

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AVISTA CORPORATION</u></p> <p><u>1411 EAST MISSION AVENUE</u> <u>1411 EAST MISSION AVENUE</u> <u>P.O. BOX 3727</u> <u>SPOKANE, WA 99202</u> <u>SPOKANE, WA 99220-0001</u></p>	<p><b>1c</b> Effective date of plan <u>03/01/1948</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>91-0462470</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>509-489-0500</u></p> <p><b>2d</b> Business code (see instructions) <u>221100</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	LAURA VICKERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	JOHN WILCOX
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2523
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1170
	<b>6a(2)</b>	1169
	<b>6b</b>	964
	<b>6c</b>	134
	<b>6d</b>	2267
	<b>6e</b>	218
	<b>6f</b>	2485
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		6
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**
- (1)  **R** (Retirement Plan Information)
  - (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AVISTA CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0462470</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>599619793</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>636366531</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1219</u>	<u>305830956</u>
	<b>b</b> For terminated vested participants .....	<u>157</u>	<u>11937953</u>
	<b>c</b> For active participants .....	<u>1173</u>	<u>189639423</u>
	<b>d</b> Total .....	<u>2549</u>	<u>507408332</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.24 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>22127533</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>600000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>22727533</u>

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

<b>SIGN HERE</b>	
Signature of actuary	<u>09/24/2025</u> Date
<u>ERIK A HEISKANEN</u> Type or print name of actuary	<u>23-07772</u> Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>206-625-1125</u> Telephone number (including area code)
<u>600 UNIVERSITY STREET, STE 2528 SEATTLE, WA 98101</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	63349105
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....		63349105
<b>10</b>	Interest on line 9 using prior year's actual return of <u>15.07</u> % .....		9546710
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		5525938
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> % .....		293980
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		5819918
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	72895815

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	104.49 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	118.01 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	102.90 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/14/2025	3333000	0					
06/13/2025	3333000	0					
09/04/2025	3334000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	10000000	<b>18(c)</b>	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	9290148

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b>
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b>
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 22727533
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 22727533
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b>
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....				
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b>
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 9290148
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 9290148
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b>

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

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

<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AVISTA CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>91-0462470</b>	

**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

<b>BAILLIE GIFFORD</b>	<b>780 THIRD AVENUE, 43RD FLOOR NEW YORK, NY 10017</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>CENTAUR FUND SERVICES LIMITED</b>	<b>2 CUSTOM HOUSE PLAZA HARBOURMASTER DUBLIN IR</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>DODGE AND COX</b>	<b>865 SOUTH FIGUEROA ST. LOS ANGELES, CA 90017</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>T ROWE PRICE</b>	<b>100 EAST PRATT STREET BALTIMORE, MD 21202</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD

1041 W VALLEY RD  
WAYNE, PA 19087

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

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

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

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

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

BLACKROCK FINANCIAL MANAGEMENT

40 EAST 52ND STREET  
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	286413	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)

VERUS ADVISORY, INC.

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	283400	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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 11 50	N/A	184111	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JPMCB STRATEGIC PROPERTY FUND

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	159925	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)

FIXED INCOME FINANCE PGIM INC

101 CALIFORNIA STREET  
SAN FRANCISCO, CA 94111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	148290	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)

US BANK

31-0841368

(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?
21 50	N/A	121128	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UBS TRUMBULL PROPERTY FUND

10 STATE HOUSE SQUARE, 15TH FLOOR  
HARTFORD, CT 06103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	61167	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)

JPMORGANCHASE

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	52873	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)

PGIM REAL ESTATE US DEBT FUND

3350 PEACHTREE ROAD NORTH EAST  
ATLANTA, GA 30326

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	37830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MOSS ADAMS LLP

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	N/A	29400	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)

SEYFARTH SHAW LLP

233 SOUTH WACKER DRIVE, SUITE 8000  
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	N/A	9481	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)

OAKTREE

333 S GRAND AVE  
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 13	N/A	7366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

<b>a</b> Name: MOSS ADAMS, LLP	<b>b</b> EIN: 91-0189318
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 601 W RIVERSIDE AVE #1800 SPOKANE, WA 99201	<b>e</b> Telephone: 509-747-2600

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AVISTA CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0462470</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JPMORGAN STRATEGIC PROPERTY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK N.A.</u>		
<b>c</b> EIN-PN <u>13-6038770-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>15641169</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>UBS TRUMBULL PROPERTY FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>UBS REALTY INVESTORS LLLC</u>		
<b>c</b> EIN-PN <u>36-3762086-091</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>7767243</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AVISTA CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>91-0462470</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	10000000	10000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	399219	250000
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7886703	8466039
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	232721714	290488284
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	77396791	58614470
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	24891006	23408412
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	244742459	223078188
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	598037892	614305393
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1337582	485303
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1337582	485303
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	596700310	613820090

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	10000000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		10000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	12369177	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		12369177
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3352025	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3352025
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	308108631	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	311920881	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-3812250
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-3996786	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-3996786

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		34714296
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		52626462

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	33954248	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		33954248
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	7366	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	29400	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1200948	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	121128	
(7) Actuarial fees .....	<b>2i(7)</b>	184111	
(8) Legal fees .....	<b>2i(8)</b>	9481	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1552434
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		35506682

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		17119780
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 552812.

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

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>AVISTA CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0462470</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-0304228</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	26

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

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

<b>Part IV</b>	<b>ESOPs</b> (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

**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: 45.3 % Private Equity: 49.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %  
 High-Yield Debt: 4.9 % Real Assets: 0.1 % Cash or Cash Equivalents: 0.0 % 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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**THE RETIREMENT PLAN FOR EMPLOYEES  
OF AVISTA CORPORATION**

**REPORT OF INDEPENDENT AUDITORS AND  
FINANCIAL STATEMENTS WITH  
SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2024 AND 2023**

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION  
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## **Report of Independent Auditors**

The Compensation and Organization Committee  
The Retirement Plan for Employees of Avista Corporation

### **Report on the Audit of the Financial Statements**

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

We have performed audits of the financial statements of The Retirement Plan for Employees of Avista Corporation, 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 (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Retirement Plan for Employees of Avista Corporation'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 years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

#### ***Opinion***

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

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

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Retirement Plan for Employees of Avista Corporation 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.

### ***Emphasis of Matter – Basis of Accounting***

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Retirement Plan for Employees of Avista Corporation's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Retirement Plan for Employees of Avista Corporation's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Retirement Plan for Employees of Avista Corporation'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 GAAP.

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

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

### ***Other Matter***

#### *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (modified cash basis) as of December 31, 2024, and Schedule H, Line 4(j) – Schedule of Reportable Transactions (modified cash basis) 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 Disclosures 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).

