

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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	
1a	Name of plan INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/01/1972
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES 11724 N.E. 195TH STREET BOTHELL, WA 98011-8242	2b Employer Identification Number (EIN) 91-6187192
		2c Plan Sponsor's telephone number 206-282-4100
		2d Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2026	TODD CROSBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/10/2026	JESSICA KONG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 12168
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3644 6a(2) 3642 6b 3330 6c 4917 6d 11889 6e 337 6f 12226 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 7

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

1B

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

A Name of plan INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 91-6187192

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 09 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 206397694
(2) Actuarial value of assets for funding standard account	1b(2) 206825421
c (1) Accrued liability for plan using immediate gain methods	1c(1) 230916252
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 226433327
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 328166122
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3791894
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 18361596
(3) Expected plan disbursements for the plan year	1d(3) 17437570

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

SIGN HERE	06/11/2026
Signature of actuary MARY ANN DUNLEAVY	Date 26-08148
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 240-247-4600
Firm name 8601 GEORGIA AVENUE, SUITE 905 SILVER SPRING, MD 20910	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	206397694
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3554	167919377
(2) For terminated vested participants	4970	121419730
(3) For active participants:		
(a) Non-vested benefits		2646310
(b) Vested benefits		36180705
(c) Total active	3644	38827015
(4) Total	12168	328166122
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	62.89 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	9393638				
			Totals ►	3(b)	9393638
				3(c)	
				3(d)	8650

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	91.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a ☐ Attained age normal	b ☒ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.81 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	6P	6P
(2) Females	6c(2)	6FP	6FP
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		13.8 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		1267221
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	748669	75791

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2038858

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	43722502	9245211
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 761675**e** Total charges. Add lines 9a through 9d.....**9e** 12045744**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 382348**g** Employer contributions. Total from column (b) of line 3.....**9g** 9393638**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	19249323	4084889

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 618574**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

9j(1)	28758198	
9j(2)	91448088	
9j(3)		

k (1) Waived funding deficiency

(2) Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 14479449**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 2433705**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 91-6187192	

Part I	Service Provider Information (see instructions)
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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
DODGE & COX FUNDS
94-6067274

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
T. ROWE PRICE ASSOCIATES, INC.
55-0556948

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD GROUP
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DOUBLELINE CAPITAL LP
30-0596331

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

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

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

NUVEEN FUND ADVISORS

31-0942504

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

SEI TRUST COMPANY

06-1271230

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

ARTISAN PARTNERS LP

30-0551775

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

BARINGS LLC

51-0504477

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

CONTRARIAN DRE III MANAGEMENT LLC

47-3026446

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

ROBERT W. BAIRD & CO, INC.

39-6037917

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

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 36	NONE	370496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	204074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REINHART BOERNER VAN DEUREN SC

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	102511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RVK, INC.

93-0910651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	47500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	40013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 60 68	NONE	36500	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	35164	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PGIM REAL ESTATE - PRISA II LP

82-2390389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	32829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAWTON PRINTING

91-0633228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	6583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FRSECURE

26-3547185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
WELLS FARGO 94-3081343	18	SERVICE PROVIDER FAILED TO PROVIDE A TIMELY RESPONSE.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES		D Employer Identification Number (EIN) 91-6187192

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET REAL ASSET NON-LENDING			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 90-0337987-291	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10391105	
a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 26-3653822-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13911418	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
	A Name of plan INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 91-6187192	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	-118818	-99918
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	828056	799803
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1286491	2893612
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2229380	3108938
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	40083651	43907032
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	20409374	24302523
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	141806074	148443777
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	206524208	223355767
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	93992	36792
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	32522	37862
k Total liabilities (add all amounts in lines 1g through 1j)	1k	126514	74654
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	206397694	223281113

