Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1972

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES

11724 N.E. 195TH STREET
BOTHELL, WA 98011-8242

2b Employer Identification Number (EIN) 91-6187192

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

2d Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2024	BRENT BOHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/14/2024	NICOLAI COCERGINE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	12218
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	3823
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3762
b	Retired or separated participants receiving benefits	**6b**	3114
c	Other retired or separated participants entitled to future benefits	**6c**	4996
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11872
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	319
f	Total. Add lines **6d** and **6e**.	**6f**	12191
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	9

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

1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

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

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

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
91-6187192

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

1a Enter the valuation date: Month 09 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	183126997
(2)	Actuarial value of assets for funding standard account	**1b(2)**	196773564
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	228257099
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	223653187
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	407167636
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4680094
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	16870269
(3)	Expected plan disbursements for the plan year	**1d(3)**	16122636

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	06/07/2024 Date
MARY ANN DUNLEAVY Type or print name of actuary	23-08148 Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC Firm name	240-247-4600 Telephone number (including area code)
8601 GEORGIA AVENUE, SUITE 905, SILVER SPRING, MD 20910 Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	183126997
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3364	189162806
(2) For terminated vested participants		5031	165323554
(3) For active participants:			
(a) Non-vested benefits			3932419
(b) Vested benefits			48748857
(c) Total active		3823	52681276
(4) Total		12218	407167636
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	44.98 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	9994012				
		Totals ► **3(b)**		9994012	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 5616

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	88.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [ ] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2024

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

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

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

i [ ] Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.33 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	6P	6P
(2) Females	**6c(2)**	6FP	6FP
d Valuation liability interest rate	**6d**	6.75 %	6.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-9.9 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1059304	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	871383	88214

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	1738129
b Employer's normal cost for plan year as of valuation date	**9b**	1860203

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	54875718		10642827
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	961278
e Total charges. Add lines 9a through 9d			**9e**	15202437
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	
g Employer contributions. Total from column (b) of line 3			**9g**	9994012
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	25130312		4411774
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	635093
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	50162151		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	171271297		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	15040879
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	161558
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	161558
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				☐ Yes ☒ No

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

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
91-6187192

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ALLSPRING FUNDS MANAGEMENT LLC

94-3382001

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

DODGE & COX FUNDS

94-6067274

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

T. ROWE PRICE ASSOCIATES, INC.

55-0556948

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

VANGUARD GROUP

23-1945930

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

DOUBLELINE CAPITAL LP

30-0596331

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

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

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

NUVEEN FUND ADVISORS

31-0942504

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

SEI TRUST COMPANY

06-1271230

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

ARTISAN PARTNERS LP

30-0551775

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

BARINGS LLC

51-0504477

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

CONTRARIAN DRE III MANAGEMENT LLC

47-3026446

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

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	353878	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	232725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REINHART BOERNER VAN DEUREN SC

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	73195	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RVK, INC.

93-0910651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	45000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANASTASI MOORE & MARTIN

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	44843	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PGIM REAL ESTATE - PRISA II LP

82-2390389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	41946	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	38391	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52 72	NONE	19556	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

LAWTON PRINTING

91-0633228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	15891	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FRSECURE

26-3547185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	8000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
WELLS FARGO 94-3081343	50	MULTIPLE ATTEMPTS WERE MADE TO SERVICE PROVIDER FOR A RESPONSE.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: ANASTASI MOORE & MARTIN
b EIN: 20-8149084
c Position: AUDITOR
d Address: 9 S. WASHINGTON STREET, STE 600
SPOKANE, WA 99201
e Telephone: 509-323-0272

Explanation: CHANGE DUE TO COMPETITIVE BID PROCESS.

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
91-6187192

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-291	C	8624061

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3653822-021	C	9320878

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
91-6187192

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5674576	-111785
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	804682	806984
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	25113	389087
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3244901	5353242
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	42333127	40034122
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	20202263	17944939
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	111056033	123011964
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	183340695	187428553
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	141377	47380
i Acquisition indebtedness	1i		
j Other liabilities	1j	72321	30689
k Total liabilities (add all amounts in lines 1g through1j)	1k	213698	78069
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	183126997	187350484

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	9988396	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9988396
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	263326	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	259295	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		522621
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3077875	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3077875
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	482432	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	936557	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-454125
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1621743	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1621743

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1757231
(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)		6256501
c Other income	2c		152000
d Total income. Add all **income** amounts in column (b) and enter total	2d		19678756
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14126693	
(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)		14126693
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	359081	
(2) Contract administrator fees	2i(2)	324000	
(3) Investment advisory and management fees	2i(3)	144893	
(4) Other	2i(4)	500602	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1328576
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15455269
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4223487
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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 503533.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
91-6187192

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 ALBERTSON'S

b EIN 82-0184434 **c** Dollar amount contributed by employer 5638874

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

e Contribution rate information *(If more than one rate applies, check this box* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer SAFEWAY

b EIN 94-3019135 **c** Dollar amount contributed by employer 2414503

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

e Contribution rate information *(If more than one rate applies, check this box* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer SAVE MART COMPANIES

b EIN 94-1245496 **c** Dollar amount contributed by employer 837068

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [ ] *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 30 Year 2021

e Contribution rate information *(If more than one rate applies, check this box* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer ROSAUERS SUPERMARKETS, INC.

b EIN 91-0582615 **c** Dollar amount contributed by employer 679843

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

e Contribution rate information *(If more than one rate applies, check this box* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer SMITH'S FOOD AND DRUG

b EIN 87-0258768 **c** Dollar amount contributed by employer 142980

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

e Contribution rate information *(If more than one rate applies, check this box* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer VANS THRIFTWAY

b EIN **c** Dollar amount contributed by employer 149435

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 07 Day 12 Year 2024

e Contribution rate information *(If more than one rate applies, check this box* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

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 WESTERN MEAT AND SAUSAGE BLOCK

b EIN 26-3863706 **c** Dollar amount contributed by employer 77802

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 08 Day 09 Year 2024

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 CASCADE WHOLESALE MEAT

b EIN **c** Dollar amount contributed by employer 17722

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 03 Day 31 Year 2020

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) 1.28
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer UFCW 1889

b EIN 81-0193613 **c** Dollar amount contributed by employer 20968

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

e Contribution rate information *(If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	100.37
b The corresponding number for the second preceding plan year	**15b**	101.65

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	1
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	159043

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 50.0 % Investment-Grade Debt: 22.0 % High-Yield Debt: 2.0 % Real Estate: 11.0 % Other: 15.0 %

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? [ ] Yes [X] No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

[ ] Yes.

[ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

[ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

[ ] No. Other. Provide explanation_____

Structured Attachment	Schedule MB, line 3(d) Withdrawal Liability Amounts	2022
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN						
Plan Year Begin Date	09/01/2022	Plan Year Begin Date	08/31/2023	EIN	91-6187192	PN	001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2023-03-01	2808		2808
2023-05-01	2808		2808

Name of Plan	INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN						
Plan Year Begin Date	09/01/2022	**Plan Year End Date**	08/31/2023	**EIN**	91-6187192	**PN**	001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts

INTERMOUNTAIN RETAIL STORE
EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTARY SCHEDULE

AUGUST 31, 2023 AND 2022

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Intermountain Retail Store
Employees Pension Plan

Opinion

We have audited the financial statements of Intermountain Retail Store Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of August 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Intermountain Retail Store Employees Pension Plan as of August 31, 2023, and the changes in its net assets available for benefits for the year then ended, and the accumulated plan benefits as of August 31, 2022, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matters - 2022 Financial Statements

The financial statements of Intermountain Retail Store Employees Pension Plan as of and for the year ended August 31, 2022, were audited by other auditors whose report dated June 15, 2023, expressed an unmodified opinion on those statements.

As part of our audit of the 2023 financial statements, we also audited the adjustments described in Note 6 that were applied to restate the accumulated plan benefits as of September 1, 2021. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the 2022 financial statements of the Plan other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2022 financial statements as a whole.

6800 France Avenue So. I Suite 550 I Edina, MN 55435 I 952.841.3950 I 952.841.3951 Fax I www.legacycpas.com

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within 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.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)
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.