*Baker Tilly US, LLP*

Spokane, Washington  
October 15, 2025

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**MODIFIED CASH BASIS**  
**DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ASSETS</b>		
<b>Investments (at Fair Value)</b>		
Cash Equivalents and Temporary Investments	\$ 8,466,039	\$ 7,886,703
Bonds	290,488,284	232,721,714
Mutual Funds	223,078,188	244,742,459
Partnerships/Closely Held Interests	58,614,470	77,396,791
Collective Trusts	23,408,412	24,891,006
<b>Total Investments (at Fair Value)</b>	604,055,393	587,638,673
<b>Pending Trade Receivable</b>	250,000	399,219
<b>TOTAL ASSETS</b>	604,305,393	588,037,892
<b>LIABILITIES</b>		
<b>Pending Trade Payable</b>	485,303	1,337,582
<b>TOTAL LIABILITIES</b>	485,303	1,337,582
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 603,820,090	\$ 586,700,310

See accompanying Notes to Financial Statements.

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
MODIFIED CASH BASIS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTED TO:</b>		
<b>INVESTMENT INCOME</b>		
Interest and Dividends	\$ 18,454,826	\$ 16,311,509
Net Appreciation in Fair Value of Investments	24,171,636	64,341,833
Total Investment Income	42,626,462	80,653,342
<b>COMPANY CONTRIBUTIONS</b>	10,000,000	10,000,000
<b>BENEFITS PAID TO PARTICIPANTS</b>	(33,954,248)	(39,557,998)
<b>ADMINISTRATIVE FEES</b>	(1,552,434)	(1,895,663)
<b>NET INCREASE</b>	17,119,780	49,199,681
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	586,700,310	537,500,629
End of Year	\$ 603,820,090	\$ 586,700,310

See accompanying Notes to Financial Statements.

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of The Retirement Plan for Employees of Avista Corporation (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined benefit plan established by Avista Corporation (the Company) for the benefit of the employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all statutory revisions thereto. The Plan was originally effective March 1, 1948, and most recently restated effective January 1, 2016 and most recently amended effective January 1, 2024.

Employees become participants in the Plan after completing one year of continuous service in which at least 1,000 hours of service are credited. The Plan excludes leased employees, nonresident aliens, and employees covered by a collective bargaining agreement unless specifically provided under terms of the agreement. On January 1, 2024, the Plan was amended to allow eligible participants a one-time opportunity to waive participation in the Plan, effective July 1, 2024.

The Plan closed to non-bargained employees hired on or after January 1, 2014, and Local 659 employees hired on or after April 1, 2014. The Plan closed to Local 77 DO/GC contract employees hired on or after April 1, 2018. The Plan closed to Local 77 employees hired on or after January 1, 2024.

The Plan is administered by the Company's Benefit Plan Administrative Committee (BPAC). The BPAC has overall responsibility for the operation and administration of the Plan. The BPAC determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Company's Board of Directors (Compensation and Organization Committee).

**Pension Benefits**

The Plan provides for normal annual retirement benefits equal to 1.5% or 1.2% of the participant's final average earnings (as defined) multiplied by the participant's years of benefit service (as defined). Earnings taken into consideration in the calculation of benefits are limited to amounts allowed by federal statute. Early retirement options, subject to Plan provisions, are available as early as age 55. Benefits are paid under several options specified in the Plan. Employees become fully vested after attaining five years of service with the Company.

The annual retirement benefits formula changed from 1.5% to 1.2% of the member's final average earnings (as defined) for non-bargained employees hired or rehired on or after January 1, 2006. Also, included in this change are newly hired and rehired employees of Local 659. Effective January 1, 2011, Local 77 agreed to this formula for newly hired and rehired employees.

As a pension plan subject to Internal Revenue Code (IRC) Section 412, participants receive their accrued vested benefits in the form of a lump sum payment, life annuity, or a qualified joint and survivor annuity depending on traditional or cash balance participant. Under the terms of the Plan, a qualified joint and survivor annuity is a joint and 50% survivor annuity.

As defined by the Plan, participants become fully vested in the Plan upon their normal retirement date or early retirement date. Normal retirement date is defined as the later date on which a participant attains age 65 or the fifth anniversary of their employment. A participant's early retirement date is the

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
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first day of the month on which the participant ceases to be an employee and has attained age 55 and completed 15 years of vesting service.

**Death and Disability Benefits**

The Plan provides a death benefit if a member has completed at least five years of vesting service and if there is an eligible spouse or eligible child (children). A disability (as defined) retirement benefit is available to a member who has five or more years of vesting service and becomes disabled.

**Funding Policy**

The Company's funding policy is to contribute at least the minimum amounts required to be funded under ERISA, but not more than the maximum amounts currently deductible for income tax purposes. Under the projected unit credit cost method, which was used to value all benefits (including ancillary benefits), the Plan's benefit obligations to participants for past services are computed on a present value basis using actual service as of the valuation date and projected future compensation. All contributions to the Plan, which are made by the Company only, are determined based on recommendations by an independent actuary. The Company contributions for the years ended December 31, 2024 and 2023, met the minimum funding requirements of ERISA. Minimum required contribution for the year ended December 31, 2024 was recorded when received in 2025 in the amount of \$10 million.

Although it has not expressed an intention to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements of the Plan have been prepared on the modified cash basis of accounting. Under the modified cash basis of accounting, securities transactions are recorded on the trade date at fair value, investment income is recorded when received, contributions are recorded when received, and claims and expenses are recorded when paid.

**Use of Estimates**

The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Changes in these estimates and assumptions are considered reasonably possible and may have a material effect on the financial statements and thus actual results could differ from the amounts reported and disclosed herein.

**Investment Valuation**

Investments are reported at fair value. The Plan's trustee, U.S. Bank National Association, certifies the fair value of all investments. Fair value is the price that would be received when selling an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. See Note 4 for fair value disclosures.

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
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**Income Recognition**

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

**Administrative Expenses**

Certain administrative functions are performed by officers or employees of the Company (BPAC) appointed by the Company's Board of Directors (Compensation and Organization Committee). No such officer or employee receives compensation from the Plan. Substantially all administrative expenses (consisting of actuarial, audit, and trust administration fees) are paid by the Plan.

**Pending Trade Transactions**

Purchases and sales of securities are recorded on a trade-date basis. When trade date occurs during the plan year, and settlement date occurs the following year the Plan has pending cash transactions. Significant pending trade transactions are recorded as receivables and payables as of the date of the financial statements depending upon the nature of the security transaction.

**Subsequent Events**

In preparing these financial statements, the Plan evaluated events and transactions for potential recognition or disclosure through October 14, 2025, the date the financial statements were available to be issued.

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump sum distributions attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan are accumulated based on the employees' highest three consecutive complete credited years of compensation out of the last 10 latest years prior to the normal retirement date. The accumulated plan benefits for active employees are based on their highest three consecutive complete credited years of compensation ending on the date as of which the benefit information is presented (the valuation date).

