

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 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here.

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

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTREPID POTASH, INC.</u> <u>707 17TH STREET</u> <u>STE 4200</u> <u>DENVER, CO 80202</u>	1c Effective date of plan <u>02/23/2000</u> 2b Employer Identification Number (EIN) <u>26-1501877</u> 2c Plan Sponsor's telephone number <u>303-996-3160</u> 2d Business code (see instructions) <u>212390</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2025	JULIA FLOCA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	700
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	487
	6a(2)	469
	6b	12
	6c	188
	6d	669
	6e	0
	6f	669
	6g(1)	682
	6g(2)	654
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2J 2K 2S 2T 3H 3D 2R 2E

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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTREPID POTASH, INC.	D Employer Identification Number (EIN) 26-1501877	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) 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?
37 60 64 65 71	RECORDKEEPER	77034	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY

11-3658445

(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	CONSULTANT	35359	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COOK STREET CONSULTING

84-0854432

(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	CONSULTANT	34836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BDO USA LLP

13-5381590

(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	ACCOUNTANT/A UDITOR	24500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
C&S GLB REALTY I - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FROST TOT RTN BD IS - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MIDAS MAGIC FD 11 HANOVER SQUARE ROCHESTER, NY 14624	\$12.00	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PEAR TREE QUALITY FD ORDINARY 55 OLD BEDFORD ROAD LINCOLN, MA 01773	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLSPRING SPECTRUM AGRSSIV GRTH FD 525 MARKET ST MAC A0103 122 SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTREPID POTASH, INC.</u>	D Employer Identification Number (EIN) <u>26-1501877</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2030 A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-7010946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2055 A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6941728-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2045 A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>32-6199848-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2060 A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6785642-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2065 G</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>85-1763138-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>703443</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2050 A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>30-6303214-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2020 A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2010 A		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6199795-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2025 G		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 37-6495447-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 664421
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2040 A		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2035 A		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 36-7595013-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2055 G		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 61-6434302-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3296371
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2015 A		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941654-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN INTL GROWTH		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 26-3653822-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 911729
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2005 G		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6785642-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167381
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2020 G		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-1309931-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1552136
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2060 G		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-6559833-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1344863

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2040 G

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 47-1088316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4389108
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2035 G

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3126838
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2010 G

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102919
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2025 G

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7594874-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3076638
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a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STBLE RTN C

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 52-2250946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4279222
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2030 G

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-2425740-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4390719
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2050 G

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6539250-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4115923
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2045 G

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 52-1309931-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4461106
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTREPID POTASH, INC.	D Employer Identification Number (EIN) 26-1501877

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3263	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	49754	57270
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2102773	1385210
(2) U.S. Government securities	1c(2)	77576	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	878953	710029
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	2147522	2375456
(9) Value of interest in common/collective trusts	1c(9)	32681678	36582817
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20392182	22825760
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	340	-480

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	58334041	63936062
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	58334041	63936062

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)	2066969	
(B) Participants.....	2a(1)(B)	3578797	
(C) Others (including rollovers).....	2a(1)(C)	12364	
(2) Noncash contributions.....	2a(2)	0	5658130
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	76655	245362
(B) U.S. Government securities.....	2b(1)(B)	699	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	168008	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		245362
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	420573
(B) Common stock.....	2b(2)(B)	11841	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	408732	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		420573
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9144728	122945
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9021783	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		122945
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	-16547
(B) Other.....	2b(5)(B)	-16547	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-16547

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	3715045
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	3927203
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	14072711

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8248351
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	8248351
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions).....	2g	50610
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	300
(3) Recordkeeping fees	2i(3)	76734
(4) IQPA audit fees	2i(4)	24500
(5) Investment advisory and investment management fees	2i(5)	0
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	70195
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	171729
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	8470690

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	5602021
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, P.C**

(2) EIN: **13-5381590**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTREPID POTASH, INC.</u>	D Employer Identification Number (EIN) <u>26-1501877</u>	

Part I	Distributions
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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): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**Intrepid Potash, Inc.
Employee Savings Plan**

Financial Statements and Supplemental Schedule
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024



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303 E. 17th Avenue, Suite 600
Denver, CO 80203

Independent Auditor's Report

To the Plan Administrator
Intrepid Potash, Inc. Employee Savings Plan
Denver, Colorado

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

We have performed audits of the financial statements of Intrepid Potash, Inc. Employee Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion

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

BDO USA, P.C.