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9384988	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		9384988
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	116145	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	260420	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		376565
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3490592	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3490592
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	136824	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	158951	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3552600	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3928312
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10894348
c Other income	2c		1644398
d Total income. Add all income amounts in column (b) and enter total	2d		33249676

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14960987	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14960987
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	348639	
(3) Recordkeeping fees	2i(3)	7153	
(4) IQPA audit fees	2i(4)	32860	
(5) Investment advisory and investment management fees	2i(5)	115493	
(6) Bank or trust company trustee/custodial fees	2i(6)	57979	
(7) Actuarial fees	2i(7)	204074	
(8) Legal fees	2i(8)	105811	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	15129	
(11) Other expenses	2i(11)	518132	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1405270
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16366257

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16883419
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 572832.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025					
A Name of plan INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN BOARD OF TRUSTEES				D Employer Identification Number (EIN) 91-6187192	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ALBERTSON'S

b EIN 82-0184434

c Dollar amount contributed by employer 5503252

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 SAFEWAY

b EIN 94-3019135

c Dollar amount contributed by employer 2362932

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 SAVE MART COMPANIES

b EIN 94-1245496

c Dollar amount contributed by employer 756031

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 05 Day 24 Year 2025

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 ROSAUERS SUPERMARKETS, INC.

b EIN 91-0582615

c Dollar amount contributed by employer 464057

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 SMITH'S FOOD AND DRUG

b EIN 87-0258768

c Dollar amount contributed by employer 111339

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 VANS THRIFTWAY

b EIN 84-1371275

c Dollar amount contributed by employer 80630

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 02 Day 03 Year 2024

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **WESTERN MEAT AND SAUSAGE BLOCK**

b EIN **26-3863706**

c Dollar amount contributed by employer **79378**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **09** Year **2027**

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 **UFCW 1889**

b EIN **81-0193613**

c Dollar amount contributed by employer **27369**

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

8

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

100.70

b The corresponding number for the second preceding plan year.....

15b

101.69

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

1

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

16b

280663

- 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: 57.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.0 %

High-Yield Debt: 2.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 1.0 % Other: 14.0 %

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 _____.

**Intermountain Retail Store
Employees Pension Plan**

Financial Statements

August 31, 2025

**Intermountain Retail Store
Employees Pension Plan**

Financial Statements with Supplementary Information

August 31, 2025 and 2024

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Report of Independent Auditors

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

Opinion

We have audited the financial statements of Intermountain Retail Store Employees Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Intermountain Retail Store Employees Pension Plan as of August 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of August 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

Responsibilities of Management for the Financial Statements (continued)

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

Legacy Professionals LLP

Edina, Minnesota

June 15, 2026

**Intermountain Retail Store
Employees Pension Plan**

Statements of Net Assets Available for Benefits

August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 148,443,777	\$ 142,103,121
Limited partnership investment funds	43,907,032	40,083,651
Common collective trusts	24,302,523	20,409,374
Total investments	<u>216,653,332</u>	<u>202,596,146</u>
Receivables		
Employer contributions	799,803	828,056
Withdrawal liability assessments	1,632,350	-
Accrued interest and dividends	40,750	94,968
Total receivables	<u>2,472,903</u>	<u>923,024</u>
Prepaid expenses		
Benefits	1,150,771	1,124,413
Other	69,741	67,110
Total prepaid expenses	<u>1,220,512</u>	<u>1,191,523</u>
Cash	<u>3,009,020</u>	<u>1,813,515</u>
Total assets	<u>223,355,767</u>	<u>206,524,208</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	36,792	93,992
Due to broker	37,862	32,522
Total liabilities	<u>74,654</u>	<u>126,514</u>
Net assets available for benefits	<u>\$ 223,281,113</u>	<u>\$ 206,397,694</u>

See accompanying notes to financial statements.

