

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	295
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)	274
	6a(2)	296
	6b	0
	6c	68
	6d	364
	6e	0
	6f	364
	6g(1)	174
6g(2)	343	
6h	21	
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:
 2E 2F 2G 2J 2K 2S 2T 2W 3D

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 checked="" 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 MOUNTAIN WEST 401(K) POOLED EMPLOYER PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN WEST 401K LLC	D Employer Identification Number (EIN) 92-0288008	

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

CHARLES SCHWAB TRUST BANK

42-1558009

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

NWPS

91-2090931

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

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

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

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)

NWPS

91-2090931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16 37 38 50	NONE	7306	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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>MOUNTAIN WEST 401(K) POOLED EMPLOYER 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>MOUNTAIN WEST 401K LLC</u>	D Employer Identification Number (EIN) <u>92-0288008</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>BLACKROCK 1-3 YEAR GOVT BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>20-3802368-009</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>8092</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US TIPS INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4116835-510</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>28580</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP GROWTH INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-228</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>1478291</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-477</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>925286</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>REAL ASSET FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-280</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>37633</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL SMALL CAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>32-6528132-040</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>663608</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P MID CAP INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-459</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>1234826</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 INDEX FUND

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

c EIN-PN 90-0337987-388	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3724066
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a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES CAPITAL PRESERVATI

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

c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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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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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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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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 MOUNTAIN WEST 401(K) POOLED EMPLOYER PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN WEST 401K LLC	D Employer Identification Number (EIN) 92-0288008

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	173593	38742
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1229997	1301424
(2) Participant contributions	1b(2)	0	28149
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	322205	2909664
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	165083	214054
(9) Value of interest in common/collective trusts	1c(9)	6079845	8100381
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14879932	22287163
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	22850655	34879577
Liabilities			
g Benefit claims payable.....	1g	0	341306
h Operating payables.....	1h	0	70
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	341376
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	22850655	34538201

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)	2671732	
(B) Participants.....	2a(1)(B)	2661159	
(C) Others (including rollovers).....	2a(1)(C)	1120115	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6453006
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	16828	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16828
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1013814	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1013814
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	1266161
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	1558923
c Other income	2c	4632
d Total income. Add all income amounts in column (b) and enter total.....	2d	10313364

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3162244
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	3162244
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	7306
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	7306
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	3169550

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	7143814
l Transfers of assets:		
(1) To this plan.....	2l(1)	4543732
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JONES & ROTH, PC**

(2) EIN: **93-0819646**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25378
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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.	OMB No. 1210-0110 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>MOUNTAIN WEST 401(K) POOLED EMPLOYER 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>MOUNTAIN WEST 401K LLC</u>	D Employer Identification Number (EIN) <u>92-0288008</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-3967259

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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 Q702569A.

<p style="text-align: center;">SCHEDULE MEP (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: right; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2024</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan MOUNTAIN WEST 401(K) POOLED EMPLOYER PLAN</p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p>001</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF MOUNTAIN WEST 401K LLC</p>	<p>D Administrator's EIN 92-0288008</p>	

Part I **Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II **Participating Employer Information.**

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer MATHEUS LUMBER COMPANY, INC.	2b EIN 91-0760398	2c Percentage of Total Contributions for the Plan Year 63.98	2d Aggregate Account Balances Attributable to Participating Employer 27741409
2a Name of Participating Employer THE NEW ROYAL BLUFF ORCHARDS, LLC	2b EIN 46-1897149	2c Percentage of Total Contributions for the Plan Year 1.52	2d Aggregate Account Balances Attributable to Participating Employer 103888

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PERSPECTIVE THERAPEUTICS, INC.	41-1458152	32.35	5394961
NAIOP SO CAL	33-0295388	1.31	47370
FOUST FABRICATION CO.	47-1032540	0.84	256105
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID R2AMCIZPU

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**For the Year Ended December 31, 2024 and
For the Period June 1, 2023 (Inception) through December 31, 2023**

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
For the Year Ended December 31, 2024 and
For the Period June 1, 2023 (Inception) through December 31, 2023