Legacy Professionals LLP

Edina, Minnesota

June 14, 2024

INTERMOUNTAIN RETAIL STORE
EMPLOYEES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AUGUST 31, 2023 AND 2022

	2023	2022
ASSETS		
INVESTMENTS - at fair value		
Mutual funds	$ 123,011,964	$ 111,056,033
Limited partnership investment funds	40,034,122	42,333,127
Common collective trusts	17,944,939	20,202,263
Money market fund	3,214,530	3,244,901
Total investments	184,205,555	176,836,324
RECEIVABLES		
Employer contributions	806,984	804,682
Withdrawal liability assessments	146,384	-
Accrued interest and dividends	107,757	-
Total receivables	1,061,125	804,682
PREPAID EXPENSES		
Benefits	20,274	19,049
Other	114,672	6,064
Total prepaid expenses	134,946	25,113
CASH	2,026,927	5,602,255
Total assets	187,428,553	183,268,374
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	47,380	141,377
Due from broker	30,689	-
Total liabilities	78,069	141,377
NET ASSETS AVAILABLE FOR BENEFITS	$ 187,350,484	$ 183,126,997

See accompanying notes to financial statements.

Intermountain Retail Store
Employees Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended August 31, 2023 and 2022

	2023	2022
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 5,937,864	$ (24,655,031)
Interest and dividends	3,600,496	4,284,060
	9,538,360	(20,370,971)
Less investment expenses	(144,893)	(115,827)
Net investment income (loss)	9,393,467	(20,486,798)
Employer contributions	9,988,396	9,608,880
Withdrawal liability assessments	152,000	159,043
	19,533,863	(10,718,875)
Deductions		
Pension benefits	14,126,693	13,848,091
Administrative expenses	1,183,683	1,097,261
Total deductions	15,310,376	14,945,352
Net increase (decrease)	4,223,487	(25,664,227)
Net assets available for benefits		
Beginning of year	183,126,997	208,791,224
End of year	$ 187,350,484	$ 183,126,997

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF THE PLAN

Intermountain Retail Store Employees Pension Plan (the Plan) was established in 1973 as a result of collective bargaining agreements between several local unions and various employers to provide retirement benefits for eligible participants and beneficiaries. The Plan is a multiemployer defined benefit pension plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by a Board of Trustees consisting of union and employer representatives.

Under current provisions of the Plan, a participant is eligible to participate in the Plan on the day an employer becomes obligated to make contributions to the Plan on the participant's behalf pursuant to a collective bargaining or participation agreement.

A participant with five or more years of credited service and retiring at normal retirement age of 65 is eligible for pension benefits. A normal retirement pension benefit is equal to an amount based on the number of years of credited service and the applicable benefit rate (as determined by the contribution rate) stated in the Plan Document. To earn one year of credited service, participants need to be credited with 375 hours of service in the Plan year. Break-in-service rules apply to covered employment.

The Plan offers four types of pension benefits: normal, unreduced early, early and disability.

Benefits may be paid in several options including life annuity and variations of monthly payments. Pension benefits are generally paid in equal installments for the participant's lifetime and, if applicable, to the participant's beneficiary in equal installments as determined by the elected form of benefit payment.

Participants should refer to the summary plan description for complete information.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains or losses on investments bought and sold, as well as held.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contribution deficiencies identified through payroll compliance audits are recognized when the deficient amounts are determined to be collectible. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Withdrawal Liability Assessments - The Plan complies with provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in ERISA, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of any uncollectible amounts. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 1 in the states of Idaho, Montana, Nevada and Wyoming.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

Payment of Benefits - Benefit payments to participants are generally recorded upon distribution. Pension benefit checks issued before the corresponding benefit month are recorded as prepaid benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Reclassifications - Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through June 14, 2024, which is the date the financial statements were available to be issued.

NOTE 3. TAX STATUS

The Plan's latest determination letter is dated March 30, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and recognize a tax liability if the Plan has taken uncertain tax positions that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

NOTE 4. PRIORITIES UPON TERMINATION (CONTINUED)

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted asset or liabilities.
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurements and unobservable.

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of August 31, 2023 and 2022. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 8/31/23 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 123,011,964	$ 123,011,964	$ -	$ -
Money market fund	3,214,530	3,214,530	-	-
	126,226,494	$ 126,226,494	$ -	$ -
Investments measured at net asset value:				
Limited partnership investment funds	40,034,122			
Common collective trusts	17,944,939			
Total	$ 184,205,555			

		Fair Value Measurements at 8/31/22 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 111,056,033	$ 111,056,033	$ -	$ -
Money market fund	3,244,901	3,244,901	-	-
	114,300,934	$ 114,300,934	$ -	$ -
Investments measured at net asset value:				
Limited partnership investment funds	42,333,127			
Common collective trusts	20,202,263			
Total	$ 176,836,324			

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

The money market fund represents shares held in a mutual fund.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments use net asset value per share as a practical expedient to estimate fair value. Net asset value is based on the fair value of the underlying investments held by the fund less its 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 net asset value.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The common collective trusts are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Redemptions are available daily without notice.

The following table summarizes information regarding the limited partnership investment funds as of August 31, 2023 and 2022:

Fair Value			Redemption	
2023	2022	Underlying Assets	Frequency	Notice Period
$ 24,490,724	$ 22,975,733	Master-feeder structure	Quarterly	70 days
$ 8,842,006	$ 10,585,350	Real estate assets	Quarterly	90 days
$ 5,357,251	$ 6,225,319	Real estate assets	Quarterly	90 days
$ 1,344,141	$ 1,985,753	Real estate LLCs	Self-liquidating	None
$ -	$ 453,470	Real estate assets	Semi-annual	180 days
$ -	$ 107,502	Public/private debt securities	Monthly	30 days

NOTE 6. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Horizon Actuarial Services, LLC as of August 31, 2022. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving payments	$ 132,677,667
Other vested benefits	104,699,024
Total vested benefits	237,376,691
Nonvested benefits	1,969,889
Total actuarial present value of accumulated plan benefits	$ 239,346,580

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended August 31, 2022 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year - as restated		$ 239,190,072
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial (gain)	$ (632,084)	
Interest	15,733,944	
Benefits paid	(13,848,091)	
Administrative expenses	(1,097,261)	
Net increase		156,508
Actuarial present value of accumulated plan benefits at end of year		$ 239,346,580

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

The actuarial present value of accumulated plan benefits as of September 1, 2021 has been restated to include the present value of administrative expenses expected to be paid by the Plan in future periods. The effect of this restatement was an increase in the actuarial present value of accumulated plan benefits of $16,933,200.

The actuarial valuation was made using the unit credit actuarial cost method. Some of the more significant actuarial assumptions used in the valuation are as follows:

Mortality:

Non-disabled - RP-2014 Blue Collar Mortality Tables, projected generationally from 2006 with 50% of Scale MP-2018

Disabled - RP-2014 Disabled Mortality Table with five-year set forward, projected generationally from 2006 with 50% of Scale MP-2018

Retirement age - Weighted-average retirement age from active service is 64

Current liability rate - 2.33% per annum

Investment return - 6.75%

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at August 31, 2023, and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of August 31, 2023, and the changes in its financial status for the year then ended, but is only a presentation of the net assets available for benefits and the changes therein as of and for the year ended August 31, 2023. The complete financial status is presented as of August 31, 2022.

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

Under ERISA, as amended by the Pension Protection Act of 2006 (PPA), the Plan had been certified by its actuary to be in critical status for the 2010 Plan year. Based on this critical status certification, the Plan's Board of Trustees adopted a rehabilitation plan in August 2011, which was subsequently updated in June 2012, May 2015, November 2016 and November 2021. The rehabilitation plan was based on the most recent Plan information and on reasonable assumptions about how the Plan's assets and liabilities will change in the coming years, particularly as a result of changes in the Plan's investment returns, which are dependent on the financial markets. In accordance with the rehabilitation plan, the Plan was amended to eliminate adjustable benefits (early retirement subsidies) for participants who were terminated vested as of August 31, 2011, change early retirement reductions for certain future terminated vested participants, eliminate cost-of-living adjustment (COLA) of benefit accruals on and after September 1, 2012, eliminate COLA on all accrual benefits of non-retired participants who have at least 375 hours of contributions during the plan year ended August 31, 2014, update eligibility requirement for disability retirement effective September 1, 2015, eliminate all death benefits in excess of those required by law effective February 1, 2017, change the normal form of payment from five-year certain and life to single life annuity for non-retired participants effective February 1, 2017, eliminate COLA on benefits accrued before September 1, 2012 for all non-retired participants as of September 1, 2017, eliminate future COLA increases for retired participants in payment status beginning September 1, 2017 who first commenced payment on or after January 1, 2011, and to extend the rehabilitation plan to August 31, 2028.