Benefits payable under all circumstances--retirement, death, and termination of employment--are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts are excluded from Plan assets and are also excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount resulting from applying actuarial assumptions to adjust

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION  
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the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following is a summary of actuarial present value of accumulated plan benefits as of December 31:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated		
Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 252,240,110	\$ 249,650,918
Other Participants	175,275,831	152,419,786
Total Vested Benefits	<u>427,515,941</u>	<u>402,070,704</u>
Nonvested Benefits	<u>17,574,333</u>	<u>16,183,698</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 445,090,274</u>	<u>\$ 418,254,402</u>

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated		
Plan Benefits - Beginning of Year	\$ 418,254,402	\$ 391,048,465
Increase (Decrease) During the Year		
Attributable to:		
Change in Actuarial Assumptions	14,860,643	15,243,498
Actuarial (Gains) Losses	(2,436,634)	6,741,616
Benefits Accumulated	15,831,617	12,708,326
Change in Discount Period	32,534,494	31,963,405
Benefits Paid	(33,954,248)	(39,557,998)
Plan Amendments	-	107,090
Actuarial Present Value of Accumulated		
Plan Benefits - End of Year	<u>\$ 445,090,274</u>	<u>\$ 418,254,402</u>

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION  
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Changes in actuarial assumptions year over year are a result of underlying market changes.

Significant assumptions underlying the actuarial computations relating to accumulated plan benefits as of December 31, 2024 and 2023, are as follows:

Discount Rate:	2024	7.40%	
	2023	7.80%	
Salary Increase:	2024	5.30%	Weighted Average
	2023	5.05%	Weighted Average
Mortality Basis:	2024 and 2023	Pri-2012 IRS-prescribed separate Annuitant and Nonannuitant tables for males and females	
Mortality Improvement:	2024 and 2023	Scale MP-2021 converging linearly to 0.80% by 2037 For ages 85 and below Long-term grade linearly from 0.80% at age 85 to 0.00% at age 95 and over	

Rates at Various Ages:

Termination Rates:

Attained Age	2024 Rate	2023 Rate
Less than 25	9.0 %	9.0 %
25-29	7.0	7.0
30-34	3.0	3.0
35-39	3.0	3.0
40-44	2.5	2.5
45-49	1.5	1.5
50-54	1.0	1.0
55-59	2.0	2.0
60-64	7.0	7.0
65 and Over	7.0	7.0

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION  
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Retirement Rates:

Age	2024 Rate	2023 Rate
55	7.0 %	7.0 %
56	7.0	7.0
57	7.0	7.0
58	15.0	15.0
59	15.0	15.0
60	15.0	15.0
61	15.0	15.0
62	30.0	30.0
63	20.0	20.0
64	30.0	30.0
65	30.0	30.0
66	50.0	50.0
67-69	30.0	30.0
70	100.0	100.0

Disability Rates: Rates of disability incidence are based on experience from 1976 to 1980 under group long-term disability insurance plans as reported under the transactions of the Society of Actuaries.

Spouse Benefit: It is assumed 80% of eligible male participants and 65% of eligible female participants are married. Wives are assumed to be three years younger than husbands.

Form of Payment: 2024 and 2023 50% of participants choosing lump sum

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

**NOTE 4 FAIR VALUE OF INVESTMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets the Plan can access. Active markets are those in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

*Level 2* – Inputs other than quoted prices included within Level 1 observable for the asset or liability, either directly or indirectly, such as:

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
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- 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 observable for the asset or liability;
- inputs 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 market value measurement.

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the valuation techniques used at December 31, 2024 and 2023.

*Cash Equivalents and Temporary Investments:* Investments in cash and cash equivalents are valued based on cost, which approximates fair value in an inflationary economy.

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

*Collective Trusts:* A collective fund composed primarily of real estate investments is valued at the NAV of units of the collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is probable the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust to ensure that securities liquidations will be carried out in an orderly business manner.

*Closely Held Investments and Partnership Interests:* Investments are valued based on the NAV per unit (or its equivalent) based upon the fair value of the underlying investments. NAV is used as a practical expedient to estimate fair value.

*Real Estate Investments:* Included in the "collective trust funds" and "closely held investments and partnership interests" categories are various real estate holdings. The market - related value of Plan assets invested in real estate was determined by the investment manager based on three approaches:

- a) Current cost of reproducing a property less deterioration and functional economic obsolescence,
- b) Capitalization of the property's net earnings power, and
- c) Value indicated by recent sales of comparable properties in the market.

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*Bonds:* Valued using actual market transactions, broker-dealer supplied valuations, or other formula-driven valuation techniques. These techniques generally consider such factors as yields or prices of bonds of comparable quality, type of issue, coupon, maturity, ratings, and general market conditions.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Cash Equivalents and Temporary Investments	\$ -	\$ 8,466,039	\$ -	\$ 8,466,039
Bonds	-	290,488,284	-	290,488,284
Mutual Funds	223,328,188	-	-	223,328,188
Total Investments in the Fair Value Hierarchy	\$ 223,328,188	\$ 298,954,323	\$ -	522,282,511
Investments Measured at Net Asset Value				82,022,882
Total Investments at Fair Value				\$ 604,305,393

	2023			
	Level 1	Level 2	Level 3	Total
Cash Equivalents and Temporary Investments	\$ -	\$ 8,285,922	\$ -	\$ 8,285,922
Bonds	-	232,721,714	-	232,721,714
Mutual Funds	244,742,459	-	-	244,742,459
Total Investments in the Fair Value Hierarchy	\$ 244,742,459	\$ 241,007,636	\$ -	485,750,095
Investments Measured at Net Asset Value				102,287,797
Total Investments at Fair Value				\$ 588,037,892

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The following tables set forth additional disclosures for investments in certain entities that measure the fair value using the NAV (or its equivalent) as of December 31:

Investment Type	2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Partnership / Closely Held Interests:				
Mondrian International Equity Fund	\$ 33,384,142	\$ -	Monthly	15th of Prior Month
Oaktree RE Opportunity Fund VI LP	1,503,948	1,840,000	N/A	N/A
PGIM Real Estate U.S. Debt Fund LP	4,800,188	-	Quarterly	90 Days
TT Emerging Markets Opportunity Fund	18,926,192	-	Monthly	30 Days
Collective Trusts:				
JPMCB Strategic Property Fund	15,641,169	-	Quarterly	30 Days
UBS Trumbull Property Fund	7,767,243	-	Quarterly	60 Days
Investment Type	2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Partnership/Closely Held Interests:				
Mondrian International Equity Fund	\$ 49,551,622	\$ -	Monthly	15th of Prior Month
Oaktree RE Opportunity Fund VI LP	1,852,233	1,840,000	N/A	N/A
PGIM Real Estate U.S. Debt Fund LP	4,891,998	-	Quarterly	90 Days
TT Emerging Markets Opportunity Fund	21,100,938	-	Monthly	30 Days
Collective Trusts:				
JPMCB Strategic Property Fund	16,081,057	-	Quarterly	30 Days
UBS Trumbull Property Fund	8,809,949	-	Quarterly	60 Days

**Partnership Interests/Closely Held Investments**

**Absolute Return**

TT Emerging Markets Opportunities Fund's investment objective is to produce long-term capital growth. The Fund will seek to achieve its investment objective by primarily investing in a diversified portfolio of equity securities and equity-related securities which are, or for which the underlying securities are, traded in Emerging Markets (as defined by reference to the MSCI Emerging Markets Index).