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditor's Report	1 - 4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 14
Supplemental Schedules:	
Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i - 2024	15
Schedule of Assets Held for Investment Purposes - Schedule H, Line 4i - 2023	16
Schedule of Delinquent Participant Contributions - Schedule H, Line 4a	17

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Mountain West 401(k) Pooled Employer Plan
Pasco, Washington

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

We have performed audits of the accompanying financial statements of Mountain West 401(k) Pooled Employer Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024 and for the period from June 1, 2023 (Inception) through December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024 and for the period from June 1, 2023 (Inception) through December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Mountain West 401(k) Pooled Employer Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we—

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mountain West 401(k) Pooled Employer 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 Mountain West 401(k) Pooled Employer Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, as described in the table of contents as of December 31, 2024 and 2023 and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, 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 generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Jones & Roth P.C.

Jones & Roth, P.C.
Hillsboro, Oregon
October 13, 2025

FINANCIAL STATEMENTS

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	2024	2023
Assets		
Investments , at fair value		
Registered investment companies	\$ 22,287,163	\$ 14,879,932
Collective trust funds	8,100,381	6,079,845
Cash equivalents	2,909,664	322,205
Total investments, at fair value	33,297,208	21,281,982
Cash , noninterest-bearing	38,742	173,593
Receivables		
Employer contributions receivable	1,301,424	1,229,997
Participant contributions receivable	28,149	-
Notes receivable from participants	214,054	165,083
Total receivables	1,543,627	1,395,080
Total assets	34,879,577	22,850,655
Liabilities		
Other liabilities	70	-
Net assets available for benefits	\$ 34,879,507	\$ 22,850,655

The accompanying notes are an integral part of these financial statements.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For The Year Ended December 31, 2024
and For the Period June 1, 2023 (Inception) through December 31, 2023

	2024	2023
Additions to net assets attributed to		
Investment income:		
Net change in fair value of investments	\$ 2,825,084	\$ 1,383,094
Dividend and interest income	1,013,814	475,388
Total investment income	3,838,898	1,858,482
Interest income on notes receivable from participants	16,828	5,807
Other income	4,632	905
Contributions:		
Employer	2,671,732	1,728,812
Participant	2,661,159	893,102
Rollovers	1,120,115	28,538
Total contributions	6,453,006	2,650,452
Total additions	10,313,364	4,515,646
Deductions from net assets attributed to		
Benefits paid to participants	2,820,938	231,187
Administrative expenses and fees	7,306	1,390
Total deductions	2,828,244	232,577
Net increase in net assets available for benefits	7,485,120	4,283,069
Transfers into Plan	4,543,732	18,567,586
Net assets available for benefits, beginning of year	22,850,655	-
Net assets available for benefits, end of year	\$ 34,879,507	\$ 22,850,655

The accompanying notes are an integral part of these financial statements.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN NOTES TO FINANCIAL STATEMENTS

1. Plan Description

The following description of the Mountain West 401(k) Pooled Employer Plan (PEP) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

General

The PEP is a pooled employer plan established and administered by Mountain West 401(k) LLC, the Pooled Plan Provider (PPP). The PEP was established under the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) on January 1, 2023. The PEP is a defined contribution profit sharing plan covering eligible employees of the Participating Employers and is intended to qualify under Internal Revenue Code of 1986 (IRC or Code), as amended, sections 401(a) and 501(a). The PEP is intended to constitute a multiple employer plan, as described under Code sections 410(a), 411, 413, and 415.

Each Participating Employer may make elections related to the following Plan provisions: compensation, Employer contributions, vesting and top-paid group as it relates to testing. The PEP is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. As of December 31, 2024 and 2023, the PEP had five and two participating employers, respectively.

Eligibility

Only employees specifically designated as eligible by their Participating Employer in its adoption agreement have the eligibility to participate in the PEP. Participants are eligible upon completion of three months of service. There is no age requirement to participate in the Plan. Participants are eligible to make contributions and receive employer contributions to the extent specified in the adoption agreement or otherwise provided by the PEP.

Contributions

Eligible participants may elect to have a percentage of their eligible compensation, as defined by the Plan and Participating Employer adoption agreement, contributed as a pre-tax or Roth contribution. Eligible employees may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. All contributions are subject to certain Internal Revenue Service (IRS) limitations.