For the Plan years beginning September 1, 2023 and 2022, the Plan's actuary certified that the Plan was in critical status ("red zone"), within the meaning of the PPA. As required and noted above, the Trustees adopted and implemented a rehabilitation plan which includes contribution rate increases and benefit reductions.

NOTE 7. RISKS AND UNCERTAINTIES

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

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

NOTE 7. RISKS AND UNCERTAINTIES (CONTINUED)

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

NOTE 8. FUNDING POLICY

Participating employers contribute such amounts as required in their respective collective bargaining agreements. The hourly base contribution rates ranged from $.66 to $3.49 during the years ended August 31, 2023 and 2022.

The Plan's actuary has advised that the minimum funding requirements of ERISA are not being met as of September 1, 2022.

NOTE 9. MAJOR EMPLOYERS

Contributions from two employers accounted for approximately 81% and 83% of employer contributions for the years ended August 31, 2023 and 2022, respectively. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting fixed administrative expenses until the appropriate adjustments were made.

NOTE 10. COMMITMENTS

As of August 31, 2023, the Plan had total outstanding capital commitments of approximately $777,000 in relation to its investment in limited partnership investment funds.

NOTE 11. RELATED ORGANIZATIONS

The Plan has several related organizations, which include three local unions and a health and welfare plan.

NOTE 12. WITHDRAWAL LIABILITY ASSESSMENTS

Under federal law, employers who partially or completely withdraw from a multiemployer pension plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdraw. Withdrawal liability assessments are usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

NOTE 12. WITHDRAWAL LIABILITY ASSESSMENTS (CONTINUED)

In February 2023, one employer withdrew from the Plan and was assessed $600,269 plus interest, payable in 80 quarterly installments of $2,808. The Plan settled the assessed withdrawal liability for $152,000. Payments received totaled $5,616 for the year ended August 31, 2023. As of August 31, 2023, a receivable of $146,384 represents the lump sum payment received in January 2024.

In August 2020, one employer withdrew from the Plan and was assessed $781,255 plus interest, payable in 80 installments of $4,043. Payments received totaled $159,043 for the year ended August 31, 2022. The Plan settled the assessed withdrawal liability for $155,000.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA

Participants and Trustees of
Intermountain Retail Store
Employees Pension Plan

We have audited the financial statements of Intermountain Retail Store Employees Pension Plan (the Plan) as of and for the year ended August 31, 2023, and our report thereon dated June 14, 2024, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audit was conducted for the purpose of forming an opinion on the financial statement as a whole. Supplemental schedule 1 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the 2023 information in the accompanying schedule is fairly stated, in all material respects, in relation to the 2023 financial statements as a whole, and the form and content is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The financial statements of Intermountain Retail Store Employees Pension Plan as of and for the year ended August 31, 2022, were audited by other auditors whose report dated June 15, 2023, expressed an unmodified opinion on those statements. Their report on the 2022 ERISA-required supplemental schedule stated that the information was fairly stated, in all material respects, in relation to the 2022 financial statements as a whole.

Legacy Professionals LLP

Edina, Minnesota

June 14, 2024

Schedule MB, Line 6
Summary of Plan Provisions

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

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

Schedule MB, Line 6
Summary of Plan Provisions

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

An Employee is eligible for a Normal Pension if the Employee has attained age sixty-two, is Vested, and earned 375 Covered Hours of Service in any Plan Year after October 1, 1991. Otherwise, they are eligible when they attain age sixty-five or their fifth anniversary of participation, if later.

Normal Pension – Amount of Benefit

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

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

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

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

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

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

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

6. 2.60% of the contributions credited for service from March 1, 2005 through June 30, 2005, and
7. 2.00% of contributions credited for service after June 30, 2005.

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

Normal Pension – Amount of Benefit (cont.)

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

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

Early Pension - Eligibility

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

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

Schedule MB, Line 6
Summary of Plan Provisions

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

Schedule MB, Line 6
Summary of Plan Provisions

Unreduced Early Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** The accrued Normal Pension Benefit earned to his Unreduced Early Pension date. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** The accrued Normal Pension Benefit earned to his Unreduced Early Pension date.
Golden 85 Pension - Eligibility	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** An Employee is eligible for a Golden 85 Pension if the Employee's attained age plus Credited Service totals at least 85.
Golden 85 Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Upon retirement on his Golden 85 Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Golden 85 Retirement Date.
Special 20 Pension - Eligibility	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** An Employee is eligible for a Special 20 Pension if the Employee has attained age fif five and has earned 20 Years of Credited Service. This benefit is effective for retireme on or after October 1, 2000.
Special 20 Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** Not eligible. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** Upon retirement on his Special 20 Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Special 20 Retirement Date reduced by 1/6% per month from age 55 to 60 and no reduction from age 60 to 65.

Schedule MB, Line 6
Summary of Plan Provisions

Disability Pension - Eligibility	**Class C and M participants:** An active Participant is eligible for a Disability Pension if the Employee has earned 10 Years of Vesting Service, one year of which must be earned after October 1, 1988 and is considered totally and permanently disabled and eligible for a Social Security Disability Benefit. To be considered active, the Participant must have worked at least 375 Hours of Service during the Plan Year in which the disability occurred or in the prior Plan Year.
Disability Pension – Amount of Benefit	**Class C participants and Class M participants hired after June 30, 2005:** The accrued Normal Pension Benefit earned to his Disability Pension date. **Class M participants transferred from the IRF Pension Trust on July 1, 2005:** The accrued Normal Pension Benefit earned to his Disability Pension date.

Schedule MB, Line 6
Summary of Plan Provisions

Vested Benefit

Class C participants and Class M participants hired after June 30, 2005:
In general, an Employee has a nonforfeitable right to his pension benefit, or is "vested", if he meets one of the following conditions:

1. Has earned five years of Vesting Service and has at least one Hour of Service reported on his behalf after August 31, 1998.

2. Has earned seven years of Vesting Service and has at least one Hour of Service reported on his behalf after August 31, 1988.

3. Has earned ten years of Vesting Service.

4. Upon his termination of employment if he has had contributions made to the Plan on his behalf for 375 Hours of Service, has earned at least one Hour of Service after August 31, 1988 and prior to his termination of employment has attained age sixty-five and completed five years of participation without a Break in Service.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
In general, an Employee has a nonforfeitable right to his pension benefit, or is "vested", if he meets one of the following conditions:

1. For a Participant who has not become fully vested as of October 1, 1999, they will become vested at the time they accrue at least ten Years of Vesting Service or five Years of Special Vesting Service under the Plan without a Permanent Break in Service. For vesting, at least one Year of Service must be Credited Future Service and Participants must have at least one Hour of Service under the Plan after September 30, 1999.

2. For a Participant who has not accrued at least ten Years of Vesting Service or seven Years of Special Vesting Service under the Plan as of October 1, 1989, they will become fully vested at the time they accrue at least ten Years of Vesting Service or seven Years of Special Vesting Service under the Plan. For vesting, at least one Year of Service must be Credited Future Service.

For a Participant who has accrued at least 10 Years of Vesting Service or seven Years of Special Vesting Service under the Plan as of October 1, 1989, they are fully vested. For vesting, at least one Year of Service must be Credited Future Service.

Schedule MB, Line 6
Summary of Plan Provisions

Pre-Retirement Death Benefit - Married

Class C participants and Class M participants hired after June 30, 2005:
If a participant who has earned a Vested Benefit dies before commencement of pension benefits, a death benefit is payable to the deceased participant's eligible spouse as follows:

a. If the participant was less than fifty-five years old at the date of death, the surviving spouse will receive a benefit equal to 50% of the monthly benefit the participant would have been entitled to receive in the form of a 50% Husband and Wife Annuity (as defined in the Plan document) as of the date the surviving spouse commences benefits. The benefit will commence on the later of the first day of the month in which application is filed, the first day of the month following the participant's death and the month following the month the participant would have attained age fifty-five.

b. If the participant was fifty-five years of age or older at the date of death, the surviving spouse will receive a benefit equal to 50% of the monthly benefit the participant would have been entitled to receive in the form of a 50% Husband and Wife Annuity (as defined in the Plan document) as of the date the surviving spouse commences benefits. The benefit will commence on the later of the first day of the month in which application is filed and the first day of the month following the participant's death.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
If a participant who has earned five years of Vesting Service dies before commencement of pension benefits, their spouse will receive 50% of the benefit the Participant would have received had they retired the day before they died and had selected the 50% joint and survivor annuity. If the participant's death occurs before age 55, benefits to the surviving spouse will be deferred to the date when the participant would have attained that age. Benefits will be payable for the life of the surviving spouse.