September 12, 2025

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS:		
Investments at fair value	\$ 61,503,336	\$ 56,136,765
Receivables:		
Employer Contributions	57,270	49,754
Notes receivable from participants	2,375,456	2,147,522
Total receivables	2,432,726	2,197,276
Total Assets	63,936,062	58,334,041
NET ASSETS AVAILABLE FOR BENEFITS	\$ 63,936,062	\$ 58,334,041

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:

Contributions:	
Participant	\$ 3,578,797
Participant rollover	12,364
Employer	<u>2,066,969</u>
Total contributions	5,658,130
Interest earned on notes receivable from participants	168,008
Earnings on investments:	
Net appreciation in fair value of investments	7,811,702
Interest and dividends	<u>434,871</u>
Total earnings on investments and interest earned on notes receivable	8,414,581
Benefits paid to participants and loans deemed distributed	(8,298,961)
Administrative expenses	<u>(171,729)</u>
Net increase in net assets available for benefits	5,602,021
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>58,334,041</u>
End of year	<u><u>\$ 63,936,062</u></u>

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY DESCRIPTION OF THE PLAN:

The following description of the Intrepid Potash, Inc. Employee Savings Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description and Plan Document for a more complete description of the Plan’s provisions.

Nature of Operations – The Plan became effective on February 23, 2000, and has been amended and restated at various times since the effective date. On March 9, 2021, the Plan was restated to a Non-Standardized Pre-Approved Profit Sharing Plan with CODA. The Plan is a defined contribution profit sharing plan covering all eligible employees. Employees are eligible for participation immediately upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, (“ERISA”).

The Plan is intended to be a “Qualified” plan under Internal Revenue Code (“IRC”) Section 401(a).

Trustee and Administration of the Plan – Fidelity Management Trust Company (“Trustee” or “Fidelity”) is the Trustee and Fidelity Employer Services Corporation provides recordkeeping and other administrative services. The administrator of the Plan is Intrepid Potash, Inc. (the “Company” or “Employer”). The Trustee holds all assets of the Plan in accordance with the provisions of the service provider contract with the Company. All assets of the Plan are in investment plan accounts with Fidelity. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Contributions – Participants are eligible to contribute on a pre-tax or Roth after-tax basis up to 90% of their annual compensation, subject to the limits of IRC Section 402(g). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at 6.0% of eligible compensation unless they affirmatively elect not to participate in the Plan or elect a different deferral election.

The Company makes a safe harbor matching contribution and may make discretionary matching contributions to the Plan. The safe harbor matching contribution is 100% of each participant’s salary deferral contributions, up to a maximum matching contribution of 5% of eligible compensation for the year. For the year ended December 31, 2024, safe harbor matching contributions totaled \$2,066,969. The Plan also allows for employer discretionary contributions for employees who work at least 1,000 hours during the plan year and are currently employed as of December 31. No employer discretionary contributions were made for the 2024 plan year.

Participant Accounts – Each participant’s account is credited with participant contributions, safe harbor matching contributions, and discretionary contributions, as well as an allocation of plan earnings and losses on investments and charged with certain administrative expenses. The investment earnings and losses are allocated to each participant’s account in proportion to the balance that each participant’s account bears to the total balance of all participants in each investment fund elected. The benefit to which a participant is entitled is equal to the vested balance in the participant’s account.

Vesting – All employer contributions are 100% vested.

Payment of Benefits – A participant’s account balance may be distributed by installment payments or in a lump sum payment when the participant terminates from service, reaches age 59½, retires (normal retirement age 65), is disabled, or dies. Hardship withdrawals are permitted for all or any portion of a participant’s contributions, with a minimum \$500 withdrawal, if certain criteria are met.

Investment Options – Upon enrollment in the Plan, a participant may direct his or her contributions in any of the investment accounts which are offered by the Plan. Upon auto-enrollment, all contributions are directed into the qualified default investment option. In addition to the existing Plan investment options, the Plan offers participants the option to invest in a self-directed brokerage account. Participants may change their investment choices and contribution percentages at any time.

Notes Receivable from Participants – Participants may borrow from the Plan in an amount greater than \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the participant’s vested account balance. Notes receivable must be repaid within five years (unless the note is for the purchase of a primary residence, which term may be longer) and bear interest at a reasonable rate which is fixed for the term of the note. Principal and interest are paid ratably through payroll deductions. Participants may only have two loans outstanding at a time during the plan year.

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Forfeited Accounts – Due to the Plan’s designation of all contributions being 100% vested, there are no forfeited unvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting – The financial statements of the Plan are presented on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

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

Payments of Benefits – Benefits are recorded when paid.

Contributions – Participant contributions and related employer matching contributions are recorded in the period payroll deductions are made. Excess contributions are recorded in the year in which the excess occurred. There were employer contribution receivables of \$57,270 and \$49,754 as of December 31, 2024, and 2023, respectively. There were no participant contribution receivables as of December 31, 2024 and 2023, respectively.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest was de minimis. Related fees are recorded as administrative expenses and are expensed as incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Risks, Uncertainties and Concentrations – The Plan provides for various investment options in any combination of stocks, mutual funds, common/collective trust funds, and other investment securities. 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 values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statement of net assets available for benefits. As of December 31, 2024, there was one investment held which accounted for more than 10% of net assets available for benefits and accounted for a total of 13% of net assets available for benefits. As of December 31, 2023, there was one investment held which accounted for more than 10% of net assets available for benefits and accounted for a total of 11% of net assets available for benefits.