The Plan contains an automatic enrollment feature where newly eligible participants are automatically enrolled to defer 4 percent of eligible compensation on a pretax basis, unless the participant makes an affirmative election to decline participation or change their election. There is no automatic escalation feature. Automatically enrolled participants have their contributions invested in the designated default fund until changed by the participant.

Under the Plan, Participating Employers will make a safe harbor matching contribution equal to 100 percent of the first 4 percent of eligible compensation a participant contributes to the plan. Participating Employers may also elect to make a discretionary nonelective employer contribution (profit sharing). Total profit-sharing contributions were \$1,200,000 for the year ended December 31, 2024 and the period June 1, 2023 through December 31, 2023 and were allocated based on eligible compensation.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Plan Administration

The Plan is administered by Northwest Plan Services. Charles Schwab Trust Bank is the trustee and the custodian of the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Participating Employers' contributions (if applicable), and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. Participants may direct their account balance into any of the investment options allowed under the Plan. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are generally immediately vested in their contributions and Employer safe harbor matching or profit-sharing contributions plus actual earnings thereon, at all times. Participating Employers may make certain special elections regarding vesting.

Participants that had a balance of Isoray, Inc. 401(k) Plan employer contributions that were transferred into the Plan, are subject to a graded vesting schedule where participants were immediately vested at 25 percent and become 100 percent vested after three years of service.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have a maximum of two loans at a time. The notes are secured by the balance in the participant's account and bear interest at a rate determined by the PPP, which is prime rate plus 1 percent. Principal and interest is paid ratably through payroll deductions, over a period of time not to exceed five years, unless for the purchase of a primary residence, in which case the term may extend up to 15 years.

Benefits

Upon termination of service, death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution. A participant may elect to receive the benefits directly or to have the payments distributed in the form of a rollover to another retirement account. The Plan allows for in-service distributions if a participant reaches age 59½ from fully vested accounts. The Plan also allows for hardship distributions from the participants' elective deferral account, subject to the Plan's rules governing hardship distributions.

Forfeited Accounts

The non-vested portion of a participant's account shall be forfeited if a participant is terminated. Forfeitures may also occur as a result of overfunding of contributions. Forfeited accounts are used to offset the specified Participating Employers' contributions. During the year ended December 31, 2024 and the period from June 1, 2023 through December 31, 2023, forfeitures, including overfunding, were \$22,896 and \$140,086, respectively, and were used to offset Employer contributions. Total unused forfeitures were \$6,271 and \$140,086 as of December 31, 2024 and 2023, respectively.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. As of December 31, 2024 and December 31, 2023, no allowance for credit losses has been recorded. Related fees are recorded as administrative expenses and are expensed as they are incurred. If a participant ceases to make loan repayments and the PPP deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Contributions

Contributions are reported based on the year in which the underlying compensation was paid to Participants.

Administrative Expenses

Expenses of administering the Plan may be paid from Plan assets at the election of the PPP. Certain expenses of maintaining the Plan may be paid by the Company and are therefore excluded from these financial statements. Investment related expenses are included in or as a reduction from the net change in fair value of investments.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS

3. Transfer of Funds

Upon termination or new entrance of a Participating Employer, funds may be transferred to or from other qualified plans if a merger is elected in the underlying participation agreement. During the year ended December 31, 2024 and for the period June 1, 2023 (Inception) through December 31, 2023, transfers into the PEP from other qualified plans totaled \$4,543,732 and \$18,567,586, respectively.

4. Information Certified by Trustee

The PPP has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The following information included in the accompanying financial statements and the supplemental schedules was provided and certified by Charles Schwab Trust Bank, the Plan's trustee and custodian, as complete and accurate as of December 31, 2024 and 2023 and for the year ended December 31, 2024 and the period June 1, 2023 (Inception) through December 31, 2023:

- Investments, at fair value
- Notes receivable from participants
- Net change in fair value of investments
- Dividend and interest income
- Interest income on notes receivable from participants

5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS

5. Fair Value Measurements, continued

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies (mutual funds): Valued at the daily closing price as reported by the fund. All mutual funds held by the Plan are open-ended funds registered with the SEC and are deemed to be actively traded and have a readily determinable fair value. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

Cash and cash equivalents: Valued at the fund's contract value, which approximates fair value.