Post-Disability Death Benefit - Married

Class C participants and Class M participants hired after June 30, 2005:
The death benefit, if any, will depend on the annuity form elected by the participant.

Schedule MB, Line 6
Summary of Plan Provisions

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

Schedule MB, Line 6
Summary of Plan Provisions

Contribution Reductions and Enhanced Benefit Accruals

Class C participants and Class M participants hired after June 30, 2005:
Pursuant to policies adopted by the Trustees on November 2, 1994 and July 27, 1995, benefit accruals will be granted for twenty-four months beginning September 1, 1995 as follows:

1. For a participant with contributions reduced prior to September 1, 1995, based upon the participant's contribution rate in effect prior to the reduction.

2. For a participant with contributions not reduced by September 1, 1995, based upon the participant's contribution rate(s) in effect from September 1, 1995 to August 31, 1997, effectively increased by the same amount under paragraph 1. above as if the participant's contribution rate had been reduced prior to September 1, 1995.

Pursuant to policies adopted by the Trustees, benefit accruals will be granted during the period beginning on or after September, 2000 and ending twenty-four months later, as follows:

1. For the period with contributions not suspended, 9% of the contributions made on the participant's behalf.

2. For the period with contributions suspended, 4.5% of the contributions that would have been made on the participant's behalf based on the contribution rate in effect immediately prior to the suspension.

Pursuant to policies adopted by the Trustees, benefit accruals will be granted during each Employer's applicable contribution suspension period carried over from the IRF Pension Trust equal to 1.6% of the contributions that would have been made on the Class M participant's behalf based on the contribution rate in effect immediately prior to the suspension.

Reciprocity Agreements and Transfers

Class C participants and Class M participant hired after June 30, 2005:
Agreements exist whereby a non-vested Employee who has moved out of the Plan's jurisdiction can continue to accumulate Vesting Service. Also, a non-vested Employee who has transferred to noncovered job category with the same Employer can continue to accumulate Vesting Service.

Schedule MB, Line 6
Summary of Plan Provisions

Benefit Adjustment for Application After Normal Retirement Date

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

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

Special Contributions

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

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

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

Contribution Suspensions

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

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

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

Schedule MB, Line 6
Summary of Plan Provisions

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

Intermountain Retail Store Employees Pension Plan
EIN 91-6187192, Plan 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Supplemental Schedule #1

August 31, 2023

	Shares/Units	Cost at 08/31/23	Current Value at 08/31/23
Interest Bearing Cash (including Money Market Accounts):			
ALLSPRING GOVERNMENT MONEY MARKET FUND	3,214,530.310	3,214,530	3,214,530
WELLS FARGO BANK - DDA SWEEP ACCOUNT, 5.07% YIELD		2,138,712	2,138,712
		5,353,242	5,353,242
Partnership/Joint Venture Interests:			
BARINGS CORE PROPERTY FUND LP	66,714.010	10,844,645	8,842,006
CONTRARIAN DISTRESSED REAL ESTATE DEBT FUND III-PIP LP	1.000	1,795,277	1,344,141
GROSVENOR INSTITUTIONAL PARTNERS LP	8,557,363.423	22,975,733	24,490,724
PRISA II LP	3,635.858	6,040,210	5,357,251
		41,655,865	40,034,122
Value of Interest in Common Collective Trusts:			
ARTISAN INTERNATIONAL GROWTH TRUST	325,109.085	6,287,610	9,320,878
SSGA REAL ASSET NON-LENDING FUND	509,274.855	6,390,172	8,624,061
		12,677,782	17,944,939
Value of Interest in Registered Investment Companies:			
DODGE & COX STOCK FUND	66,540.873	9,068,900	15,507,350
DOUBLELINE CORE FIXED INCOME FUND	1,968,802.204	21,322,438	17,975,164
NUVEEN REAL ASSET INCOME FUND	348,297.684	7,554,085	6,983,367
PIMCO TOTAL RETURN FUND	2,079,383.216	21,071,208	17,487,613
T. ROWE PRICE INST. LARGE CAP CORE GROWTH FUND	277,902.846	13,631,786	15,987,751
VANGUARD EXPLORER FUND ADMIRAL SHARES	71,334.325	5,323,540	6,915,863
VANGUARD EXPLORER VALUE FUND	195,661.404	6,407,176	8,090,599
VANGUARD INST. INDEX FUND	40,936.968	7,326,143	15,443,881
VANGUARD INTERNATIONAL INDEX FUND	229,642.029	8,917,000	9,086,935
VANGUARD TOTAL INTL. STOCK INDEX FUND	79,784.422	8,093,942	9,533,441
		108,716,218	123,011,964

Schedule MB, Line 8b(2)
Schedule of Active Participant Data

Distribution of Active Participants

Measurement Date: September 1, 2022 [Form 5500 Sch. MB, Line 8b(2)]

Years of Credited Service

Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	-	658	41	-	-	-	-	-	-	-	699
	Avg Ben		$13	$73								$17
25 - 29	Count	-	316	105	9	-	-	-	-	-	-	430
	Avg Ben		$18	$91								$38
30 - 34	Count	-	234	83	22	15	-	-	-	-	-	354
	Avg Ben		$20	$94	$171							$56
35 - 39	Count	-	509	60	21	11	1	-	-	-	-	602
	Avg Ben		$15	$86	$188							$33
40 - 44	Count	-	164	56	23	24	12	5	-	-	-	284
	Avg Ben		$20	$98	$229	$263						$99
45 - 49	Count	-	128	32	20	16	14	11	4	-	-	225
	Avg Ben		$19	$100	$204							$128
50 - 54	Count	-	165	67	26	18	17	18	13	5	-	329
	Avg Ben		$24	$111	$195							$166
55 - 59	Count	-	155	84	24	27	13	12	16	16	7	354
	Avg Ben		$21	$107	$200	$309						$201
60 - 64	Count	-	138	82	26	34	24	18	12	7	13	354
	Avg Ben		$22	$102	$206	$307	$469					$225
65 - 69	Count	-	68	28	7	15	5	4	3	4	4	138
	Avg Ben		$21	$79								$181
70 +	Count	-	34	15	-	4	-	1	-	-	-	54
	Avg Ben		$20									$60
Total	Count	-	2,569	653	178	164	86	69	48	32	24	3,823
	Avg Ben		$17	$95	$195	$278	$427	$594	$712	$1,056	$1,065	$94

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

Schedule MB, Line 4b
Illustration Supporting Actuarial Certification of Status

As indicated on line 4b, the Plan was certified to be in critical status under the Pension Protection Act of 2006 ("PPA") for the plan year beginning September 1, 2022. The following excerpts from the certification report show the key measures used in determining the Plan's status.

Actuarial Certification of Plan Status

Plan Name:	Intermountain Retail Store Employees Pension Trust
EIN / PN:	91-6187192 / 001
Plan Sponsor:	Board of Trustees, Intermountain Retail Store Employees Pension Trust 11724 NE 195th Street | Bothell, WA 98011 | (509) 534-5625
Plan Year:	Beginning September 1, 2022 and ending August 31, 2023
Certification Results:	• Critical Status ("Red Zone") • Not in Critical and Declining Status • Making scheduled progress toward Rehabilitation Plan

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

This certification was performed based upon actuarial projections of assets and liabilities for the current and succeeding plan years, as described under section 432(b)(3)(B). These projections are based on reasonable actuarial estimates, assumptions, and methods that offer my best estimate of anticipated experience under the Plan. The projected Plan liabilities as of the beginning of the Plan Year were determined based on a projection of the actuarial valuation of the Plan as of September 1, 2021. The projections of Plan assets are based on a preliminary estimate of the market value of assets as of August 31, 2022, provided by the Plan Administrator, and the assumption that future net investment returns will be 6.75% per year, beginning September 1, 2022.

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

Certified by:

Mary Ann Dunleavy

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

Phone Number: (240) 247-4524
Enrollment Number: 20-08148
Date: November 29, 2022

Schedule MB, Line 4b
Illustration Supporting Actuarial Certification of Status

The following tables summarize the key measures that were used in performing the certification of status. All figures below were determined under the methods prescribed by section 432(b)(3)(B) of the Code. Projections of assets and liabilities were based on the data, results, assumptions, methods, and plan provisions used in the Plan's actuarial valuation as of September 1, 2021. See the description of the actuarial basis (later in this report) for more information.