Investment Valuation – The Plan’s investments are stated at fair value. Shares of mutual funds and exchange traded funds are valued at quoted market prices, which represent the net asset value (“NAV”) of shares held by the Plan at year end. Common stock is valued at year end at published market values. The common/collective trust funds are stated at fair value using the net asset value per share practical expedient.

The preceding valuation methods described may produce a fair value calculation that is simply indicative of the net realizable value and may not be reflective of actual current or actual realizable values. Furthermore, although the Plan believes its valuation methods are reasonable, 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 Plan’s Investment Committee determines the Plan’s policies utilizing information provided by the investment advisors.

The Plan invests in the Galliard Stable Return Fund C (“Fund”), which is a stable value fund that is a common/collective trust fund. The Fund is managed by Galliard Capital Management, Inc., a wholly owned subsidiary of Wells Fargo. The Fund seeks to provide investors with a moderate level of stable income without principal volatility. The Fund invests in a diversified portfolio of investment contracts issued by financial companies including Guaranteed Investment Contracts (“GICs”), Separate Account GICs and Security Backed Investment Contracts. The distinctive feature of these contracts is that they are designed to provide, under most circumstances, participants access to their funds at contract value, which is equal to their principal balance plus any accrued interest. This contract feature is called “benefit responsiveness.” The contracts are designed to enable the assets of a stable value fund to be valued at their contract value rather than market value of the securities backing the contracts. Separate Account GICs and Security Backed Investment Contracts earn an income yield which is determined by a crediting rate formula that reflects the earnings of the underlying fixed income securities with gains or losses recognized over time through

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

the crediting rate formula. A small portion of the fund is invested in a money market fund to provide daily liquidity.

Participant initiated withdrawals are honored at any time without penalty, regardless of their frequency or amount unless payments are being delayed to all Fund investors. The Fund also requires participants to invest in a non-competing fund for at least 90 days before transferring to a competing fund option. Examples of competing fund options include money market funds, high quality bond funds with duration of three years or less, or to other principal preservation funds. Any Plan sponsor-initiated withdrawal from the Fund requires a 12-month written notice of the intent to withdraw assets. If Wells Fargo has actual knowledge that a Plan is not legally permitted to invest in or to continue to invest in the Fund, such Plan's interest in the Fund will be immediately redeemed. Wells Fargo may make such redemptions at its sole discretion. Although Wells Fargo does not anticipate the need to make in-kind distributions of portfolio securities, Wells Fargo may, under extraordinary circumstances and at its discretion, make such distributions in lieu of or in addition to cash distributions.

The collective investment trusts include a collection of target date funds. These funds are valued based on the Plan's interest in the funds at NAV reported by Fidelity as of the financial statement date and recent transaction prices. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The funds provide for daily redemptions by the Plan at reported NAV with no advance requirement.

Income Recognition – Purchases and sales of investments are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded when earned. The net appreciation or depreciation is determined as the difference between beginning market value or cost if purchased during the year and year end market value and capital gains reinvested.

Administrative Expenses – During the 2024 plan year, the Plan incurred total administrative expenses of \$171,729 which were paid by the Plan. These administrative expenses include recordkeeping services for participant notes, investment advisory services, audit, trustee and participant maintenance fees. Legal fees are paid directly by the Company and are excluded from these financial statements.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

The following unaudited information in the financial statements and supplemental schedule was certified to be complete and accurate by Fidelity Management Trust Company, a qualified institution, within the meaning of ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (the "DOL") Rules and Regulations for Reporting and Disclosure under ERISA:

- All amounts relating to investments and notes receivable from participants as enumerated in the Statements of Net Assets Available For Benefits as of December 31, 2024, and 2023, and the Schedule of Assets (Held at End of Year) as of December 31, 2024;
- All amounts relating to earnings/(losses) on investments and interest earned on notes receivable from participants as enumerated in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024; and,
- All amounts relating to investments described in Note 4.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP and whether the supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4. FAIR VALUE MEASUREMENTS:

The Plan applies the provisions of the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures* (ASC 820), for all financial assets and liabilities measured at fair value on a recurring basis. The topic establishes a framework for measuring fair value and requires disclosures about fair value

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

measurements. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability, defined as an exit price, in an orderly transaction between market participants at the measurement date. ASC 820 establishes market or observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transactions in the absence of market inputs. The topic also establishes a hierarchy for grouping these assets and liabilities, based on the significance level of the following inputs:

- Level 1 Quoted prices in active markets for identical assets and liabilities.
- Level 2 Quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant value drivers are observable.
- Level 3 Significant inputs to the valuation model are unobservable.