**Intermountain Retail Store
Employees Pension Plan**

Statements of Changes in Net Assets Available for Benefits

Years Ended August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 18,353,133	\$ 21,737,656
Interest and dividends	<u>3,867,157</u>	<u>3,815,356</u>
	22,220,290	25,553,012
Less investment expenses	<u>(151,993)</u>	<u>(144,327)</u>
Net investment income	22,068,297	25,408,685
Employer contributions	9,384,988	9,535,003
Withdrawal liability assessments	1,641,000	-
Miscellaneous income	<u>3,398</u>	<u>-</u>
Total additions	<u>33,097,683</u>	<u>34,943,688</u>
Deductions		
Pension benefits	14,960,987	14,583,850
Administrative expenses	<u>1,253,277</u>	<u>1,312,628</u>
Total deductions	<u>16,214,264</u>	<u>15,896,478</u>
Net increase	16,883,419	19,047,210
Net assets available for benefits		
Beginning of year	<u>206,397,694</u>	<u>187,350,484</u>
End of year	<u>\$ 223,281,113</u>	<u>\$ 206,397,694</u>

See accompanying notes to financial statements.

Intermountain Retail Store Employees Pension Plan

Notes To Financial Statements

August 31, 2025 and 2024

Note 1. Description of the Plan

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

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

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

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

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

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

Note 2. Summary of Significant Accounting Policies

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

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

Note 2. Summary of Significant Accounting Policies (continued)

Investments (continued) - Purchases and sales of investments are reflected on a trade-date basis.

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

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Deficiencies identified through a payroll compliance audit program are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Withdrawal Liability Assessments - The Plan complies with provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of a withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in ERISA, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined. The Board of Trustees evaluates annually for impairment of the balances due, which primarily represent assessments owed by two employers for the entire outstanding withdrawal liability as of August 31, 2025 and 2024. Based on financial data provided by the employers, the Trustees believe that at present time, there is no impairment risk. Therefore, an allowance for uncollectible accounts is not considered necessary.

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

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

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

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

Note 2. Summary of Significant Accounting Policies (continued)

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

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

Subsequent Events - Subsequent events have been evaluated through June 15, 2026, which is the date the financial statements were available to be issued.

Note 3. Tax Status

The Plan's latest determination letter is dated March 30, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on any unrelated business income. The Plan receives a flow-through of partnership income through its investments structured as limited partnerships. For the years ended August 31, 2025 and 2024, the Plan has determined that no income taxes are due for its activities. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

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

Note 4. Priorities upon Termination

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

Note 4. Priorities upon Termination (continued)

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

Note 5. Fair Value Measurements

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

Basis of Fair Value Measurement

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

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of August 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 5. Fair Value Measurements (continued)

		<u>Fair Value Measurements at 8/31/25 Using</u>		
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 148,443,777	<u>\$ 148,443,777</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Limited partnership investment funds	43,907,032			
Common collective trusts	<u>24,302,523</u>			
Total	<u>\$ 216,653,332</u>			

		<u>Fair Value Measurements at 8/31/24 Using</u>		
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 142,103,121	<u>\$ 142,103,121</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Limited partnership investment funds	40,083,651			
Common collective trusts	<u>20,409,374</u>			
Total	<u>\$ 202,596,146</u>			

Level 1 Measurements

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

Measurements Using Net Asset Value as a Practical Expedient

Certain investments use net asset value per share as a practical expedient to estimate fair value. Net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

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

Note 5. Fair Value Measurements (continued)Measurements Using Net Asset Value as a Practical Expedient (continued)

The following table summarizes information regarding the limited partnership investment funds as of August 31, 2025 and 2024:

Fair Value			Redemption	
2025	2024		Frequency	Notice Period
\$ 30,326,681	\$ 26,778,821	Master-feeder structure	Quarterly	70 days
\$ 12,883,367	\$ 12,393,226	Real estate assets	Quarterly	90 days
\$ 696,984	\$ 911,604	Real estate LLCs	Self-liquidating	N/A

As of August 31, 2025, the Plan had total outstanding capital commitments of approximately \$421,000 in relation to its investments in limited partnership investment funds.