Mondrian International Equity Fund, L.P.'s stated investment objective is to achieve long-term total return. The Fund seeks to achieve its investment objective primarily by investing in equity securities of non-U.S. issuers.

**Real Estate**

The primary objective of the Oaktree Real Estate Opportunities Fund VI, L.P. is to achieve superior risk-adjusted returns without subjecting principal to undue risk of loss primarily through investments in real estate and real estate-related debt, companies, securities and other assets on a global basis, with an emphasis on investments in the United States.

JPMCB Strategic Property and UBS Trumbull Property Fund invest in office, retail, residential, and industrial real estate. The properties are externally appraised on an annual basis by independent appraisers. Additional appraisals may be performed as warranted by specific asset or market conditions. Property valuations are reviewed quarterly and adjusted as necessary. Loans are reflected at fair value.

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PGIM Real Estate U.S. Debt Fund invests in real estate loans secured by institutional quality income-producing commercial real estate related assets. The estimated fair of mortgages and other loans receivable are valued on the amount at which the Partnership would pay to transfer the debt at the reporting date taking into consideration the effect of nonperformance risk, including the Partnership's own credit risk. The fair value of debt is generally determined using the discounted cash flow method, which applies certain key assumptions including the contractual terms of the agreement, market interest rates, interest spreads, credit risk, liquidity, and other factors.

**NOTE 5 PLAN TERMINATION**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. For plans terminated in 2025, the ceiling is \$7,432 per month.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial level of benefits guaranteed by the PBGC.

**NOTE 6 PLAN TAX STATUS**

The Internal Revenue Service (IRS) determined and informed the Company by a letter dated June 30, 2017, the Plan and related trust are designed in accordance with the applicable requirements of the IRC. Although the Plan was amended after the date of the letter, the Plan administrator believes the Plan is designed and being operated in compliance with the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

**NOTE 7 RISKS AND UNCERTAINTIES**

The Plan invests in 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 at least reasonably possible changes in the values of the investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

**NOTE 8 PARTY-IN-INTEREST TRANSACTIONS**

The Plan pays certain investment managers' fees and custodial fees, which are netted against investment income. These fees are considered party-in-interest transactions.

**NOTE 9 CERTIFIED INVESTMENT INFORMATION**

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association, a qualified institution:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, interest and dividends reflected on the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the schedule of assets (held at year end) as of December 31, 2024.
- Transactions reflected on the schedule of reportable transactions for the year ended December 31, 2024.

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 603,820,090	\$ 586,700,310
Company Contributions Receivable	10,000,000	10,000,000
Net Assets Available for Benefits per Form 5500	<u>\$ 613,820,090</u>	<u>\$ 596,700,310</u>

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net Increase per the Financial Statements	\$ 17,119,780	\$ 49,199,681
Prior Year Contributions Receivable	(10,000,000)	(10,000,000)
Current Year Contributions Receivable	10,000,000	10,000,000
Net Increase per Form 5500	<u>\$ 17,119,780</u>	<u>\$ 49,199,681</u>

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
**E.I.N. 91-04262470 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS) DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Current Value	
	<b>Cash:</b>			
First Am Govt	Cash	\$ 4,910,313	\$ 4,910,313	
US Bank	Cash	212,532	212,532	
Morgan Stanley	Cash and Cash Equivalents	450,230	450,230	
		<u>5,573,075</u>	<u>5,573,075</u>	
	<b>Mutual Funds:</b>			
Baillie Gifford	Baillie Gifford The Eafe Pure Fund	39,439,267	34,225,390	
Baillie Gifford	Baillie Gifford The Emerging Markets	23,111,009	17,044,510	
Dodge & Cox	Dodge & Cox Stock Fund	51,811,376	61,286,716	
T. Rowe Price	T. Rowe Price Institutional Large Cap Growth Fund	45,072,595	62,953,515	
Vanguard	Vanguard Developed Markets Index Fund	11,203,730	11,496,945	
Vanguard	Vanguard Institutional Index Fund	9,616,049	17,434,038	
Vanguard	Vanguard Small Cap Index	9,974,319	18,887,074	
	Total Mutual Funds	<u>190,228,345</u>	<u>223,328,188</u>	
	<b>Bonds:</b>			
US Government Issues	See Attached Schedule	40,208,803	36,859,562	
Corporate Issues	See Attached Schedule	227,351,906	210,506,593	
Foreign Issues	See Attached Schedule	35,341,730	32,358,460	
Municipal Issues	See Attached Schedule	13,925,534	10,763,669	
	Total Bonds	<u>316,827,973</u>	<u>290,488,284</u>	
	<b>Partnership/Closely Held Interests:</b>			
Private Equity Partnership	Mondrian International Equity Fund	27,025,706	33,384,142	
Private Equity Partnership	Oaktree RE Opportunities Fund VI LP	1,503,948	1,503,948	
Private Equity Partnership	PGIM Real Estate U.S. Debt Fund LP	3,097,263	4,800,188	
TT	TT Emerging Markets Opportunity Fund	13,937,179	18,926,192	
	Total Partnership Interests	<u>45,564,096</u>	<u>58,614,470</u>	
	<b>Collective Trusts:</b>			
JP Morgan	JPMCB Strategic Property Fund	14,089,163	15,641,169	
UBS	UBS Trumbull Property Fund	8,723,852	7,767,243	
	Total Collective Trusts	<u>22,813,015</u>	<u>23,408,412</u>	
	Total Options, Futures & Forwards	2,366,283	2,892,964	
	Total	<u>\$ 583,372,787</u>	<u>\$ 604,305,393</u>	