Common/collective trust funds: Units held in the common/collective trusts are valued using the NAV of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. Participant transactions (purchases and sales) may occur daily at NAV. All common/collective trust investments held by the Plan have no unfunded commitments, and the investments may be redeemed by participants on a daily basis with no required notice period.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments carried at fair value as of December 31, 2024 and 2023:

	<u>Investments at Fair Value as of December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments in the fair value hierarchy:				
Registered investment companies	\$ 22,287,163	\$ -	\$ -	\$ 22,287,163
Cash and cash equivalents	<u>-</u>	<u>2,909,664</u>	<u>-</u>	<u>2,909,664</u>
Total investments in the fair value hierarchy	<u>\$ 22,287,163</u>	<u>\$ 2,909,664</u>	<u>\$ -</u>	25,196,827
Investments measured at NAV practical expedient				
Common/collective trusts				<u>8,100,381</u>
Total investments at fair value				<u>\$ 33,297,208</u>

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS

5. Fair Value Measurements, continued

	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Registered investment companies	\$ 14,879,932	\$ -	\$ -	\$ 14,879,932
Cash and cash equivalents	-	322,205	-	322,205
Total investments in the fair value hierarchy	<u>\$ 14,879,932</u>	<u>\$ 322,205</u>	<u>\$ -</u>	15,202,137
Investments measured at NAV practical expedient				
Common/collective trusts				6,079,845
Total investments at fair value				<u>\$ 21,281,982</u>

6. Tax Status

The Plan has adopted a non-standardized pre-approved profit sharing/money purchase plan with CODA. Thorson McDonald Whitman and Curnutt PC, the sponsor of the prototype plan, received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020 that the Plan document satisfies Internal Revenue Code (IRC) Section 401. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and for the period June 1, 2023 (Inception) through December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination

Although it has not expressed any intent to do so, the PPP has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of full or partial plan termination, affected participants will become fully vested in their account balances.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS

8. Party-in-Interest and Related Party Transactions

Certain plan investments are shares of registered investment companies and common collective trust funds managed by Charles Schwab Trust Bank. Charles Schwab Trust Bank is the custodian of Plan assets, and therefore, these transactions qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

9. Risks and Uncertainties

The Plan provides for various 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 reasonably possible that changes in the 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 statements of net assets available for benefits.

10. Reconciliation to Form 5500

The following is a reconciliation of the net assets available for benefits reported in the financial statements and the net assets reported on the Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits, per the financial statements	\$ 34,879,507	\$ 22,850,655
Benefits claims payable recorded on the 5500 but not in the financial statements	<u>341,306</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 34,538,201</u>	<u>\$ 22,850,655</u>

The following is a reconciliation of the change in net assets available for benefits reported in the financial statements and the net assets reported on the Form 5500 for the year ended December 31, 2024 and for the period from June 1, 2023 through December 31, 2023:

	<u>2024</u>	<u>2023</u>
Distributions paid to participants, per the financial statements	\$ 2,820,938	\$ 231,187
Change in benefits claims payable recorded on the 5500 but not in the financial statements	<u>341,306</u>	<u>-</u>
Distributions paid to participants per the Form 5500	<u>\$ 3,162,244</u>	<u>\$ 231,187</u>

11. Non-exempt Transactions

During the year ended December 31, 2024, participant contributions totaling \$25,378 were not remitted to the Plan within the appropriate time period by the Participating Employers. These transactions constitute prohibited transaction as defined by ERISA. The Participating Employers are taking the appropriate steps to correct the situation by reimbursing employees for lost earnings and implementing procedures to ensure future remittances are made within the prescribed time periods.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS

12. Subsequent Events

Management evaluates events and transactions that occur after the statement of net assets available for benefits date as potential subsequent events. Management has performed this evaluation through the date of the independent auditor's report.

Subsequent to year-end, the PEP has executed agreements to add two Participating Employers in 2025, including one Plan merging into the PEP.