Exhibit 1 below summarizes the key measures used in determining whether or not the Plan is in endangered status for the current plan year. The exhibit shows the basic tests for determining endangered status under PPA, as defined in section 432(b)(1) of the Code. Also shown are the calculations required under the special rule under MPRA, as defined in section 432(b)(5), as applicable. See Exhibits 3.1 and 3.2 for projections of the funding standard account.

Exhibit 1 – Endangered Status Tests

Section 432(b)(1): Endangered Status	Plan Year Beginning September 1, 2022
Section 432(b)(1)(A) measures:	
Valuation interest rate	6.75%
Actuarial value of assets	$ 196,851,164
Actuarial accrued liability under unit credit cost method	$ 223,120,462
Funded percentage [threshold = 80.0%]	88.2%
Section 432(b)(1)(B) measures:	
First projected funding deficiency within current or next six plan years	8/31/2023
Reflecting extensions of amortization periods under section 431(d)	

Section 432(b)(5): Special Rule	Plan Year Beginning September 1, 2022
Certification status for preceding plan year	Critical
Certification status for current plan year disregarding special rule	Critical

The special rule under section 432(b)(5) does not apply.

Schedule MB, Line 4b
Illustration Supporting Actuarial Certification of Status

Exhibit 2 summarizes the key measures used in determining whether or not the Plan is in critical status for the current plan year. The exhibit shows the basic tests for determining critical status under PPA, as defined in section 432(b)(2) of the Code. Also shown is information about whether the Plan is projected to be in critical status for the succeeding 5 plan years, and therefore eligible to elect to be in critical status for the current plan year under MPRA, as defined in section 432(b)(4). See Exhibit 3 for a projection of the funding standard account.

Exhibit 2 – Critical Status Tests

Section 432(b)(2): Critical Status	Plan Year Beginning September 1, 2022
Section 432(b)(2)(A) measures:	
Funded percentage [threshold = 65.0%]	88.2%
First projected date of insolvency within current or next six plan years	None
Section 432(b)(2)(B) measures:	
Funded percentage [threshold = 65.0%]	88.2%
First projected funding deficiency within current or next three plan years	8/31/2023
Disregarding extensions of amortization periods under section 431(d)	
Section 432(b)(2)(C) measures:	
Normal cost (unit credit cost method, with interest to end of plan year)	$ 2,507,837
Interest on unfunded actuarial accrued liability to end of plan year	1,773,178
Expected contributions during plan year (with interest to end of plan year)	9,649,762
Present value of non-forfeitable benefits for active participants	24,301,040
Present value of non-forfeitable benefits for inactive participants	196,910,435
First projected funding deficiency within current or next four plan years	8/31/2023
Disregarding extensions of amortization periods under section 431(d)	
Section 432(b)(2)(D) measures:	
First projected date of insolvency within current or next four plan years	None
Section 432(e)(4)(B) measures:	
Critical status in the prior plan year	Yes
First projected funding deficiency within current or next nine plan years	8/31/2023
Reflecting extensions of amortization periods under section 431(d), if any	
First date of insolvency within any of the 30 succeeding plan years	None
Reflecting contribution rates in current collective bargaining agreement(s)	

Section 432(b)(4): Election to be in Critical Status	Plan Year Beginning September 1, 2022

Projected status certifications:	Plan Year Beginning	Projected Status
Current plan year	9/1/2022	Critical
First succeeding plan year	9/1/2023	Critical
Second succeeding plan year	9/1/2024	Green Zone
Third succeeding plan year	9/1/2025	Green Zone
Fourth succeeding plan year	9/1/2026	Green Zone
Fifth succeeding plan year	9/1/2027	Green Zone

The Plan is in critical status for the current plan year.
As a result, the election to be in critical status does not apply.

Schedule MB, Line 4b
Illustration Supporting Actuarial Certification of Status

Exhibit 3 shows the projected funding percentage and projected funding standard account (in other words, projected credit balances and funding deficiencies) for the current and succeeding 6 plan years. The projection shown reflects the Trustees' decision to disregard the Plan's amortization extensions under section 431(d) effective September 1, 2020. Figures for the prior plan year (preliminary) are shown for reference.

Exhibit 3 – Projection of Funded Percentage and Funding Standard Account

	Prior	Current	Current + 1	Current + 2	Current + 3	Current + 4	Current + 5	Current + 6
Plan year beginning	9/1/2021	9/1/2022	9/1/2023	9/1/2024	9/1/2025	9/1/2026	9/1/2027	9/1/2028
Plan year ending	8/31/2022	8/31/2023	8/31/2024	8/31/2025	8/31/2026	8/31/2027	8/31/2028	8/31/2029
Valuation interest rate	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%	6.75%
Funded percentage								
Actuarial value of assets	190,858,477	196,851,164	198,745,936	202,151,138	204,543,131	202,103,470	206,389,850	210,504,517
Actuarial accrued liability (unit credit method)	222,256,873	223,120,462	223,594,712	223,642,478	223,131,064	222,028,957	220,370,845	218,135,913
Funded percentage	85.8%	88.2%	88.8%	90.3%	91.6%	91.0%	93.6%	96.5%
Funding standard account								
Charges								
(a) Prior year funding deficiency, if any	3,389,802	1,775,957	759,277	428,858	-	-	-	-
(b) Employer's normal cost for plan year	1,962,487	1,800,602	1,815,269	1,807,970	1,808,417	1,812,873	1,822,672	1,835,612
(c) Amortization charges as of valuation date								
(1) Bases for which extensions do not apply	10,693,725	10,586,069	10,951,673	9,356,702	7,738,320	7,489,033	6,566,365	6,288,119
(2) Funding waivers	-	-	-	-	-	-	-	-
(3) Bases for which extensions apply	-	-	-	-	-	-	-	-
(d) Interest as applicable to end of plan year	1,083,106	955,977	913,020	782,563	644,405	627,879	566,260	548,352
(e) Total charges	17,129,120	15,118,605	14,439,239	12,376,093	10,191,142	9,929,785	8,955,297	8,672,083
Credits								
(f) Prior year credit balance, if any	-	-	-	-	1,634,286	5,498,582	8,382,997	12,282,310
(g) Employer contributions	9,731,165	9,334,715	9,334,715	9,334,715	9,334,715	9,334,715	9,334,715	9,334,715
(h) Amortization credits as of valuation date	4,958,849	4,411,771	4,084,889	4,084,887	4,023,758	2,616,659	2,472,127	2,360,211
(i) Interest as applicable to end of plan year	663,149	612,842	590,777	590,777	696,965	862,826	1,047,768	1,303,417
(j) Full funding limitation credit	-	-	-	-	-	-	-	-
(k) Waived funding deficiency or other credits	-	-	-	-	-	-	-	-
(l) Total credits	15,353,163	14,359,328	14,010,381	14,010,379	15,689,724	18,312,782	21,237,607	25,280,653
(m) Credit balance	-	-	-	1,634,286	5,498,582	8,382,997	12,282,310	16,608,570
(n) Funding deficiency	1,775,957	759,277	428,858	-	-	-	-	-

Schedule MB, Line 4b
Illustration Supporting Actuarial Certification of Status

Exhibit 4 summarizes the key measures used in determining whether or not the Plan is in critical and declining status. For purposes of determining whether a plan is in critical and declining status, projections by the plan actuary shall assume that each contributing employer currently in compliance with the adopted rehabilitation plan will continue to be in compliance.