The following table presents the Plan assets that are measured at fair value on a recurring basis, and the levels of inputs used to measure fair value at December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 22,920,642	\$ -	\$ -	\$ 22,920,642
Self-directed brokerage account	1,999,877	-	-	1,999,877
Total investments, at fair value	\$ 24,920,519	\$ -	\$ -	\$ 24,920,519
Investments measured at net asset value: ¹				
Common/collective trusts				36,582,817
Total investments in the fair value hierarchy				\$ 61,503,336

The following table presents the Plan assets that are measured at fair value on a recurring basis, and the levels of inputs used to measure fair value at December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 21,435,136	\$ -	\$ -	\$ 21,435,136
Self-directed brokerage account	2,019,951	-	-	2,019,951
Total investments, at fair value	\$ 23,455,087	\$ -	\$ -	\$ 23,455,087
Investments measured at net asset value: ¹				
Common/collective trusts				32,681,678
Total investments in the fair value hierarchy				\$ 56,136,765

A financial asset is categorized within the hierarchy based upon the lowest level of input that is significant to the fair value measurement. See the investment valuation described in Note 2 for valuation methodologies.

¹ – In accordance with Subtopic 820-10, 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

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table includes categories of investments within the Plan where NAV is available as a practical expedient:

	Fair Value as of December 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Common collective trusts:					
Galliard Stable Return Fund	\$4,279,222	\$4,750,500	\$ -	Daily	12 months for full liquidation
Target Date Funds	\$31,391,866	\$27,026,449	\$ -	Daily	Daily
Artisan International Growth Trust	\$911,729	\$904,729	\$ -	Daily	Daily

5. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer reserves the right to terminate the Plan at any time by written notice to the Trustee and subject to the provisions of ERISA. In the event of a plan termination, all employer contributions will be fully vested and payable to the participants.

6. TAX STATUS:

The Company adopted a Non-Standardized Pre-Approved Profit Sharing Plan With CODA which received an opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020, indicating that the plan and trust are designed in accordance with the applicable sections of the IRC. The plan administrator believes that the Plan, as amended, is currently designed and operated in compliance with the applicable requirements of the IRS. No provision for income taxes has been included in the Plan’s financial statements.

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

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of mutual funds and money market funds which are managed by Fidelity, which is also the Trustee as defined by the Plan, and therefore these transactions qualify as party-in-interest. The Plan also paid for investment advisory services which qualify as party-in-interest transactions. For the year ended December 31, 2024, the Plan paid administrative fees to Fidelity, investment advisory fees to consulting companies and audit fees to the Plan’s independent auditors. In addition, the notes receivable from participants qualify as party-in-interest transactions. Certain management fees are paid by the Plan and deducted from earnings on investments. These transactions are exempt from the prohibited transaction rules.

8. SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through September 12, 2025, which is the date the financial statements were available to be issued, and there is nothing to report.

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL SCHEDULE

SCHEDULE I

EIN: 26-1501877 PLAN NO. 001

**FORM 5500: SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(A)	(B) IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(D) COST **	(E) CURRENT VALUE
		SELF-DIRECTED BROKERAGE ACCOUNT		\$1,999,877
	GALLIARD	CCT - STABLE RETURN FUND C		4,279,222
	COHEN & STEERS	MF - GLOBAL REALTY SHARES, INC. MF - US TREASURY MONEY MARKET FUND		231,092
	GABELLI			185,564
	T. ROWE PRICE	CCT - RETIREMENT 2005 TRUST		167,381
	T. ROWE PRICE	CCT - RETIREMENT 2010 TRUST		102,919
	T. ROWE PRICE	CCT - RETIREMENT 2015 TRUST		664,421
	T. ROWE PRICE	CCT - RETIREMENT 2020 TRUST		1,552,136
	T. ROWE PRICE	CCT - RETIREMENT 2025 TRUST		3,076,638
	T. ROWE PRICE	CCT - RETIREMENT 2030 TRUST		4,390,719
	T. ROWE PRICE	CCT - RETIREMENT 2035 TRUST		3,126,838
	T. ROWE PRICE	CCT - RETIREMENT 2040 TRUST		4,389,108
	T. ROWE PRICE	CCT - RETIREMENT 2045 TRUST		4,461,106
	T. ROWE PRICE	CCT - RETIREMENT 2050 TRUST		4,115,923
	T. ROWE PRICE	CCT - RETIREMENT 2055 TRUST		3,296,371
	T. ROWE PRICE	CCT - RETIREMENT 2060 TRUST		1,344,863
	T. ROWE PRICE	CCT - RETIREMENT 2065 TRUST		703,443
	DODGE & COX	MF - STOCK FUND		1,048,564
	FROST	MF - TOTAL RETURN BOND FUND		347,521
	JP MORGAN	MF - SMALL CAP GROWTH FUND		404,980
	VANGUARD	MF - INFLATION-PROTECTED SECURITIES FUND		103,252
	JP MORGAN	MF - LARGE CAP GROWTH FUND		5,499,045
	VANGUARD	MF - TOTAL INTERNATIONAL BOND INDEX FUND		59,493
	ARTISAN	CCT - INTERNATIONAL GROWTH TRUST		911,729
	HOTCHKIS & WILEY	MF - HIGH YIELD FUND		948,449
*	FIDELITY	MF - 500 INDEX FUND		8,135,796
*	FIDELITY	MF - U.S. BOND INDEX FUND		99,185
*	FIDELITY	MF - SMALL CAP VALUE FUND		449,158
*	FIDELITY	MF - TOTAL INTERNATIONAL INDEX FUND		86,742
*	FIDELITY	MF - EXTENDED MARKET INDEX FUND		5,321,801
		PARTICIPANT LOANS, AT AN INTEREST RATES BETWEEN 4.25% AND 9.50% ANNUALLY	-	2,375,456
*	PLAN PARTICIPANTS			<u>2,375,456</u>
	TOTAL ASSETS (HELD AT END OF YEAR)			<u><u>\$63,878,792</u></u>