Effective January 1, 2025, in accordance with SECURE 2.0, the default initial automatic enrollment deferral rate was increased to 10 percent with no automatic escalation feature. The PEP also adopted optional increased catch-up limits.

SUPPLEMENTAL SCHEDULES

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2024

Employer Identification Number: 92-0288008
Plan Number: 001

(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
Cash equivalents				
*	Schwab Ret Govt Money Fund	Cash Equivalent Fund	**	\$ 2,909,664
Registered investment companies				
	American Funds New Perspective R6	Mutual Fund	**	529,390
	Calvert US Large Cap Core Responsible Index Fund	Mutual Fund	**	58,932
	DFA International Value Portfolio Institutional Class	Mutual Fund	**	218,659
	Fidelity International Index Fund	Mutual Fund	**	156,895
	Fidelity Total Market Index Fund	Mutual Fund	**	830,172
	Invesco Oppenheimer Discovery Mid Cap Growth Fund	Mutual Fund	**	23,258
	TCW MetWest Total Return Bond Fund Class I	Mutual Fund	**	741,243
	Putnam Large Cap Value Fund Class R6	Mutual Fund	**	730,202
	Vanguard Balanced Index Admiral	Mutual Fund	**	1,827,777
	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	**	224,831
	Vanguard International Growth Fund	Mutual Fund	**	489,863
	Vanguard Real Estate Index Fund	Mutual Fund	**	281,794
	Vanguard Small-Cap Growth Index Fund	Mutual Fund	**	164,971
	Vanguard Small Cap Value Index Fund	Mutual Fund	**	88,200
	Vanguard Target Retirement Income Fund	Mutual Fund	**	423,429
	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	209,987
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	4,011,667
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	1,739,786
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	1,703,635
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	1,586,032
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	932,172
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	2,442,626
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	1,042,145
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	1,054,445
	Vanguard Target Retirement 2065 Fund	Mutual Fund	**	466,859
	Victory Sycamore Established Value Fund Class I	Mutual Fund	**	308,193
	Total registered investment companies			<u>22,287,163</u>
Common/collective trusts				
	BlackRock US TIPs Index Fund	Common/collective trusts	**	28,580
	State Street Russell Large Cap Growth Index	Common/collective trusts	**	1,478,291
	State Street U.S. Bond Index	Common/collective trusts	**	925,286
	State Street Real Asset Non-Lending Series	Common/collective trusts	**	37,633
	State Street Russell Small Cap Index	Common/collective trusts	**	663,608
	State Street S&P Midcap Index	Common/collective trusts	**	1,234,826
	State Street S&P 500 Index Fund	Common/collective trusts	**	3,724,065
	WTRISC Short-Term Bond Index ETF	Common/collective trusts	**	8,092
	Total collective trust funds			<u>8,100,381</u>
*	Participant loans	Interest rates of 4.25% to 9.50%	-	214,054
	Total			<u>\$ 33,511,262</u>

* Represents a party in interest as defined by ERISA.

** Cost information may be omitted with respect to participant directed investments.

The accompanying notes are an integral part of these financial statements.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2023