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
**E.I.N. 91-04262470 PLAN NO. 001**  
**SCHEDULE H, LINE 4J—SCHEDULE OF REPORTABLE TRANSACTIONS**  
**(MODIFIED CASH BASIS) YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
<b>Category (i) - A Single Transaction Exceeds 5% of Plan Assets</b>						
First Amer Govt Oblig Fd CI	1 purchase	\$ 47,200,000	\$ -	\$ -	\$ 47,200,000	\$ -
First Amer Govt Oblig Fd CI	1 sale	-	44,800,000	44,800,000	44,800,000	-
<b>Category (ii) - A Series of Transactions with Same Broker Exceeds 5% of Plan Assets</b>						
BofA Securities, Inc.	317 purchases	48,219,402	-	-	48,219,402	-
BofA Securities, Inc.	244 sales	-	47,704,877	48,937,682	47,704,877	(1,232,805)
BofA Securities, Inc./Fxd Inc	467 purchases	33,507,254	-	-	33,507,254	-
BofA Securities, Inc./Fxd Inc	253 sales	-	20,124,725	21,121,097	20,124,725	(996,372)
Barclays Capital Inc. Fixed In	286 purchases	17,745,578	-	-	17,745,578	-
Barclays Capital Inc. Fixed In	316 sales	-	22,198,173	23,040,547	22,198,173	(842,374)
Citigroup Global Markets Inc.	185 purchases	29,760,377	-	-	29,760,377	-
Citigroup Global Markets Inc.	150 sales	-	15,986,117	16,655,407	15,986,117	(669,290)
Goldman Sachs & Co. LLC	574 purchases	51,446,687	-	-	51,446,687	-
Goldman Sachs & Co. LLC	460 sales	-	35,612,689	37,066,829	35,612,689	(1,454,140)
J.P. Morgan Securities LLC	400 purchases	47,524,601	-	-	47,524,601	-
J.P. Morgan Securities LLC	316 sales	-	22,585,261	24,104,612	22,585,261	(1,519,351)
Morgan Stanley & Co. LLC	419 purchases	31,495,048	-	-	31,495,048	-
Morgan Stanley & Co. LLC	664 sales	-	40,094,723	41,665,148	40,094,723	(1,570,425)
<b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b>						
Dodge & Cox Stock Fund	1 Purchase	3,300,000	-	-	3,300,000	-
Dodge & Cox Stock Fund	4 Reinvestments	5,280,135	-	-	5,280,135	-
Dodge & Cox Stock Fund	4 Sales	-	20,945,000	16,690,061	20,945,000	4,254,939
First Amer Govt Oblig Fd CI	587 purchases	301,180,834	-	-	301,180,834	-
First Amer Govt Oblig Fd CI	490 sales	-	302,796,309	302,796,309	302,796,309	-

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was originally effective March 1, 1948, and restated as of January 1, 2016. The most recent plan amendment reflected is the third amendment to the January 1, 2016 restatement effective December 1, 2022.

#### Coverage and Participation

An employee becomes a Member after completing a year of service with at least 1,000 hours of Service.

- The plan is closed to non-union employees hired or rehired after December 31, 2013.
- The plan is closed to Local 659 Members hired or rehired after March 31, 2014.
- The plan is closed to Local 77 Members hired or rehired after December 31, 2023. In Q1 2024, existing Local 77 Members in the Retirement Plan had a one-time option to remain in the Retirement Plan, or cease Retirement Plan accruals and participate in the Company Defined Contribution Retirement Plan.

- Local 77 Member:

A member of IBEW Local 77 or a member of Local 77 who transferred out of membership in Local 77 and remained employed. A rehired former Local 77 member hired into a position not covered by IBEW Local 77 shall not be treated as a Local 77 member.

### Definitions

**Vesting service** One month of Vesting Service for each month of employment.

#### Credited service

- Prior to 1/1/80

One month of Benefit Service for each month of employment beginning on or after the Hire Date.

- After 1/1/80

One year of Benefit Service for each Plan Year after the Hire Date in which the Member has 2,080 Hours of Service. Partial credit is given for a year in which the Member has at least 1,000 Hours of Service at the rate of one-twelfth of a year for each 173-1/3 Hours of Service (rounded up).

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
Plan Sponsor: Avista Corporation  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Pension Earnings</b>	Base pay excluding overtime and other special compensation, but including contributions to a 401(k) plan.
<b>Final average earnings</b>	The average of the highest consecutive 36 months earnings during Member's last 120 months.
<b>Normal retirement date (NRD)</b>	The first day of the month coinciding with or next following the later of 1) 65th birthday, or 2) 5 years since the first day of hire.
<b>Monthly pension benefit</b>	<ul style="list-style-type: none"><li>• For non-Local 77 participants hired on or after January 1, 2006 and Local 77 members hired on or after January 1, 2011, the benefit is 1.2% of Final Average Earnings for each year of Benefit Service.</li><li>• For all other participants, the benefit is 1.5% of Final Average Earnings for each year of Benefit Service.</li></ul>
<b>Monthly preretirement death benefit</b>	The amount of a surviving spouse's pension benefit shall be equal to 66-2/3% of the Member's Accrued Benefit until the spouse reaches age 60 and shall be equal to 50% of the Member's Accrued Benefit thereafter.

## Eligibility for Benefits

<b>Normal retirement</b>	Retirement on NRD
<b>Early retirement</b>	Eligibility A: Attained age 55 prior to termination with at least 15 years Vesting Service. Eligibility B: Attained age 55 after termination with at least 15 years of Vesting Service.
<b>Postponed retirement</b>	Continued employment beyond Normal Retirement Date.
<b>Deferred vested termination</b>	Five years of Vesting Service.
<b>Disability</b>	Five Years of Vesting Service and a disability which prevents the Member from performing assigned duties and which is expected to be a permanent condition.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Plan Name:	Retirement Plan for Employees of the Avista Corporation
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# SCHEDULE SB ATTACHMENTS

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## Benefits Paid Upon the Following Events

**Normal retirement** The monthly pension benefit determined as of NRD

**Early retirement** Benefit A: Accrued benefit based on Benefit Service to early retirement date payable in full at or after age 62. If payments commence immediately at date of early retirement the benefit is multiplied by the appropriate factor from the following table:

Retirement Factor Table A		
Age	Non-Local 77 Member Hired Before January 1, 2006 or Local 77 Member Hired Before January 1, 2011	Non-Local 77 Member Hired On/After January 1, 2006 and Local 77 Member Hired On/After January 1, 2011
62	100%	100%
61	96	95
60	92	90
59	88	85
58	84	80
57	80	75
56	76	70
55	72	65

The Early Retirement Factor is increased, up to a maximum of 100%, by 1.0% (one percentage point) for each year of benefit service above 15.

Plan Name: Retirement Plan for Employees of the Avista Corporation  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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Benefit B: Accrued benefit based on Benefit Service to termination date payable in full at or after age 65. If payments commence upon early retirement eligibility, the benefit is multiplied by the appropriate factor from the following table:

Retirement Factor Table B	
Age	Retirement Factor
65	100%
64	95
63	90
62	85
61	80
60	75
59	70
58	65
57	60
56	55
55	50

The Early Retirement Factor is increased, up to a maximum of 100%, by 1.0% (one percentage point) for each year of benefit service above 15.

- Postponed retirement** The Normal Retirement Benefit Formula applied to Final Average Earnings and Service up to deferred retirement date. Payment commences on the actual retirement date.
- Deferred vested termination** Accrued benefit at date of termination with payments commencing at normal retirement date. If the Member has 15 years of Vesting Service, an election may be made for benefits to commence at any time after age 55, in which case benefits will be reduced from age 65 as discussed in "Early Retirement."
- Disablement** Accrued benefit commencing at Normal Retirement Date based on Final Average Earnings at time of disability but including as Benefit Service the period of the Member's disability, contingent upon five years of Vesting Service at disability (10 years if employed in a position covered by a collective bargaining agreement). A disabled Member may elect Early Retirement when first eligible to do so, in which case the benefit is reduced.
- Preretirement death** If the Member was eligible for Early or Normal Retirement, the Monthly pre-retirement death benefit shall commence on the first day of the month following the Member's death. If the Member's death precedes Early or Normal Retirement eligibility, the Monthly pre-retirement death benefit shall commence on the earliest date on which the Member's benefit could have commenced had he survived.