* This column will have an asterisk on each line that is identified as a party-in-interest to the Plan as defined by ERISA. Fidelity acts as the Plan's trustee and recordkeeper. The Fidelity Cash Reserves Fund and certain other Fidelity mutual funds are held within the Brokerage Link account.

** Cost of participant-directed investments is not required to be disclosed.

See accompanying notes to financial statements.

**Intrepid Potash, Inc.
Employee Savings Plan**

Financial Statements and Supplemental Schedule
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024



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Independent Auditor's Report

To the Plan Administrator
Intrepid Potash, Inc. Employee Savings Plan
Denver, Colorado

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

We have performed audits of the financial statements of Intrepid Potash, Inc. Employee Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion

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

BDO USA, P.C.

September 12, 2025

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS:		
Investments at fair value	\$ 61,503,336	\$ 56,136,765
Receivables:		
Employer Contributions	57,270	49,754
Notes receivable from participants	2,375,456	2,147,522
Total receivables	2,432,726	2,197,276
Total Assets	63,936,062	58,334,041
NET ASSETS AVAILABLE FOR BENEFITS	\$ 63,936,062	\$ 58,334,041

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS ATTRIBUTED TO:

Contributions:	
Participant	\$ 3,578,797
Participant rollover	12,364
Employer	<u>2,066,969</u>
Total contributions	5,658,130
Interest earned on notes receivable from participants	168,008
Earnings on investments:	
Net appreciation in fair value of investments	7,811,702
Interest and dividends	<u>434,871</u>
Total earnings on investments and interest earned on notes receivable	8,414,581
Benefits paid to participants and loans deemed distributed	(8,298,961)
Administrative expenses	<u>(171,729)</u>
Net increase in net assets available for benefits	5,602,021
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>58,334,041</u>
End of year	<u><u>\$ 63,936,062</u></u>

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY DESCRIPTION OF THE PLAN:

The following description of the Intrepid Potash, Inc. Employee Savings Plan (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description and Plan Document for a more complete description of the Plan’s provisions.

Nature of Operations – The Plan became effective on February 23, 2000, and has been amended and restated at various times since the effective date. On March 9, 2021, the Plan was restated to a Non-Standardized Pre-Approved Profit Sharing Plan with CODA. The Plan is a defined contribution profit sharing plan covering all eligible employees. Employees are eligible for participation immediately upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, (“ERISA”).

The Plan is intended to be a “Qualified” plan under Internal Revenue Code (“IRC”) Section 401(a).

Trustee and Administration of the Plan – Fidelity Management Trust Company (“Trustee” or “Fidelity”) is the Trustee and Fidelity Employer Services Corporation provides recordkeeping and other administrative services. The administrator of the Plan is Intrepid Potash, Inc. (the “Company” or “Employer”). The Trustee holds all assets of the Plan in accordance with the provisions of the service provider contract with the Company. All assets of the Plan are in investment plan accounts with Fidelity. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Contributions – Participants are eligible to contribute on a pre-tax or Roth after-tax basis up to 90% of their annual compensation, subject to the limits of IRC Section 402(g). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at 6.0% of eligible compensation unless they affirmatively elect not to participate in the Plan or elect a different deferral election.