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by Horizon Actuarial Services, LLC as of August 31, 2024. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments \$ 139,136,166

Other vested benefits 104,281,019

Total vested benefits 243,417,185

Nonvested benefits 1,789,786

Total actuarial present value of accumulated plan benefits \$ 245,206,971

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended August 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year

\$ 241,792,124

Increase (decrease) during the year attributable to

Benefits accumulated and actuarial loss \$ 3,436,056

Interest 15,875,269

Benefits paid (14,583,850)

Administrative expenses paid (1,312,628)

Net increase 3,414,847

Actuarial present value of accumulated plan benefits at end of year

\$ 245,206,971

Note 6. Actuarial Information (continued)

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

Mortality:

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

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

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

Investment return - 6.75%, net of investment expenses

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

Since information on the accumulated plan benefits at August 31, 2025, and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of August 31, 2025, and the changes in its financial status for the year then ended, but is only a presentation of the net assets available for benefits and the changes therein as of and for the year ended August 31, 2025. The complete financial status is presented as of August 31, 2024.

For the Plan year beginning September 1, 2025, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006 (PPA), as amended.

Note 7. Risks and Uncertainties

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

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

Note 7. Risks and Uncertainties (continued)

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

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

Note 8. Funding Policy

Participating employers contribute such amounts as required in their respective collective bargaining agreements. The hourly base contribution rates ranged from \$.66 to \$3.49 during the years ended August 31, 2025 and 2024.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of September 1, 2024.

Note 9. Major Employers

Contributions from two employers accounted for approximately 83% and 81% of employer contributions for the years ended August 31, 2025 and 2024, respectively. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting fixed administrative expenses until the appropriate adjustments were made.

Note 10. Related Organizations

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

Note 11. Withdrawal Liability Assessments

Under federal law, employers who partially or completely withdraw from a multiemployer pension plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdraw. Withdrawal liability assessments are usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. As of August 31, 2025, the Plan had various settlement agreements with employers who withdrew from the Plan and are subject to withdrawal liability assessments. Quarterly assessments are being paid through September 2044. The Trustees at times approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

Because the remaining amounts will be received over an extended period of time, the withdrawal liability assessments receivable are shown net of present value discounts, which were estimated using an interest rate assumption of 6.75%. The following is a summary by year of the withdrawal liability assessments estimated to be received by the Plan as of August 31, 2025, excluding the related interest:

Year ending August 31,	
2026	\$ 203,275
2027	199,418
2028	213,224
2029	227,985
2030	243,768
Thereafter	<u>544,680</u>
Total	<u>\$ 1,632,350</u>

Note 12. Party-in-Interest Transactions

The Plan pays fees under several arrangements with service providers and receives contributions from employers under the terms of collective bargaining agreements. These transactions are considered exempt party-in-interest transactions under ERISA.



Report of Independent Auditors on Supplemental Schedules

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

We have audited the financial statements of Intermountain Retail Store Employees Pension Plan (the Plan) as of and for the years ended August 31, 2025 and 2024, and our report thereon dated June 15, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedule 1 and 2 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 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Legacy Professionals LLP

Edina, Minnesota

June 15, 2026

Schedule MB, Line 6

Summary of Plan Provisions

Plan Name	Intermountain Retail Store Employees Pension Trust
Plan Sponsor	The Board of Trustees of the Intermountain Retail Store Employees Pension Trust
EIN / PN	91-6187192 / 001
Effective Date and Most Recent Amendment	Class C participants and Class M participant hired after June 30, 2005: The original effective date of the Plan is September 1, 1973. The most recent amendment to the Plan reflected in this valuation is effective February 1, 2017. Class M participants transferred from the IRF Pension Trust on July 1, 2005: The original effective date of the Plan is October 1, 1966. The most recent amendment to the Plan reflected in this valuation is effective February 1, 2017.
Plan Year	Class C and M participants: The twelve-month period beginning September 1 and ending August 31.