Employer Identification Number: 92-0288008
Plan Number: 001

(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
Cash equivalents				
*	Schwab Ret Govt Money Fund	Cash Equivalent Fund	**	\$ 322,205
Registered investment companies				
	American Funds New Perspective R6	Mutual Fund	**	447,247
	Calvert US Large Cap Core Responsible Index Fund	Mutual Fund	**	13,142
	DFA International Value Portfolio Institutional Class	Mutual Fund	**	449,408
	Fidelity International Index Fund	Mutual Fund	**	12,358
	Fidelity Total Market Index Fund	Mutual Fund	**	653,622
	Invesco Oppenheimer Discovery Mid Cap Growth Fund	Mutual Fund	**	3,347
	TCW MetWest Total Return Bond Fund Class I	Mutual Fund	**	744,633
	Putnam Large Cap Value Fund Class R6	Mutual Fund	**	543,378
	Vanguard Balanced Index Admiral	Mutual Fund	**	1,823,617
	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	**	193,398
	Vanguard International Growth Fund	Mutual Fund	**	455,475
	Vanguard Real Estate Index Fund	Mutual Fund	**	374,293
	Vanguard Small-Cap Growth Index Fund	Mutual Fund	**	59,989
	Vanguard Small Cap Value Index Fund	Mutual Fund	**	5,045
	Vanguard Target Retirement Income Fund	Mutual Fund	**	788,834
	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	127,554
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	3,498,100
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	672,576
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	628,978
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	473,579
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	304,610
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	1,605,662
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	270,164
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	408,306
	Vanguard Target Retirement 2065 Fund	Mutual Fund	**	103,899
	Victory Sycamore Established Value Fund Class I	Mutual Fund	**	218,718
	Total registered investment companies			<u>14,879,932</u>
Common/collective trusts				
	BlackRock US TIPs Index Fund	Common/collective trusts	**	279,895
	Federated Capital Preservation Fund	Common/collective trusts	**	868,919
	State Street Russell Large Cap Growth Index	Common/collective trusts	**	455,044
	State Street U.S. Bond Index	Common/collective trusts	**	366,006
	State Street Real Asset Non-Lending Series	Common/collective trusts	**	34,313
	State Street Russell Small Cap Index	Common/collective trusts	**	517,148
	State Street S&P Midcap Index	Common/collective trusts	**	1,047,577
	State Street S&P 500 Index Fund	Common/collective trusts	**	2,509,389
	WTRISC Short-Term Bond Index ETF	Common/collective trusts	**	1,554
	Total collective trust funds			<u>6,079,845</u>
*	Participant loans	Interest rates of 4.25% to 9.50%	-	165,083
	Total			<u>\$ 21,447,065</u>

* Represents a party in interest as defined by ERISA.

** Cost information may be omitted with respect to participant directed investments.

The accompanying notes are an integral part of these financial statements.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
 SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS - Schedule H, Line 4a
 December 31, 2024

Employer Identification Number: 92-0288008
 Plan Number: 001

Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 200-51
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>	\$ 22,982	\$ 2,396	\$ -	\$ -

The accompanying notes are an integral part of these financial statements.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2024

Employer Identification Number: 92-0288008
Plan Number: 001

(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
Cash equivalents				
*	Schwab Ret Govt Money Fund	Cash Equivalent Fund	**	\$ 2,909,664
Registered investment companies				
	American Funds New Perspective R6	Mutual Fund	**	529,390
	Calvert US Large Cap Core Responsible Index Fund	Mutual Fund	**	58,932
	DFA International Value Portfolio Institutional Class	Mutual Fund	**	218,659
	Fidelity International Index Fund	Mutual Fund	**	156,895
	Fidelity Total Market Index Fund	Mutual Fund	**	830,172
	Invesco Oppenheimer Discovery Mid Cap Growth Fund	Mutual Fund	**	23,258
	TCW MetWest Total Return Bond Fund Class I	Mutual Fund	**	741,243
	Putnam Large Cap Value Fund Class R6	Mutual Fund	**	730,202
	Vanguard Balanced Index Admiral	Mutual Fund	**	1,827,777
	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	**	224,831
	Vanguard International Growth Fund	Mutual Fund	**	489,863
	Vanguard Real Estate Index Fund	Mutual Fund	**	281,794
	Vanguard Small-Cap Growth Index Fund	Mutual Fund	**	164,971
	Vanguard Small Cap Value Index Fund	Mutual Fund	**	88,200
	Vanguard Target Retirement Income Fund	Mutual Fund	**	423,429
	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	209,987
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	4,011,667
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	1,739,786
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	1,703,635
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	1,586,032
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	932,172
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	2,442,626
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	1,042,145
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	1,054,445
	Vanguard Target Retirement 2065 Fund	Mutual Fund	**	466,859
	Victory Sycamore Established Value Fund Class I	Mutual Fund	**	308,193
	Total registered investment companies			<u>22,287,163</u>
Common/collective trusts				
	BlackRock US TIPs Index Fund	Common/collective trusts	**	28,580
	State Street Russell Large Cap Growth Index	Common/collective trusts	**	1,478,291
	State Street U.S. Bond Index	Common/collective trusts	**	925,286
	State Street Real Asset Non-Lending Series	Common/collective trusts	**	37,633
	State Street Russell Small Cap Index	Common/collective trusts	**	663,608
	State Street S&P Midcap Index	Common/collective trusts	**	1,234,826
	State Street S&P 500 Index Fund	Common/collective trusts	**	3,724,065
	WTRISC Short-Term Bond Index ETF	Common/collective trusts	**	8,092
	Total collective trust funds			<u>8,100,381</u>
*	Participant loans	Interest rates of 4.25% to 9.50%	-	214,054
	Total			<u>\$ 33,511,262</u>

* Represents a party in interest as defined by ERISA.