The Company makes a safe harbor matching contribution and may make discretionary matching contributions to the Plan. The safe harbor matching contribution is 100% of each participant’s salary deferral contributions, up to a maximum matching contribution of 5% of eligible compensation for the year. For the year ended December 31, 2024, safe harbor matching contributions totaled \$2,066,969. The Plan also allows for employer discretionary contributions for employees who work at least 1,000 hours during the plan year and are currently employed as of December 31. No employer discretionary contributions were made for the 2024 plan year.

Participant Accounts – Each participant’s account is credited with participant contributions, safe harbor matching contributions, and discretionary contributions, as well as an allocation of plan earnings and losses on investments and charged with certain administrative expenses. The investment earnings and losses are allocated to each participant’s account in proportion to the balance that each participant’s account bears to the total balance of all participants in each investment fund elected. The benefit to which a participant is entitled is equal to the vested balance in the participant’s account.

Vesting – All employer contributions are 100% vested.

Payment of Benefits – A participant’s account balance may be distributed by installment payments or in a lump sum payment when the participant terminates from service, reaches age 59½, retires (normal retirement age 65), is disabled, or dies. Hardship withdrawals are permitted for all or any portion of a participant’s contributions, with a minimum \$500 withdrawal, if certain criteria are met.

Investment Options – Upon enrollment in the Plan, a participant may direct his or her contributions in any of the investment accounts which are offered by the Plan. Upon auto-enrollment, all contributions are directed into the qualified default investment option. In addition to the existing Plan investment options, the Plan offers participants the option to invest in a self-directed brokerage account. Participants may change their investment choices and contribution percentages at any time.

Notes Receivable from Participants – Participants may borrow from the Plan in an amount greater than \$1,000 up to a maximum of the lesser of \$50,000 or 50% of the participant’s vested account balance. Notes receivable must be repaid within five years (unless the note is for the purchase of a primary residence, which term may be longer) and bear interest at a reasonable rate which is fixed for the term of the note. Principal and interest are paid ratably through payroll deductions. Participants may only have two loans outstanding at a time during the plan year.

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Forfeited Accounts – Due to the Plan’s designation of all contributions being 100% vested, there are no forfeited unvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting – The financial statements of the Plan are presented on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

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

Payments of Benefits – Benefits are recorded when paid.

Contributions – Participant contributions and related employer matching contributions are recorded in the period payroll deductions are made. Excess contributions are recorded in the year in which the excess occurred. There were employer contribution receivables of \$57,270 and \$49,754 as of December 31, 2024, and 2023, respectively. There were no participant contribution receivables as of December 31, 2024 and 2023, respectively.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance. Any accrued but unpaid interest was de minimis. Related fees are recorded as administrative expenses and are expensed as incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Risks, Uncertainties and Concentrations – The Plan provides for various investment options in any combination of stocks, mutual funds, common/collective trust funds, and other investment securities. 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 values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statement of net assets available for benefits. As of December 31, 2024, there was one investment held which accounted for more than 10% of net assets available for benefits and accounted for a total of 13% of net assets available for benefits. As of December 31, 2023, there was one investment held which accounted for more than 10% of net assets available for benefits and accounted for a total of 11% of net assets available for benefits.

Investment Valuation – The Plan’s investments are stated at fair value. Shares of mutual funds and exchange traded funds are valued at quoted market prices, which represent the net asset value (“NAV”) of shares held by the Plan at year end. Common stock is valued at year end at published market values. The common/collective trust funds are stated at fair value using the net asset value per share practical expedient.

The preceding valuation methods described may produce a fair value calculation that is simply indicative of the net realizable value and may not be reflective of actual current or actual realizable values. Furthermore, although the Plan believes its valuation methods are reasonable, 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 Plan’s Investment Committee determines the Plan’s policies utilizing information provided by the investment advisors.

The Plan invests in the Galliard Stable Return Fund C (“Fund”), which is a stable value fund that is a common/collective trust fund. The Fund is managed by Galliard Capital Management, Inc., a wholly owned subsidiary of Wells Fargo. The Fund seeks to provide investors with a moderate level of stable income without principal volatility. The Fund invests in a diversified portfolio of investment contracts issued by financial companies including Guaranteed Investment Contracts (“GICs”), Separate Account GICs and Security Backed Investment Contracts. The distinctive feature of these contracts is that they are designed to provide, under most circumstances, participants access to their funds at contract value, which is equal to their principal balance plus any accrued interest. This contract feature is called “benefit responsiveness.” The contracts are designed to enable the assets of a stable value fund to be valued at their contract value rather than market value of the securities backing the contracts. Separate Account GICs and Security Backed Investment Contracts earn an income yield which is determined by a crediting rate formula that reflects the earnings of the underlying fixed income securities with gains or losses recognized over time through

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

the crediting rate formula. A small portion of the fund is invested in a money market fund to provide daily liquidity.