Schedule MB, Line 6

Summary of Plan Provisions

Employers	Class C participants and Class M participants hired after June 30, 2005: Any Employer which on or after the effective date of the Plan has a Collective Bargaining Agreement or other written agreement with the Trustees requiring periodic contributions to be made to the Plan, is accepted for participation in the Plan by the Trustees or is a party to the Trust Agreement, and makes contributions to the Plan as required by the Collective Bargaining Agreement. The term "Employer" may also mean the Union, the Plan, or any other jointly administered Employee Benefit Plan to which any Union or Employer is a party, if a Special Agreement exists with the Trustees to contribute to the Plan on behalf of its Employees. If an Employer has more than one place of business, the term applies only to the place or places covered by a Collective Bargaining Agreement requiring contributions to the Plan. Class M participants transferred from the IRF Pension Trust on July 1, 2005: Any association, individual, partnership, corporation, or other entity doing business in one or more of the states of Idaho, Wyoming, and Montana, which is a party to a Collective Bargaining Agreement with the Union or otherwise is obligated to make payments into the Trust Fund.
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Participants	Class C participants and Class M participants hired after June 30, 2005: An Employee becomes a participant in the Plan on the first day of the Plan Year in which the first contribution to the Plan is due on the Employee's behalf, or if later, the first day of the Plan Year in which the Employee attains age twenty-one. Class M participants transferred from the IRF Pension Trust on July 1, 2005: Any Employee shall be eligible to participate upon completion of at least 375 Hours of Service in Covered Employment.
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Covered Employment	Class C and M participants: The employment of any Employee by an Employer for which the Employer is obligated to contribute to the Plan pursuant to a Collective Bargaining Agreement or Participation Agreement.
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Hours of Service	Class C and M participants: All hours for which an Employer makes a contribution to the Plan on the Employee's behalf.
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Schedule MB, Line 6

Summary of Plan Provisions

Benefit Service

Class C participants and Class M participants hired after June 30, 2005:

A period of employment during which no contributions are made to the Plan on behalf of the Employee but which is included in the calculation of the amount of his pension benefit. Benefit Service is limited to a maximum of twenty years.

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

The sum of an Employee's Credited Past Service, if any, and the Employee's Credited Future Service.

Vesting Service

Class C participants and Class M participants hired after June 30, 2005:

In general, a participant receives one year of Vesting Service for each Plan Year in which he completes 375 Hours of Service. Under certain circumstances, an Employee may accumulate Vesting Service for years during which his Employer did not contribute to the Plan. The provisions regarding Vesting Service credit for years when no contributions were made on behalf of the Employee vary depending on whether the Employer participated in the Plan before or after August 31, 1976.

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

A participant receives one year of Vesting Service for each Plan Year in which he completes 375 Hours of Service.

Special Vesting Service

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

A participant receives one year of Special Vesting Service for each Plan Year beginning on or after October 1, 1988 in which he completes 520 Hours of Service. For prior Plan Years, Years of Vesting Service earned are counted as Years of Special Vesting Service.

Credited Past Service

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

The number of Completed Years of Continuous Service rendered by an Employee immediately prior to his Entry Date. The maximum number of years of Credited Past Service that may be given to an Employee is twenty, and no Employee is entitled to Credited Past Service for Years of Service prior to October 1, 1946.



Schedule MB, Line 6

Summary of Plan Provisions

Credited Future Service **Class M participants transferred from the IRF Pension Trust on July 1, 2005:**
A Participant shall receive one year of Credited Future Service for each Plan Year in which he earns at least 375 Covered Hours of Service on or after October 1, 1966, or the Employee’s Entry Date(s), if later.

Break in Service **Class C and M participants:**
A Participant incurs a One-Year Break in Service upon failure to work at least 375 Hours of Service in covered employment in a Plan Year.