Plan Name: Retirement Plan for Employees of the Avista Corporation  
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# SCHEDULE SB ATTACHMENTS

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Benefits commencing before the Member's Normal Retirement Date will be reduced from Member's age 65 as discussed in "Early Retirement."

## Other Plan Provisions

<b>Forms of payment</b>	The normal form of benefit for non-married participants is the single life annuity. The normal form for married participants is a joint and survivor benefit with 66-2/3% of the participant's benefit payable to the surviving spouse until the spouse is age 60 and 50% payable thereafter. The lump sum optional form of payment includes, if applicable, the value of any Early Retirement subsidies for all participants.
<b>Pension Increases</b>	None.
<b>Plan participants' contributions</b>	None.
<b>Maximum limits on benefits and pay</b>	All benefits and pay for any calendar year may not exceed the maximum standard limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

## Future Plan Changes

No future plan changes were recognized.

## Changes in Benefits Valued Since Prior Year

None.

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
Plan Sponsor: Avista Corporation  
Valuation Date: January 1, 2024

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
**E.I.N. 91-04262470 PLAN NO. 001**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**(MODIFIED CASH BASIS) DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Current Value	
	<b>Cash:</b>			
First Am Govt	Cash	\$ 4,910,313	\$ 4,910,313	
US Bank	Cash	212,532	212,532	
Morgan Stanley	Cash and Cash Equivalents	450,230	450,230	
		<u>5,573,075</u>	<u>5,573,075</u>	
	<b>Mutual Funds:</b>			
Baillie Gifford	Baillie Gifford The Eafe Pure Fund	39,439,267	34,225,390	
Baillie Gifford	Baillie Gifford The Emerging Markets	23,111,009	17,044,510	
Dodge & Cox	Dodge & Cox Stock Fund	51,811,376	61,286,716	
T. Rowe Price	T. Rowe Price Institutional Large Cap Growth Fund	45,072,595	62,953,515	
Vanguard	Vanguard Developed Markets Index Fund	11,203,730	11,496,945	
Vanguard	Vanguard Institutional Index Fund	9,616,049	17,434,038	
Vanguard	Vanguard Small Cap Index	9,974,319	18,887,074	
	Total Mutual Funds	<u>190,228,345</u>	<u>223,328,188</u>	
	<b>Bonds:</b>			
US Government Issues	See Attached Schedule	40,208,803	36,859,562	
Corporate Issues	See Attached Schedule	227,351,906	210,506,593	
Foreign Issues	See Attached Schedule	35,341,730	32,358,460	
Municipal Issues	See Attached Schedule	13,925,534	10,763,669	
	Total Bonds	<u>316,827,973</u>	<u>290,488,284</u>	
	<b>Partnership/Closely Held Interests:</b>			
Private Equity Partnership	Mondrian International Equity Fund	27,025,706	33,384,142	
Private Equity Partnership	Oaktree RE Opportunities Fund VI LP	1,503,948	1,503,948	
Private Equity Partnership	PGIM Real Estate U.S. Debt Fund LP	3,097,263	4,800,188	
TT	TT Emerging Markets Opportunity Fund	13,937,179	18,926,192	
	Total Partnership Interests	<u>45,564,096</u>	<u>58,614,470</u>	
	<b>Collective Trusts:</b>			
JP Morgan	JPMCB Strategic Property Fund	14,089,163	15,641,169	
UBS	UBS Trumbull Property Fund	8,723,852	7,767,243	
	Total Collective Trusts	<u>22,813,015</u>	<u>23,408,412</u>	
	Total Options, Futures & Forwards	2,366,283	2,892,964	
	Total	<u>\$ 583,372,787</u>	<u>\$ 604,305,393</u>	

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	18	1	0	0	0	0	0	0	0	0	19
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	36	24	0	0	0	0	0	0	0	0	60
	-	97,126	115,058	-	-	-	-	-	-	-	-	104,299
30-34	0	31	37	26	0	0	0	0	0	0	0	94
	-	105,621	120,470	112,118	-	-	-	-	-	-	-	113,263
35-39	0	27	31	65	12	0	0	0	0	0	0	135
	-	107,768	116,110	115,673	-	-	-	-	-	-	-	113,988
40-44	0	16	29	72	55	10	0	0	0	0	0	182
	-	-	115,491	114,703	137,886	-	-	-	-	-	-	122,011
45-49	0	11	9	65	46	35	19	0	0	0	0	185
	-	-	-	120,208	123,333	128,726	-	-	-	-	-	122,750
50-54	0	9	7	52	39	47	33	17	0	0	0	204
	-	-	-	111,844	133,304	124,944	137,473	-	-	-	-	124,622
55-59	1	8	6	52	28	29	34	13	4	0	0	175
	-	-	-	120,958	129,049	127,027	127,136	-	-	-	-	123,056
60-64	0	2	3	26	13	12	18	5	6	1	1	86
	-	-	-	121,329	-	-	-	-	-	-	-	118,648
65-69	0	1	0	8	6	5	2	3	3	2	2	30
	-	-	-	-	-	-	-	-	-	-	-	124,120
70 & over	0	0	0	0	1	1	1	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	159	147	366	200	139	107	38	13	3	3	1,173
	-	102,749	116,116	116,512	128,167	127,264	131,716	128,877	-	-	-	119,781

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
Plan Name: Retirement Plan for Employees of the Avista Corporation  
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Plan Sponsor: Avista Corporation  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

**Interest rate basis**

- Applicable month: January
- Yield curve basis: 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.24%	4.93%
• ASC 960 Discount Rate	7.80%	

**Annual rates of increase**

- Compensation: Representative rates:

Age	Rate
Below 25	14.0%
25-29	8.0%
30-34	7.5%
35-39	6.0%
40-44	5.0%
45-49	4.5%
50-54	4.0%
55-59	4.0%
60-64	3.5%
65 and Above	3.0%

Plan Name: Retirement Plan for Employees of the Avista Corporation  
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# SCHEDULE SB ATTACHMENTS

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## Demographic Assumptions

**Inclusion date** The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees** It was assumed there will be no new or rehired employees.

### Mortality

- **Healthy** The prescribed mortality assumption under IRC §430(h)(3)(A) using tables with separate mortality rates for annuitants and non-annuitants, and generational projection as specified under IRC §430(h)(3)-1 using the IRS adjusted Scale MP-2021.
- **Disabled** Disabled annuitant mortality is assumed to be the same as healthy life mortality at age 70 and over, but the mortality rates at lower ages are assumed to be equal to the age 70 rates.