Exhibit 4 – Critical and Declining Status Tests

Section 432(b)(6): Critical and Declining Status	Plan Year Beginning September 1, 2022
Certification status	Critical
Number of inactive participants	8,689
Number of active participants	3,923
Ratio of inactive particpants to active participants	2.2
Funded percentage (threshold = 80.0%)	88.2%
Solvency projection period (years)	Current and next 19 years
Projected date of insolvency	None

	Plan Year Ending	Employer Contributions	Benefit Payments	Operating Expenses	Net Investment Return	Ending Market Value of Assets
PY	8/31/2022	$ 9,731,165	$ (13,763,470)	$ (1,059,269)	$ (20,537,152)	$ 183,159,312
CY	8/31/2023	9,334,715	(15,430,791)	(1,056,013)	12,121,871	188,129,094
1	8/31/2024	9,334,715	(15,815,576)	(1,103,848)	12,442,730	192,987,115
2	8/31/2025	9,334,715	(16,298,749)	(1,125,925)	12,753,594	197,650,750
3	8/31/2026	9,334,715	(16,784,777)	(1,148,444)	13,051,226	202,103,470
4	8/31/2027	9,334,715	(17,213,463)	(1,171,413)	13,336,541	206,389,850
5	8/31/2028	9,334,715	(17,636,026)	(1,194,842)	13,610,820	210,504,517
6	8/31/2029	9,334,715	(18,012,390)	(1,218,739)	13,875,051	214,483,154
7	8/31/2030	9,334,715	(18,240,499)	(1,243,113)	14,135,088	218,469,345
8	8/31/2031	9,334,715	(18,374,088)	(1,267,975)	14,398,808	222,560,805
9	8/31/2032	9,334,715	(18,500,210)	(1,436,116)	14,665,050	226,624,244
10	8/31/2033	9,334,715	(18,572,784)	(1,464,838)	14,935,913	230,857,250
11	8/31/2034	9,334,715	(18,568,496)	(1,494,135)	15,220,797	235,350,131
12	8/31/2035	9,334,715	(18,475,067)	(1,524,018)	15,526,211	240,211,972
13	8/31/2036	9,334,715	(18,388,146)	(1,554,499)	15,856,290	245,460,332
14	8/31/2037	9,334,715	(18,154,595)	(1,585,589)	16,217,388	251,272,251
15	8/31/2038	9,334,715	(17,880,357)	(1,617,300)	16,617,878	257,727,187
16	8/31/2039	9,334,715	(17,538,680)	(1,649,646)	17,064,026	264,937,602
17	8/31/2040	9,334,715	(17,124,097)	(1,682,639)	17,563,607	273,029,188
18	8/31/2041	9,334,715	(16,723,203)	(1,716,292)	18,122,184	282,046,592
19	8/31/2042	9,334,715	(16,285,685)	(1,750,618)	18,744,466	292,089,470

"PY" = preceding plan year; "CY" = current plan year

Schedule MB, Line 4b
Illustration Supporting Actuarial Certification of Status

Actuarial Basis

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

Actuarial Assumptions and Methods

For this certification for the 2022 Plan Year, projections of Plan liabilities are based on the actuarial valuation as of September 1, 2021. Except as otherwise noted, the actuarial assumptions and methods used in the September 1, 2021 actuarial valuation, including a valuation interest rate assumption of 6.75%, are the same as those used in this certification. Please refer to the September 1, 2021 actuarial valuation for a summary of the assumptions, methods, and plan provisions, as applicable.

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

Projection of Plan Assets and Liabilities

The projection of Plan assets used in this certification is based on a preliminary estimate of the market value of assets as of August 31, 2022, provided by the Plan Administrator, and assumes future net investment returns equal to the valuation interest rate assumption, or 6.75% in each future year.

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

Future Industry Activity and Contributions

The projection of Plan assets is also based on a projection of industry activity and employer contributions and for current and succeeding plan years. The projection of industry activity (or, covered employment levels) is based on information provided in good faith by the Board of Trustees. It was assumed that future contribution units (hours) will equal 5,299,000 and remain level in the current and all succeeding plan years. For purposes of the certification of Plan status, the projection of employer contributions reflects the contribution rates agreed to in the collective bargaining agreement(s) in effect as of September 1, 2022. For purposes of determining whether the Plan is in critical and declining status, the projection of employer contributions assumes that each contributing employer currently in compliance with the adopted rehabilitation plan will continue to be in compliance.

Schedule MB, Lines 9c and 9h
Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases

Charges [Schedule MB, Line 9c]

Type	Date Established	*Outstanding at 9/1/2022* Period	Balance	Annual Payment
Amendment	9/1/1993	1.00	$ 10,199	$ 10,199
Assumption	9/1/1994	2.00	427,933	220,952
Amendment	9/1/1995	3.00	145,507	51,703
Assumption	9/1/1995	3.00	674,992	239,843
Assumption	9/1/1996	4.00	162,659	44,732
Assumption	9/1/1997	5.00	564,018	128,000
Amendment	9/1/1999	7.00	380,556	65,573
Assumption	9/1/2005	13.00	91,154	10,073
Amendment	9/1/2005	13.00	221,422	24,467
Amendment	10/1/1992	0.08	10,363	10,363
Assumption	10/1/1993	1.08	37,920	35,099
Amendment	10/1/1995	3.08	173,625	60,184
Assumption	10/1/1996	4.08	168,794	45,590
Amendment	10/1/1996	4.08	291,778	78,806
Amendment	10/1/1998	6.08	217,842	42,008
Amendment	10/1/1999	7.08	86,800	14,818
Assumption	10/1/1999	7.08	535,556	91,425
Amendment	10/1/2001	9.08	1,341,265	189,517
Assumption	9/1/2006	14.00	798,032	84,204
Assumption	9/1/2008	1.00	694	694
Exper Loss	9/1/2009	2.00	3,056,933	1,578,367
Assumption	9/1/2009	2.00	50,958	26,311
Exper Loss	9/1/2010	3.00	4,381,823	1,556,983
Assumption	9/1/2010	3.00	59,908	21,287
Exper Loss	9/1/2011	4.00	3,068,446	843,826
Assumption	9/1/2012	5.00	109,696	24,895
Exper Loss	9/1/2012	5.00	3,402,199	772,101
Exper Loss	9/1/2013	6.00	1,295,049	252,555
Exper Loss	9/1/2015	8.00	1,771,195	275,177
Exper Loss	9/1/2016	9.00	4,316,144	613,997
Exper Loss	9/1/2017	10.00	2,409,656	317,683
Assumption	9/1/2017	10.00	4,204,547	554,317
Assumption	9/1/2018	11.00	434,583	53,616
Exper Loss	9/1/2018	11.00	3,583,547	442,114
Exper Loss	9/1/2019	12.00	4,068,455	473,465

Schedule MB, Lines 9c and 9h
Schedule of Funding Standard Account Bases

Funding Standard Account Amortization Bases (Cont.)

Charges [Schedule MB, Line 9c]

Type	Date Established	*Outstanding at 9/1/2022* Period	Balance	Annual Payment
Assumption	9/1/2019	12.00	$ 5,859,723	$ 681,922
Assumption	9/1/2020	13.00	5,409,383	597,748
Exper Loss	9/1/2020	13.00	180,981	19,999
Exper Loss	9/1/2022	15.00	871,383	88,214
Total Charges			$ 54,875,718	$ 10,642,827

Credits [Schedule MB, Line 9h]

Type	Date Established	*Outstanding at 9/1/2022* Period	Balance	Annual Payment
Assumption	9/1/1993	1.00	$ 246,109	$ 246,109
Amendment	9/1/1998	6.00	534,706	104,276
Assumption	9/1/1998	6.00	39,173	7,639
Assumption	9/1/2003	10.00	69,591	9,175
Amendment	3/1/2004	11.50	451,061	53,998
Assumption	10/1/1992	0.08	4,186	4,186
Amendment	10/1/1992	0.08	34	34
Assumption	10/1/1995	3.08	192,912	66,870
Assumption	9/1/2007	15.00	113,725	11,513
Exper Gain	9/1/2008	1.00	76,556	76,556
Amendment	9/1/2011	4.00	5,095,828	1,401,359
Amendment	9/1/2012	5.00	636,875	144,534
Exper Gain	9/1/2014	7.00	232,962	40,141
Amendment	9/1/2015	8.00	5,094,158	791,439
Amendment	9/1/2017	10.00	5,760,691	759,476
Exper Gain	9/1/2021	14.00	6,581,745	694,469
Total Credits			$ 25,130,312	$ 4,411,774
Net Total			**$ 29,745,406**	**$ 6,231,053**

Schedule MB, Lines 9c and 9h
Schedule of Funding Standard Account Bases

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

Different types of amortization bases are as follows:

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

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Plan Name	**Intermountain Retail Store Employees Pension Trust**
Plan Sponsor	The Board of Trustees of the International Retail Store Employees Pension Trust
EIN / PN	91-6187192 / 001
Interest Rates	6.75% per annum, compounded annually, net of investment expense for the purpose of developing the Plan's funding liabilities. 2.33% per annum for determining Current Liability for the plan year beginning September 1, 2022 The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment consultant. The ultimate selection of the interest rate is our best estimate and reflects professional judgment. The interest rate assumption used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code, 105% the weighted average of the rates of interest on 30-year Treasury securities during the 4-year period ending on the last day before the beginning of the plan year.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Retirement Age

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

The weighted average retirement age for active participants is age 64. This average is based on the active population in the September 1, 2022 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Class C Participants
Active participants:

Retirement Rates

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

Inactive vested participants:

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

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

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Retirement Age (cont.)