Participant initiated withdrawals are honored at any time without penalty, regardless of their frequency or amount unless payments are being delayed to all Fund investors. The Fund also requires participants to invest in a non-competing fund for at least 90 days before transferring to a competing fund option. Examples of competing fund options include money market funds, high quality bond funds with duration of three years or less, or to other principal preservation funds. Any Plan sponsor-initiated withdrawal from the Fund requires a 12-month written notice of the intent to withdraw assets. If Wells Fargo has actual knowledge that a Plan is not legally permitted to invest in or to continue to invest in the Fund, such Plan's interest in the Fund will be immediately redeemed. Wells Fargo may make such redemptions at its sole discretion. Although Wells Fargo does not anticipate the need to make in-kind distributions of portfolio securities, Wells Fargo may, under extraordinary circumstances and at its discretion, make such distributions in lieu of or in addition to cash distributions.

The collective investment trusts include a collection of target date funds. These funds are valued based on the Plan's interest in the funds at NAV reported by Fidelity as of the financial statement date and recent transaction prices. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The funds provide for daily redemptions by the Plan at reported NAV with no advance requirement.

Income Recognition – Purchases and sales of investments are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded when earned. The net appreciation or depreciation is determined as the difference between beginning market value or cost if purchased during the year and year end market value and capital gains reinvested.

Administrative Expenses – During the 2024 plan year, the Plan incurred total administrative expenses of \$171,729 which were paid by the Plan. These administrative expenses include recordkeeping services for participant notes, investment advisory services, audit, trustee and participant maintenance fees. Legal fees are paid directly by the Company and are excluded from these financial statements.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

The following unaudited information in the financial statements and supplemental schedule was certified to be complete and accurate by Fidelity Management Trust Company, a qualified institution, within the meaning of ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (the "DOL") Rules and Regulations for Reporting and Disclosure under ERISA:

- All amounts relating to investments and notes receivable from participants as enumerated in the Statements of Net Assets Available For Benefits as of December 31, 2024, and 2023, and the Schedule of Assets (Held at End of Year) as of December 31, 2024;
- All amounts relating to earnings/(losses) on investments and interest earned on notes receivable from participants as enumerated in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024; and,
- All amounts relating to investments described in Note 4.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing the certified investment information with the related information presented and disclosed in the financial statements and supplemental schedule, reading the disclosures relating to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP and whether the supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4. FAIR VALUE MEASUREMENTS:

The Plan applies the provisions of the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures* (ASC 820), for all financial assets and liabilities measured at fair value on a recurring basis. The topic establishes a framework for measuring fair value and requires disclosures about fair value

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

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measurements. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability, defined as an exit price, in an orderly transaction between market participants at the measurement date. ASC 820 establishes market or observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transactions in the absence of market inputs. The topic also establishes a hierarchy for grouping these assets and liabilities, based on the significance level of the following inputs:

- Level 1 Quoted prices in active markets for identical assets and liabilities.
- Level 2 Quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant value drivers are observable.
- Level 3 Significant inputs to the valuation model are unobservable.

The following table presents the Plan assets that are measured at fair value on a recurring basis, and the levels of inputs used to measure fair value at December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 22,920,642	\$ -	\$ -	\$ 22,920,642
Self-directed brokerage account	1,999,877	-	-	1,999,877
Total investments, at fair value	\$ 24,920,519	\$ -	\$ -	\$ 24,920,519
Investments measured at net asset value: ¹				
Common/collective trusts				36,582,817
Total investments in the fair value hierarchy				\$ 61,503,336

The following table presents the Plan assets that are measured at fair value on a recurring basis, and the levels of inputs used to measure fair value at December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 21,435,136	\$ -	\$ -	\$ 21,435,136
Self-directed brokerage account	2,019,951	-	-	2,019,951
Total investments, at fair value	\$ 23,455,087	\$ -	\$ -	\$ 23,455,087
Investments measured at net asset value: ¹				
Common/collective trusts				32,681,678
Total investments in the fair value hierarchy				\$ 56,136,765

A financial asset is categorized within the hierarchy based upon the lowest level of input that is significant to the fair value measurement. See the investment valuation described in Note 2 for valuation methodologies.

¹ – In accordance with Subtopic 820-10, 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

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

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this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table includes categories of investments within the Plan where NAV is available as a practical expedient:

	Fair Value as of December 31,		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Common collective trusts:					
Galliard Stable Return Fund	\$4,279,222	\$4,750,500	\$ -	Daily	12 months for full liquidation
Target Date Funds	\$31,391,866	\$27,026,449	\$ -	Daily	Daily
Artisan International Growth Trust	\$911,729	\$904,729	\$ -	Daily	Daily

5. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Employer reserves the right to terminate the Plan at any time by written notice to the Trustee and subject to the provisions of ERISA. In the event of a plan termination, all employer contributions will be fully vested and payable to the participants.