### Termination

The rates at which participants are assumed to leave Avista by age are shown below:

Attained Age	Rate
Less than 25	9.0%
25-29	7.0%
30-34	3.0%
35-39	3.0%
40-44	2.5%
45-49	1.5%
50-54	1.0%
55-59	2.0%
60-64	7.0%
65 and over	7.0%

### Disability

Rates of disability are based on experience from 1976 to 1980 under Group LTD plans as reported under the transactions of the Society of Actuaries.

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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below:

Age	Rate
55	7.0%
56	7.0
57	7.0
58	15.0
59	15.0
60	15.0
61	15.0
62	30.0
63	20.0
64	30.0
65	30.0
66	50.0
67	30.0
68	30.0
69	30.0
70	100.0

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### Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have been eligible to retire.
- Deferred vested benefit The later of age 55 or termination of employment for current actives, age 65 for deferred vested participants at the valuation date.
- Disability benefit At age 65 for current actives, and the later of age 55 and 15 years of vesting service for current disabled participants.
- Retirement benefit Upon termination of employment

Plan Name: Retirement Plan for Employees of the Avista Corporation  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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<b>Form of payment</b>	<p>It is assumed that 50% of participants elect a lump sum benefit and 50% elect an annuity benefit payable in the normal form.</p> <p>Lump sums were valued using the general rule under IRC §1.430(d)-1(f)(4). For this purpose, the applicable mortality table at commencement is a blend of male and female combined rates.</p>
<b>Percent married</b>	<p>It is assumed that 85% of eligible male participants are married and that 70% of eligible female participants are married.</p>
<b>Spouse age</b>	<p>Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.</p>
<b>Covered pay</b>	<p>Compensation assumed paid in the current year beginning on the valuation date is the prior year pay increased by the assumed compensation increase. Compensation is limited by Internal Revenue Code Section 401(a)(17).</p>
<b>Administrative expenses</b>	<p>Plan-related expenses are assumed to be last year's actual administrative expenses (excluding PBGC premiums), plus expected PBGC premiums for the current year, rounded to the nearest ten thousand. The amount included this year for plan-related expenses is \$600,000.</p>
<b>Timing of benefit payments</b>	<p>Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.</p>

## Methods

<b>Valuation date</b>	<p>First day of plan year</p>
<b>Funding target</b>	<p>Present value of accrued benefits</p>
<b>Target normal cost</b>	<p>Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.</p>
<b>Actuarial value of assets</b>	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)</p>

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
Plan Sponsor: Avista Corporation  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## Benefits not valued

None.

All benefits described in the Plan Provisions section of this report were valued based on discussions with Avista regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Avista and, based on that review, is not aware of any significant benefits required to be valued that were not.

## Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Compensation/Salary Increases</b>	Assumed increases are based on the annual review of plan experience, adjusted for the plan sponsor's expectations of future pay increases.
<b>Pension plan administrative expenses</b>	Administrative expenses are based on the prior year's actual administrative expenses and expected changes in PBGC premiums, rounded to the nearest \$10,000.

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## **Expected return on assets for AVA**

Avista analyzed their investments with the plan's external investment advisors, and based on the plan's asset allocation chose an expected return of 8.30% for 2023 accounting purposes. Based on our high-level review of the investment allocation in 2023, we believe 8.30% does not significantly conflict with what would be reasonable based on the plan's asset allocation. Our determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model and by analysis of recent and historical data, including the variability thereof, for CPI, GDP growth, and real returns on the various classes of assets held by the trust.

## **Assumptions Rationale - Significant Demographic Assumptions**

### **Healthy Mortality**

Assumptions used for funding purposes are among the choices prescribed by IRC §430(h).

### **Termination**

Termination rates were based on the 2017-2021 experience analysis presented to Avista in December 2022, and were adjusted for future expectations. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

### **Retirement**

Retirement rates were based on the 2017-2021 experience analysis presented to Avista in December 2022, and were adjusted for future expectations. For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

### **Deferred vested benefit commencement date**

Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement, based on plan experience.

## **Prescribed Methods**

### **Funding methods**

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Retirement Plan for Employees of the Avista Corporation  
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# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

### Change in assumptions since prior valuation

In addition to the prescribed changes in the discount rate and mortality assumptions, the following assumption changes were made since the January 1, 2023 funding valuation:

- The assumed salary increases for participants aged 45-49 were increased from 4.0% to 4.5%, and for participants aged 55-59 were increased from 3.5% to 4.0% (based on the annual salary experience analysis) to better reflect anticipated experience.

Plan Name: Retirement Plan for Employees of the Avista Corporation  
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Plan Sponsor: Avista Corporation  
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# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB, Line 24 Change in Actuarial Assumptions**

The assumed salary increases for participants aged 45-49 were increased from 4.0% to 4.5%, and for participants aged 55-59 were increased from 3.5% to 4.0% (based on the annual salary experience analysis) to better reflect anticipated experience

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Avista Corporation
<b>EIN/PN</b>	91-0462470/001
<b>Plan Name</b>	Retirement Plan for Employees of the Avista Corporation
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Erik A. Heiskanen
<b>Enrollment Number</b>	23-07772

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

### Calculation of Weighted Average Retirement Age

Age	Rate of Retirement	Number of Retirements	Number of Remaining Participants*	Weighted Average Age
55	7%	7,000	93,000	385,000
56	7%	6,510	86,490	364,560
57	7%	6,054	80,436	345,095
58	15%	12,066	68,370	699,791
59	15%	10,255	58,115	605,078
60	15%	8,717	49,398	523,033
61	15%	7,410	41,988	451,988
62	30%	12,596	29,392	780,976
63	20%	5,879	23,513	370,334
64	30%	7,054	16,459	451,454
65	30%	4,938	11,521	320,956
66	50%	5,760	5,761	380,209
67	30%	1,728	4,033	115,791
68	30%	1,210	2,823	82,263
69	30%	847	1,976	58,431
70	100%	1,976	-	71,820