Class M Participants

Active participants:

Retirement Rates

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

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

Inactive vested participants:

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

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

Class M Participants hired after June 30, 2005:

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

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

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

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Disabled Mortality

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

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

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

Disability

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

Representative Disability Rates

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

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

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Withdrawal

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

Representative Withdrawal Rates

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

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

Representative Withdrawal Rates

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

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

Reemployment

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

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

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

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Participant Data	Participant data was supplied by Zenith American Solutions as of the valuation date. No future new or rehired employees are assumed.
Missing or Incomplete Participant Data	Same as those exhibited by participants with similar known characteristics. For those with unknown gender, their gender was assumed to be male.
Financial Information	Financial information was obtained from the audited financial statements filed with the 2021 Form 5500 and information from financial statements prepared by the Plan Administrator, Zenith American Solutions.
Benefits Not Included in Valuation	We believe that we have reflected all significant plan provisions in this valuation.
Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.
Changes in Assumptions	None

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

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

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

Schedule MB Attachments
Statement by Enrolled Actuary

Plan Sponsor	Trustees of Intermountain Retail Store Employees Pension Plan
EIN / PN	91-6187192 / 001
Plan Year	Beginning September 1, 2022 and ending August 31, 2023
Plan Name	Intermountain Retail Store Employees Pension Plan
Enrolled Actuary	Mary Ann Dunleavy
Enrollment Number	23-08148

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions shown in Line 3 of Schedule MB were listed in reliance on information provided by the Plan auditor. Contributions were made throughout the year.

Attached as separate exhibits are:

- Line 3(d) - Withdrawal Liability Amounts
- Line 4b - Illustration Supporting Actuarial Certification of Status
- Line 4c - Documentation Regarding Progress Under Rehabilitation Plan
- Line 6 - Statement of Actuarial Assumptions/Methods
- Line 6 - Summary of Plan Provisions
- Line 8b(1) - Schedule of Projection of Expected Benefit Payments
- Line 8b(2) - Schedule of Active Participant Data
- Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h - Schedule of Funding Standard Account Bases

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Schedule MB, Line 8b(1)
Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments

Measurement Date: September 1, 2022 [Form 5500 Sch. MB, Line 8b(1)]

	Expected Benefit Payments			
Plan Year Beginning September 1	Active Participants	Inactive Vested Participants	Retired Participants & Beneficiaries	Total
2022	467,949	1,368,288	13,718,885	15,555,122
2023	786,730	1,742,544	13,378,986	15,908,260
2024	1,060,847	2,265,242	13,015,634	16,341,723
2025	1,308,609	2,828,395	12,629,475	16,766,479
2026	1,511,042	3,407,003	12,221,770	17,139,815
2027	1,679,448	4,027,739	11,793,842	17,501,029
2028	1,832,198	4,640,369	11,347,152	17,819,719
2029	1,944,007	5,163,868	10,883,331	17,991,206
2030	2,015,883	5,619,686	10,404,204	18,039,773
2031	2,089,532	6,082,469	9,911,791	18,083,792
2032	2,141,803	6,513,650	9,408,278	18,063,731
2033	2,185,483	6,917,040	8,895,994	17,998,517
2034	2,208,395	7,248,738	8,377,384	17,834,517
2035	2,233,409	7,587,606	7,854,995	17,676,010
2036	2,243,345	7,788,788	7,331,488	17,363,621
2037	2,249,614	7,955,056	6,809,649	17,014,319
2038	2,245,394	8,045,521	6,292,348	16,583,263
2039	2,217,469	8,089,149	5,782,545	16,089,163
2040	2,197,080	8,119,768	5,283,270	15,600,118
2041	2,177,912	8,095,640	4,797,546	15,071,098
2042	2,155,902	8,068,222	4,328,316	14,552,440
2043	2,136,196	8,006,856	3,878,370	14,021,422
2044	2,106,377	7,888,294	3,450,302	13,444,973
2045	2,056,694	7,747,300	3,046,462	12,850,456
2046	2,010,390	7,572,889	2,668,871	12,252,150

Notes

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

Schedule MB, Line 8b(1)
Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments (Cont.)

Measurement Date: September 1, 2022 [Form 5500 Sch. MB, Line 8b(1)]

	Expected Benefit Payments			
Plan Year Beginning September 1	Active Participants	Inactive Vested Participants	Retired Participants & Beneficiaries	Total
2047	1,978,027	7,348,795	2,319,136	11,645,958
2048	1,906,189	7,086,883	1,998,386	10,991,458
2049	1,830,535	6,804,639	1,707,239	10,342,413
2050	1,749,861	6,528,315	1,445,766	9,723,942
2051	1,694,952	6,238,368	1,213,493	9,146,813
2052	1,621,546	5,940,481	1,009,409	8,571,436
2053	1,557,826	5,638,004	832,041	8,027,871
2054	1,497,662	5,327,087	679,574	7,504,323
2055	1,430,875	5,008,257	549,937	6,989,069
2056	1,370,513	4,684,164	440,925	6,495,602
2057	1,312,822	4,362,691	350,282	6,025,795
2058	1,250,633	4,045,578	275,763	5,571,974
2059	1,191,222	3,735,426	215,202	5,141,850
2060	1,131,887	3,435,919	166,480	4,734,286
2061	1,083,396	3,145,248	127,752	4,356,396
2062	1,034,162	2,868,466	97,257	3,999,885
2063	987,089	2,602,630	73,148	3,662,867
2064	934,262	2,350,927	54,758	3,339,947
2065	880,355	2,116,194	40,780	3,037,329
2066	827,842	1,899,024	30,229	2,757,095
2067	775,346	1,699,226	22,204	2,496,776
2068	724,368	1,516,215	15,724	2,256,307
2069	675,091	1,349,267	11,135	2,035,493
2070	628,514	1,197,552	7,762	1,833,828
2071	584,335	1,060,148	5,550	1,650,033

Notes

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

Schedule MB, Line 8b(3)
Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: July 1, 2022 [Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning September 1	Employer Contributions	Withdrawal Liability Payments	Total
2022	$ 9,334,715	$ 0	$ 9,334,715
2023	9,334,715	0	9,334,715
2024	9,334,715	0	9,334,715
2025	9,334,715	0	9,334,715
2026	9,334,715	0	9,334,715
2027	9,334,715	0	9,334,715
2028	9,334,715	0	9,334,715
2029	9,334,715	0	9,334,715
2030	9,334,715	0	9,334,715
2031	9,334,715	0	9,334,715

Notes

- The projection above was used for the Plan's 2022 status certification. The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- Based on the information provided by the Trustees, future covered hours are assumed to be approximately equal to 5,299,000 hours, in all future plan years.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) and participation agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The Plan is not assumed to receive future withdrawal liability payments.