** Cost information may be omitted with respect to participant directed investments.

The accompanying notes are an integral part of these financial statements.

MOUNTAIN WEST 401(k) POOLED EMPLOYER PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2023

Employer Identification Number: 92-0288008
Plan Number: 001

(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
Cash equivalents				
*	Schwab Ret Govt Money Fund	Cash Equivalent Fund	**	\$ 322,205
Registered investment companies				
	American Funds New Perspective R6	Mutual Fund	**	447,247
	Calvert US Large Cap Core Responsible Index Fund	Mutual Fund	**	13,142
	DFA International Value Portfolio Institutional Class	Mutual Fund	**	449,408
	Fidelity International Index Fund	Mutual Fund	**	12,358
	Fidelity Total Market Index Fund	Mutual Fund	**	653,622
	Invesco Oppenheimer Discovery Mid Cap Growth Fund	Mutual Fund	**	3,347
	TCW MetWest Total Return Bond Fund Class I	Mutual Fund	**	744,633
	Putnam Large Cap Value Fund Class R6	Mutual Fund	**	543,378
	Vanguard Balanced Index Admiral	Mutual Fund	**	1,823,617
	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	**	193,398
	Vanguard International Growth Fund	Mutual Fund	**	455,475
	Vanguard Real Estate Index Fund	Mutual Fund	**	374,293
	Vanguard Small-Cap Growth Index Fund	Mutual Fund	**	59,989
	Vanguard Small Cap Value Index Fund	Mutual Fund	**	5,045
	Vanguard Target Retirement Income Fund	Mutual Fund	**	788,834
	Vanguard Target Retirement 2020 Fund	Mutual Fund	**	127,554
	Vanguard Target Retirement 2025 Fund	Mutual Fund	**	3,498,100
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	672,576
	Vanguard Target Retirement 2035 Fund	Mutual Fund	**	628,978
	Vanguard Target Retirement 2040 Fund	Mutual Fund	**	473,579
	Vanguard Target Retirement 2045 Fund	Mutual Fund	**	304,610
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	1,605,662
	Vanguard Target Retirement 2055 Fund	Mutual Fund	**	270,164
	Vanguard Target Retirement 2060 Fund	Mutual Fund	**	408,306
	Vanguard Target Retirement 2065 Fund	Mutual Fund	**	103,899
	Victory Sycamore Established Value Fund Class I	Mutual Fund	**	218,718
	Total registered investment companies			<u>14,879,932</u>
Common/collective trusts				
	BlackRock US TIPs Index Fund	Common/collective trusts	**	279,895
	Federated Capital Preservation Fund	Common/collective trusts	**	868,919
	State Street Russell Large Cap Growth Index	Common/collective trusts	**	455,044
	State Street U.S. Bond Index	Common/collective trusts	**	366,006
	State Street Real Asset Non-Lending Series	Common/collective trusts	**	34,313
	State Street Russell Small Cap Index	Common/collective trusts	**	517,148
	State Street S&P Midcap Index	Common/collective trusts	**	1,047,577
	State Street S&P 500 Index Fund	Common/collective trusts	**	2,509,389
	WTRISC Short-Term Bond Index ETF	Common/collective trusts	**	1,554
	Total collective trust funds			<u>6,079,845</u>
*	Participant loans	Interest rates of 4.25% to 9.50%	-	165,083
	Total			<u>\$ 21,447,065</u>

* Represents a party in interest as defined by ERISA.

** Cost information may be omitted with respect to participant directed investments.

The accompanying notes are an integral part of these financial statements.