6. TAX STATUS:

The Company adopted a Non-Standardized Pre-Approved Profit Sharing Plan With CODA which received an opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020, indicating that the plan and trust are designed in accordance with the applicable sections of the IRC. The plan administrator believes that the Plan, as amended, is currently designed and operated in compliance with the applicable requirements of the IRS. No provision for income taxes has been included in the Plan’s financial statements.

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

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments are shares of mutual funds and money market funds which are managed by Fidelity, which is also the Trustee as defined by the Plan, and therefore these transactions qualify as party-in-interest. The Plan also paid for investment advisory services which qualify as party-in-interest transactions. For the year ended December 31, 2024, the Plan paid administrative fees to Fidelity, investment advisory fees to consulting companies and audit fees to the Plan’s independent auditors. In addition, the notes receivable from participants qualify as party-in-interest transactions. Certain management fees are paid by the Plan and deducted from earnings on investments. These transactions are exempt from the prohibited transaction rules.

8. SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through September 12, 2025, which is the date the financial statements were available to be issued, and there is nothing to report.

INTREPID POTASH, INC. EMPLOYEE SAVINGS PLAN

SUPPLEMENTAL SCHEDULE

SCHEDULE I

EIN: 26-1501877 PLAN NO. 001

**FORM 5500: SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(A)	(B) IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	(C) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	(D) COST **	(E) CURRENT VALUE
		SELF-DIRECTED BROKERAGE ACCOUNT		\$1,999,877
	GALLIARD	CCT - STABLE RETURN FUND C		4,279,222
	COHEN & STEERS	MF - GLOBAL REALTY SHARES, INC. MF - US TREASURY MONEY MARKET FUND		231,092
	GABELLI			185,564
	T. ROWE PRICE	CCT - RETIREMENT 2005 TRUST		167,381
	T. ROWE PRICE	CCT - RETIREMENT 2010 TRUST		102,919
	T. ROWE PRICE	CCT - RETIREMENT 2015 TRUST		664,421
	T. ROWE PRICE	CCT - RETIREMENT 2020 TRUST		1,552,136
	T. ROWE PRICE	CCT - RETIREMENT 2025 TRUST		3,076,638
	T. ROWE PRICE	CCT - RETIREMENT 2030 TRUST		4,390,719
	T. ROWE PRICE	CCT - RETIREMENT 2035 TRUST		3,126,838
	T. ROWE PRICE	CCT - RETIREMENT 2040 TRUST		4,389,108
	T. ROWE PRICE	CCT - RETIREMENT 2045 TRUST		4,461,106
	T. ROWE PRICE	CCT - RETIREMENT 2050 TRUST		4,115,923
	T. ROWE PRICE	CCT - RETIREMENT 2055 TRUST		3,296,371
	T. ROWE PRICE	CCT - RETIREMENT 2060 TRUST		1,344,863
	T. ROWE PRICE	CCT - RETIREMENT 2065 TRUST		703,443
	DODGE & COX	MF - STOCK FUND		1,048,564
	FROST	MF - TOTAL RETURN BOND FUND		347,521
	JP MORGAN	MF - SMALL CAP GROWTH FUND		404,980
	VANGUARD	MF - INFLATION-PROTECTED SECURITIES FUND		103,252
	JP MORGAN	MF - LARGE CAP GROWTH FUND		5,499,045
	VANGUARD	MF - TOTAL INTERNATIONAL BOND INDEX FUND		59,493
	ARTISAN	CCT - INTERNATIONAL GROWTH TRUST		911,729
	HOTCHKIS & WILEY	MF - HIGH YIELD FUND		948,449
*	FIDELITY	MF - 500 INDEX FUND		8,135,796
*	FIDELITY	MF - U.S. BOND INDEX FUND		99,185
*	FIDELITY	MF - SMALL CAP VALUE FUND		449,158
*	FIDELITY	MF - TOTAL INTERNATIONAL INDEX FUND		86,742
*	FIDELITY	MF - EXTENDED MARKET INDEX FUND		5,321,801
		PARTICIPANT LOANS, AT AN INTEREST RATES BETWEEN 4.25% AND 9.50% ANNUALLY	-	2,375,456
*	PLAN PARTICIPANTS			<u>2,375,456</u>
	TOTAL ASSETS (HELD AT END OF YEAR)			<u><u>\$63,878,792</u></u>

* This column will have an asterisk on each line that is identified as a party-in-interest to the Plan as defined by ERISA. Fidelity acts as the Plan's trustee and recordkeeper. The Fidelity Cash Reserves Fund and certain other Fidelity mutual funds are held within the Brokerage Link account.

** Cost of participant-directed investments is not required to be disclosed.

See accompanying notes to financial statements.