investments in mutual funds affiliated with the custodian, Fidelity Management Trust Company, and the recordkeeper, Fidelity Investments Institutional Operations Company. Mercer Investment Consulting, LLC serves as investment advisor and co-fiduciary for the Plan. Mercer (US), Inc. performs periodic plan fee benchmarking for the Plan. Fidelity Personal and Workplace Advisors LLC and Strategic Advisers LLC are both registered investment advisers and Fidelity Investments companies and provide Fidelity® Personalized Planning & Advice *at Work* which provides Managed Account Services to Plan participants for a fee. These transactions qualify as exempt party-in-interest transactions.

Investment advisor, consulting and recordkeeping services fees are paid directly by the Plan, the Plan Sponsor, or included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than direct payment. The trust agreement between the Company and Fidelity Management Trust Company provides for an annual recordkeeping service fee to be paid at a fixed rate of \$72 per participant account per year. Fidelity Management Trust Company also receives revenue from the mutual funds for services it provides to the funds. The revenue from mutual funds was used to offset the annual recordkeeping service fees owed to Fidelity Investments Institutional Operations Company for its administrative services to the plan. Any revenue credits received from the mutual funds were directly allocated to those participants who invested in those particular funds for which there were revenue sharing agreements with Fidelity Management Trust Company.

The quarterly fees for the Managed Account Service applicable to each participant will be calculated based on a participant's daily balances for all days not previously billed and the advisory fee will be paid pro rata from the investment options in that portion of the electing participant's account. During 2022, electing participants paid a total of \$10,383 for these advisory fees.

If the revenue received by Fidelity Management Trust Company from the mutual funds exceeds the amount owed under the trust agreement, Fidelity Management Trust Company remits the excess to the Plan's trust on a quarterly basis to be allocated to participant accounts. During 2022, the Plan earned revenue credits totaling \$68,424 and received revenue credit proceeds from the December 31, 2021 revenue credit receivable in the amount of \$34,120. Of the total revenue credits received in 2022, \$86,358 were allocated to participant accounts. At December 31, 2022 the Plan has a revenue credit receivable of \$16,186 which will be allocated to participant accounts in 2023.

## **8. RISKS AND UNCERTAINTIES**

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

## **9. SUBSEQUENT EVENTS**

The Plan Sponsor has evaluated subsequent events through October 5, 2023 the date the financial statements were available to be issued. Based on this evaluation, no disclosures and/or adjustments were required to the financial statements, except as noted below, as of December 31, 2022.

Effective January 1, 2023, the plan was amended to allow for immediate participation in the Plan for temporary and limited part-time employees and to remove different entry dates for different groups.

On January 25, 2023, the following Plan investment options and share class changes were completed as disclosed in the table below. Participant balances in the old investment options and share classes were transferred to the new investment options and share classes and future contributions will be directed to the new options as shown below.

| Old Investment Options or Share Classes                                      | New Investment Options or Share Classes                        |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| Rothschild U.S. Small/Mid-Cap Core CIT Fund Class 2                          | Jennison Small/Mid Cap Equity Fund CIT                         |
| T. Rowe Price Institutional Large Cap Core Growth Fund (Ticker Symbol TPLGX) | JP Morgan Large Cap Growth Fund Class R6 (Ticker Symbol JLGMX) |
| AQR Emerging Equity CIT – Class A                                            | AQR Emerging Equity CIT - Class C                              |
| Dodge & Cox Stock Fund - Class I (Ticker Symbol DODGX)                       | Dodge & Cox Stock Fund - Class X (Ticker Symbol DOXGX)         |
| MFS International Equity Fund - Class R6 (Ticker Symbol MIEIX)               | MFS International Equity Fund CIT - Class 3A                   |

\* \* \* \* \*

## **SUPPLEMENTAL SCHEDULE**

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Held at End of Year)

DECEMBER 31, 2022 (EIN #46-0172280 PLAN #103)

| Identity of Issuer, Borrower, Lessor or Similar Party                              | Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value | Cost  | Current Value         |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------|-----------------------|
| AQR Emerging Equity Collective Investment Fund Class A                             | Collective Investment Trust                                                                           | ** \$ | 1,744,910             |
| Dodge & Cox Stock Fund Class I                                                     | Mutual fund                                                                                           | **    | 65,184,940            |
| Fidelity® Extended Market Index Fund - Premium Class*                              | Mutual fund                                                                                           | **    | 6,443,744             |
| Fidelity® Investments Money Market Government Portfolio Institutional Class Fund * | Mutual fund                                                                                           | **    | 33,191,291            |
| iShares MSCI Total International Index Fund Class K                                | Mutual fund                                                                                           | **    | 1,127,423             |
| MFS Institutional International Equity Fund                                        | Mutual fund                                                                                           | **    | 12,555,604            |
| PIMCO Inflation Response Multi-Asset Fund Institutional                            | Mutual fund                                                                                           | **    | 1,795,713             |
| Prudential Core Plus Bond Fund Class 5 CIT                                         | Collective Investment Trust                                                                           | **    | 7,083,634             |
| Rothschild U.S. Small/Mid-Cap Core CIT Fund Class 2                                | Collective Investment Trust                                                                           | **    | 22,671,416            |
| State Street Target Retirement Income SL Series Fund - Class VI CIT                | Collective Investment Trust                                                                           | **    | 5,030,367             |
| State Street Target Retirement 2020 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 11,786,507            |
| State Street Target Retirement 2025 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 32,318,847            |
| State Street Target Retirement 2030 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 26,026,312            |
| State Street Target Retirement 2035 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 21,366,414            |
| State Street Target Retirement 2040 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 21,135,154            |
| State Street Target Retirement 2045 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 22,779,203            |
| State Street Target Retirement 2050 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 20,594,627            |
| State Street Target Retirement 2055 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 11,887,234            |
| State Street Target Retirement 2060 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 4,331,904             |
| State Street Target Retirement 2065 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **    | 1,134,692             |
| T. Rowe Price Institutional Large Cap Core Growth Fund                             | Mutual fund                                                                                           | **    | 28,050,664            |
| Vanguard Total Bond Market Index Fund Institutional Shares                         | Mutual fund                                                                                           | **    | 12,341,582            |
| Vanguard Institutional Index Fund                                                  | Mutual fund                                                                                           | **    | 28,766,293            |
| Participant loans*                                                                 | 4.25% - 8.75% loans, due 2023 - 2042                                                                  | \$0   | 5,212,919             |
|                                                                                    |                                                                                                       |       | <u>\$ 404,561,394</u> |