**Weighted Average Age**

**60.733**

\*Assuming 100,000 participants

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
Plan Sponsor: Avista Corporation  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	957,398	112,779	28,056,621	29,126,798
2025	2,728,835	255,730	27,488,800	30,473,365
2026	4,329,362	327,681	26,888,883	31,545,926
2027	5,842,734	395,613	26,256,851	32,495,198
2028	7,277,162	447,414	25,592,167	33,316,743
2029	8,616,623	495,134	24,893,997	34,005,754
2030	9,889,970	563,419	24,161,646	34,615,035
2031	11,103,459	612,168	23,393,189	35,108,816
2032	12,220,592	621,705	22,589,072	35,431,369
2033	13,290,261	634,279	21,751,372	35,675,912
2034	14,318,129	670,442	20,880,320	35,868,891
2035	15,272,250	710,951	19,975,563	35,958,764
2036	16,133,562	759,046	19,037,786	35,930,394
2037	16,918,910	832,197	18,069,918	35,821,025
2038	17,618,406	898,965	17,075,710	35,593,081
2039	18,219,938	931,383	16,058,351	35,209,672
2040	18,758,927	925,762	15,022,863	34,707,552
2041	19,228,399	950,154	13,975,371	34,153,924
2042	19,599,457	978,461	12,922,919	33,500,837
2043	19,861,703	969,716	11,873,291	32,704,710
2044	20,033,711	972,415	10,834,822	31,840,948
2045	20,119,752	970,282	9,816,032	30,906,066
2046	20,122,026	981,863	8,825,376	29,929,265
2047	20,049,636	1,009,650	7,870,989	28,930,275
2048	19,903,041	1,014,899	6,960,510	27,878,450
2049	19,670,551	1,021,285	6,100,900	26,792,736
2050	19,333,748	1,030,851	5,298,167	25,662,766
2051	18,928,354	1,030,838	4,557,124	24,516,316
2052	18,461,882	1,025,261	3,881,310	23,368,453
2053	17,919,583	1,003,919	3,272,755	22,196,257

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
Plan Sponsor: Avista Corporation  
Valuation Date: January 1, 2024

## SCHEDULE SB ATTACHMENTS

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	17,322,421	974,143	2,731,860	21,028,424
2055	16,688,069	949,882	2,257,494	19,895,445
2056	16,006,611	914,916	1,847,059	18,768,586
2057	15,294,648	876,698	1,496,730	17,668,076
2058	14,556,029	845,716	1,201,732	16,603,477
2059	13,785,223	816,983	956,610	15,558,816
2060	13,000,459	781,697	755,546	14,537,702
2061	12,210,535	739,754	592,683	13,542,972
2062	11,419,966	698,567	462,309	12,580,842
2063	10,630,883	658,199	359,084	11,648,166
2064	9,851,155	618,693	278,146	10,747,994
2065	9,088,717	580,094	215,170	9,883,981
2066	8,347,648	542,462	166,450	9,056,560
2067	7,633,097	505,872	128,873	8,267,842
2068	6,948,784	470,394	99,910	7,519,088
2069	6,297,211	436,081	77,553	6,810,845
2070	5,680,799	402,970	60,221	6,143,990
2071	5,101,224	371,086	46,719	5,519,029
2072	4,559,380	340,439	36,146	4,935,965
2073	4,055,675	311,045	27,838	4,394,558

Plan Name: Retirement Plan for Employees of the Avista Corporation  
EIN / PN: 91-0462470/001  
Plan Sponsor: Avista Corporation  
Valuation Date: January 1, 2024

**THE RETIREMENT PLAN FOR EMPLOYEES OF AVISTA CORPORATION**  
**E.I.N. 91-04262470 PLAN NO. 001**  
**SCHEDULE H, LINE 4J—SCHEDULE OF REPORTABLE TRANSACTIONS**  
**(MODIFIED CASH BASIS) YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
<b>Category (i) - A Single Transaction Exceeds 5% of Plan Assets</b>						
First Amer Govt Oblig Fd CI	1 purchase	\$ 47,200,000	\$ -	\$ -	\$ 47,200,000	\$ -
First Amer Govt Oblig Fd CI	1 sale	-	44,800,000	44,800,000	44,800,000	-
<b>Category (ii) - A Series of Transactions with Same Broker Exceeds 5% of Plan Assets</b>						
BofA Securities, Inc.	317 purchases	48,219,402	-	-	48,219,402	-
BofA Securities, Inc.	244 sales	-	47,704,877	48,937,682	47,704,877	(1,232,805)
BofA Securities, Inc./Fxd Inc	467 purchases	33,507,254	-	-	33,507,254	-
BofA Securities, Inc./Fxd Inc	253 sales	-	20,124,725	21,121,097	20,124,725	(996,372)
Barclays Capital Inc. Fixed In	286 purchases	17,745,578	-	-	17,745,578	-
Barclays Capital Inc. Fixed In	316 sales	-	22,198,173	23,040,547	22,198,173	(842,374)
Citigroup Global Markets Inc.	185 purchases	29,760,377	-	-	29,760,377	-
Citigroup Global Markets Inc.	150 sales	-	15,986,117	16,655,407	15,986,117	(669,290)
Goldman Sachs & Co. LLC	574 purchases	51,446,687	-	-	51,446,687	-
Goldman Sachs & Co. LLC	460 sales	-	35,612,689	37,066,829	35,612,689	(1,454,140)
J.P. Morgan Securities LLC	400 purchases	47,524,601	-	-	47,524,601	-
J.P. Morgan Securities LLC	316 sales	-	22,585,261	24,104,612	22,585,261	(1,519,351)
Morgan Stanley & Co. LLC	419 purchases	31,495,048	-	-	31,495,048	-
Morgan Stanley & Co. LLC	664 sales	-	40,094,723	41,665,148	40,094,723	(1,570,425)
<b>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</b>						
Dodge & Cox Stock Fund	1 Purchase	3,300,000	-	-	3,300,000	-
Dodge & Cox Stock Fund	4 Reinvestments	5,280,135	-	-	5,280,135	-
Dodge & Cox Stock Fund	4 Sales	-	20,945,000	16,690,061	20,945,000	4,254,939
First Amer Govt Oblig Fd CI	587 purchases	301,180,834	-	-	301,180,834	-
First Amer Govt Oblig Fd CI	490 sales	-	302,796,309	302,796,309	302,796,309	-

**SCHEDULE SB**  
**(Form 5500)**

**Single-Employer Defined Benefit Plan**  
**Actuarial Information**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

<b>A</b> Name of plan RETIREMENT PLAN FOR EMPLOYEES OF THE AVISTA CORPORATION		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AVISTA CORPORATION		<b>D</b> Employer Identification Number (EIN) 91-0462470	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	599,619,793	
<b>b</b> Actuarial value .....	<b>2b</b>	636,366,531	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	1,219	305,830,956	305,830,956
<b>b</b> For terminated vested participants .....	157	11,937,953	11,937,953
<b>c</b> For active participants.....	1,173	189,639,423	221,442,900
<b>d</b> Total.....	2,549	507,408,332	539,211,809
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	5.24%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	22,127,533	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	600,000	
<b>c</b> Target normal cost .....	<b>6c</b>	22,727,533	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Erik A Heiskanen <u>EAH</u>	<u>9/24/2025</u>
	Signature of actuary	Date
Erik A Heiskanen		2307772
	Type or print name of actuary	Most recent enrollment number
Willis Towers Watson US LLC		206-625-1125
	Firm name	Telephone number (including area code)
600 University Street Suite 2528 Seattle WA 98101-1176		
	Address of the firm	

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024**  
v. 240311



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	22,727,533	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	22,727,533	
<b>32</b> Amortization installments:			
	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	9,290,148	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	9,290,148	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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