Intermountain Retail Store Employees Pension Plan
EIN 91-6187192, Plan 001

Schedule R, Line 13e - Information on Contribution Rates and Base Units

Year Ended August 31, 2023

Employer / Local Union		Base Rate	CBA Expiration	Store, if applicable
Albertsons				
Local 7			1/4/2025	
	Retail Clerks			
	Clerk Full Rate	$ 0.48		
	Clerk pre-5/1/05	$ 1.10		
	Clerk Service Deli	$ 0.55		
Local 555			3/1/2025	Boise/Nampa/ Idaho Falls/ Pocatello
	Retail Clerks		5/4/2025	Caldwell
	Clerk 0-1040	$ 0.15	6/21/2025	Emmett/ Twin Falls
	Clerk 1041-3120	$ 0.25	5/17/2025	Jackson
	Clerk Full Rate	$ 0.35	7/5/2025	Mountain Home
			3/22/2025	Ontario
	Meatcutters		11/1/2025	Boise
	Meat Block	$ 0.75	9/13/2025	Caldwell/Rexburg/ Twin Falls
	Meat Block pre-7/1/05	$ 0.95	8/23/2025	Idaho Falls
	Meat Full Rate	$ 0.95	11/22/2025	Jacksoin
	Meat pre-7/1/05	$ 0.95	8/2/2025	Meridian
			10/25/2025	Mountain Home
			12/13/2025	Ontario
			7/12/2025	Pocatello
Local 1889			4/1/2024	
	Retail Clerks			
	Clerk 1st 12	$ 0.25		
	Clerk 2nd 12	$.35 - $.45		
	Clerk Full Rate	$.50 - $.60		
	Meatcutters			
	Meat 1st 12	$.55 - $.65		
	Meat 2nd 12	$.70 - $.82		
	Meat Full Rate	$ 1.05		
	Meat pre-7/1/05	$ 1.05		
Safeway				
Local 711			11/30/2021	
	Retail Clerks			
	Bakery Full Rate	$ 0.30		
	Clerk Full Rate	$ 0.40		
Local 1889			4/1/2024	
	Retail Clerks			
	Clerk 1st 12	$.20 - $.25		
	Clerk 2nd 12	$.30 - $.35		
	Clerk Full Rate	$.45 - $.60		
	Meatcutters			
	Meat 1st 12	$.50 - $.55		
	Meat 2nd 12	$.65 - $.70		
	Meat Full Rate	$ 1.05		
	Meat pre-7/1/05	$ 1.05		
Save Mart				
Local 711			11/30/2021	
	Retail Clerks			
	Bakery Full Rate	$ 0.30		
	Clerk Full Rate	$ 0.40		

Employer / Local Union		Base Rate	CBA Expiration	Store, if applicable
Rosauers				
Local 1889			4/9/2024	Libby
	Retail Clerks		4/1/2024	Kalispell
	Clerk 1st 12	$ 0.40		
	Clerk 2nd 12	$.50 - $.55		
	Clerk Full Rate	$ 0.65		
	Clerk Helper	$ 0.50		
	Meatcutters			
	Meat 1st 12	$ 0.58		
	Meat 2nd 12	$ 0.73		
	Meat Full Rate	$1.08 - $1.13		
	Meat Service 1st 12	$ 0.41		
	Meat Service 2nd 12	$ 0.61		
	Meat Service Full	$ 0.88		
Smith Food & Drug				
Local 1889			5/5/2024	
	Meatcutters			
	Meat Block	$ 0.75		
	Meat Full Rate	$ 0.95		
	Meat pre-7/1/05	$ 0.95		
	Meat 1st 12	$.55 - $.65		
	Meat 2nd 12	$.70 - $.82		
	Meat Full Rate	$ 1.05		
Local 555			10/29/2025	
	Meatcutters			
	Meat Block	$ 0.75		
	Meat Full Rate	$ 0.95		
	Meat pre-7/1/05	$ 0.95		
Van's Thriftway				
Local 1889			7/12/2024	
	Retail Clerks			
	Clerk 1st 12	$ 0.25		
	Clerk 2nd 12	$ 0.35		
	Clerk Full Rate	$ 0.50		
	Meatcutters			
	Meat 1st 12	$ 0.65		
	Meat 2nd 12	$ 0.80		
	Meat Full Rate	$ 1.25		
Western Meat & Sausage				
Local 1889			8/9/2024	
	Meatcutters			
	Meat 1st 12	$ 0.78		
	Meat 2nd 12	$ 0.93		
	Meat Full Rate	$ 2.03		
	Meat Service 1st 12	$ 0.78		
	Meat Service 2nd 12	$ 0.93		
	Meat Service Full	$ 1.28		
UFCW 1189			N/A	
	Retail Clerks		Participation	
	Clerk 1st 12	$.25 - $.45	Agreement	
	Clerk 2nd 12	$ 0.25		
	Clerk Full Rate	$ 1.74		
	Meatcutters			
	Meat 1st 12	$ 0.64		
	Meat 2nd 12	$ 0.84		
	Meat Full Rate	$ 1.49		

Schedule MB, Line 3(d)
Withdrawal Liability Amounts

Withdrawal liability payments represented $5,616 of the $9,994,012 in contributions shown on Line 3 for the plan year. Quarterly withdrawal liability payments of $2,808 were made in March, 2023 and May 2023.

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
STATE STREET GLOBAL ADVISORS TRUST	18
STATE STREET GLOBAL ADVISORS TRUST	19
STATE STREET GLOBAL ADVISORS TRUST	51
STATE STREET GLOBAL ADVISORS TRUST	52
STATE STREET GLOBAL ADVISORS TRUST	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	6,064.	114,672.
PREPAID BENEFITS	19,049.	20,274.
ACCRUED INVESTMENT INCOME	0.	107,757.
WITHDRAWAL LIABILITY ASSESSMENT RECEIVABLE	0.	146,384.
TOTAL TO SCHEDULE H, LINE 1B(3)	25,113.	389,087.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
CASH IN EXCESS OF DEPOSITS	72,321.	0.
DUE TO BROKER	0.	30,689.
TOTAL TO SCHEDULE H, LINE 1J	72,321.	30,689.

SCHEDULE H OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
WITHDRAWAL LIABILITY ASSESSMENTS	152,000.
TOTAL TO SCHEDULE H, LINE 2C	152,000.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
BANK FEES	18,011.
INSURANCE	35,220.
PBGC PREMIUMS	380,768.
MEETINGS AND CONFERENCES	18,955.
PRINTING AND POSTAGE	47,648.
TOTAL TO SCHEDULE H, LINE 2I(4)	500,602.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

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

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1972

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN B

11724 N.E. 195TH STREET

BOTHELL WA 98011-8242

2b Employer Identification Number (EIN) 91-6187192

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

2d Business code (see instructions) 445110

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

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

DocuSigned by:

SIGN HERE	Brent Bohn 7633B2918AFC475... DocuSigned by:	6/15/2024	Brent Bohn
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Nicolai Cocergine D6060EA210BF444...	6/14/2024	Nicolai Cocergine
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2022) v. 220413**

218401 12-08-22

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3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		**4b** EIN
a Sponsor's name		**4d** PN
c Plan Name		

5 Total number of participants at the beginning of the plan year	**5**	12,218
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d).**		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	3,823
a (2) Total number of active participants at the end of the plan year	**6a(2)**	3,762
b Retired or separated participants receiving benefits	**6b**	3,114
c Other retired or separated participants entitled to future benefits	**6c**	4,996
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	11,872
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	319
f Total. Add lines **6d** and **6e**	**6f**	12,191
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	9

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

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information - Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 09/01/2022 and ending 08/31/2023

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

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

A Name of plan
INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
91-6187192

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

1a	Enter the valuation date: Month 09 Day 01 Year 2022		
b	Assets		
(1)	Current value of assets	**1b(1)**	183,126,997
(2)	Actuarial value of assets for funding standard account	**1b(2)**	196,773,564
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	228,257,099
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	223,653,187
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	407,167,636
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4,680,094
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	16,870,269
(3)	Expected plan disbursements for the plan year	**1d(3)**	16,122,636

Statement by Enrolled Actuary

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

SIGN HERE Mary Ann Dunleavy — 6/7/2024

Signature of actuary — Date

MARY ANN DUNLEAVY — 2308148

Type or print name of actuary — Most recent enrollment number

HORIZON ACTUARIAL SERVICES, LLC — 240-247-4600

Firm name — Telephone number (including area code)

8601 GEORGIA AVENUE, SUITE 905
SILVER SPRING MD 20910

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	183,126,997
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,364	189,162,806
(2) For terminated vested participants		5,031	165,323,554
(3) For active participants:			
(a) Non-vested benefits			3,932,419
(b) Vested benefits			48,748,857
(c) Total active		3,823	52,681,276
(4) Total		12,218	407,167,636
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	44.97 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	9,994,012				
			Totals ► **3(b)**	9,994,012	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 5,616

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	87.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ No

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2024

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 2.33 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	6P	6P
(2) Females	**6c(2)**	6FP	6FP
d Valuation liability interest rate	**6d**	6.75 %	6.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-9.9 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1,059,304
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	871,383	88,214

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	1,738,129
b Employer's normal cost for plan year as of valuation date		**9b**	1,860,203
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	54,875,718	10,642,827
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	961,278
e Total charges. Add lines 9a through 9d		**9e**	15,202,437
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	0
g Employer contributions. Total from column (b) of line 3		**9g**	9,994,012
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	25,130,312	4,411,774
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	635,093
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	50,162,151	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	171,271,297	
(3) FFL credit		**9j(3)**	
k (1) Waived funding deficiency		**9k(1)**	
(2) Other credits		**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	15,040,879
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	161,558
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	161,558
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☐ Yes ☒ No