\* Known party-in-interest

\*\* Historical cost is omitted for participant-directed investments

# NORTHWESTERN ENERGY 401(k) RETIREMENT SAVINGS PLAN

## SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Held at End of Year) DECEMBER 31, 2022 (EIN #46-0172280 PLAN #103)

| Identity of Issuer, Borrower, Lessor or Similar Party                              | Description of Investment Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value | Cost | Current Value         |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------|-----------------------|
| AQR Emerging Equity Collective Investment Fund Class A                             | Collective Investment Trust                                                                           | **   | \$ 1,744,910          |
| Dodge & Cox Stock Fund Class I                                                     | Mutual fund                                                                                           | **   | 65,184,940            |
| Fidelity® Extended Market Index Fund - Premium Class*                              | Mutual fund                                                                                           | **   | 6,443,744             |
| Fidelity® Investments Money Market Government Portfolio Institutional Class Fund * | Mutual fund                                                                                           | **   | 33,191,291            |
| iShares MSCI Total International Index Fund Class K                                | Mutual fund                                                                                           | **   | 1,127,423             |
| MFS Institutional International Equity Fund                                        | Mutual fund                                                                                           | **   | 12,555,604            |
| PIMCO Inflation Response Multi-Asset Fund Institutional                            | Mutual fund                                                                                           | **   | 1,795,713             |
| Prudential Core Plus Bond Fund Class 5 CIT                                         | Collective Investment Trust                                                                           | **   | 7,083,634             |
| Rothschild U.S. Small/Mid-Cap Core CIT Fund Class 2                                | Collective Investment Trust                                                                           | **   | 22,671,416            |
| State Street Target Retirement Income SL Series Fund - Class VI CIT                | Collective Investment Trust                                                                           | **   | 5,030,367             |
| State Street Target Retirement 2020 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 11,786,507            |
| State Street Target Retirement 2025 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 32,318,847            |
| State Street Target Retirement 2030 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 26,026,312            |
| State Street Target Retirement 2035 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 21,366,414            |
| State Street Target Retirement 2040 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 21,135,154            |
| State Street Target Retirement 2045 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 22,779,203            |
| State Street Target Retirement 2050 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 20,594,627            |
| State Street Target Retirement 2055 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 11,887,234            |
| State Street Target Retirement 2060 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 4,331,904             |
| State Street Target Retirement 2065 SL Series Fund - Class VI CIT                  | Collective Investment Trust                                                                           | **   | 1,134,692             |
| T. Rowe Price Institutional Large Cap Core Growth Fund                             | Mutual fund                                                                                           | **   | 28,050,664            |
| Vanguard Total Bond Market Index Fund Institutional Shares                         | Mutual fund                                                                                           | **   | 12,341,582            |
| Vanguard Institutional Index Fund                                                  | Mutual fund                                                                                           | **   | 28,766,293            |
| Participant loans*                                                                 | 4.25% - 8.75% loans, due 2023 - 2042                                                                  | \$0  | 5,212,919             |
|                                                                                    |                                                                                                       |      | <u>\$ 404,561,394</u> |

\* Known party-in-interest

\*\* Historical cost is omitted for participant-directed investments

**NorthWestern Energy**  
**EIN: 46-0172280**  
**Labor Union Listing**  
**FORM 5500**

| <b><u>No.</u></b> | <b><u>Labor Union Group (Montana)</u></b>                                                         | <b><u>L-M</u></b> |
|-------------------|---------------------------------------------------------------------------------------------------|-------------------|
| 1.                | IBEW Local Union No. 44 – Wires and Pipes Agreement                                               | 050-681           |
| 2.                | United Steel Workers Local 11-493                                                                 | 022-560           |
| 3.                | Teamsters Local Union No. 2                                                                       | 001-364           |
| 4.                | Members Only Agreement between NorthWestern Energy and IBEW Local Union No. 44 – Butte Machinists | 050-681           |
| 5.                | UA Plumbers & Pipe Fitters Local Unions No. 41 & 459                                              | 021-752, 039-109  |
| 6.                | Kalispell Hourly Gas                                                                              | *                 |
| 7.                | IBEW Local Union No. 44 - Hydro Agreement                                                         | 050-681           |

\*This bargaining unit has not filed for an L-M number.