A non-vested participant incurs a Permanent Break in Service if the number of consecutive One-Year Breaks in Service is at least five and it equals or exceeds the number of full years of Vesting Credit previously accumulated. At this time, all accumulated service is cancelled.

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

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
An Employee is eligible for a Normal Pension if the Employee has attained age sixty-two, is Vested, and earned 375 Covered Hours of Service in any Plan Year after October 1, 1991. Otherwise, they are eligible when they attain age sixty-five or their fifth anniversary of participation, if later.



Schedule MB, Line 6

Summary of Plan Provisions

***Normal Pension
– Amount of
Benefit***

Class C participants and Class M participants hired after June 30, 2005:

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

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

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

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

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

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

Upon retirement on his Normal Retirement Date, a Participant will be entitled to receive a monthly Normal Retirement Benefit equal to the sum of items 1 through 7, as follows:

1. \$8.50 per month for each year of Credited Past Service,
2. 2.50% of the contributions credited for service prior to October 1, 1988,
3. 3.00% of the contributions credited for service from October 1, 1988 through September 30, 1992,
4. 3.50% of the contributions credited for service from October 1, 1992 through September 30, 1995,
5. 4.00% of the contributions credited for service from October 1, 1995 through February 28, 2005, and
6. 2.60% of the contributions credited for service from March 1, 2005 through June 30, 2005, and
7. 2.00% of contributions credited for service after June 30, 2005.

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



Schedule MB, Line 6

Summary of Plan Provisions

***Normal Pension
– Amount of
Benefit (cont.)***

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

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

***Early Pension -
Eligibility***

Class C participants and Class M participants hired after June 30, 2005:

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

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

An Employee is eligible for an Early Pension if the Employee has attained age fifty-five and has earned 10 Years of Credited Service, one year of which must be Credited Future Service.



Schedule MB, Line 6

Summary of Plan Provisions

Early Pension – Amount of Benefit

Class C participants and Class M participants hired after June 30, 2005:

For those whose pension benefits began on June 1, 2005 or later and have less than thirty years of Vesting Service, the sum of items 1 and 2 as follows:

- 1) The Normal Pension Benefit accrued prior to September 1, 1998 reduced 1/4% per month for the period from benefit commencement to Normal Retirement Date, and
- 2) The Normal Pension Benefit accrued after August 31, 1998 reduced based on the period from benefit commencement to Normal Retirement Date as follows:
 - a. 2/3% per month from age 60 to age 65
 - b. 1/3% per month from age 55 to age 60

For those who were not receiving pension benefits as of September 1, 1988, have at least thirty years of Vesting Service, but are not eligible for an Unreduced Early Pension, the Normal Pension Benefit reduced actuarially for the period from benefit commencement to age sixty.

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

Upon retirement on his Early Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Early Retirement Date reduced by 1/2 of 1% per month from age 55 to 60 and 1/4 of 1% per month from age 60 to 65 for each month that his Early Retirement Date precedes his Normal Retirement Date.

Unreduced Early Pension - Eligibility

Class C participants and Class M participants hired after June 30, 2005:

An Employee is eligible for an Unreduced Early Pension if the Employee has completed at least thirty years of Vesting Service, has had contributions made to the Plan in his behalf for at least 375 hours in each of seven or more Plan Years and payment of his pension benefits begin on or after his attainment of age fifty-five (age sixty if no Hours of Service have been reported in his behalf after August 31, 1987) and prior to age sixty-five.

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

An Employee is eligible for a Special Early Pension if the Employee has attained age fifty-five and has earned 30 or more Years of Credited Service.



Schedule MB, Line 6

Summary of Plan Provisions

Unreduced Early Pension – Amount of Benefit

Class C participants and Class M participants hired after June 30, 2005:
The accrued Normal Pension Benefit earned to his Unreduced Early Pension date.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
The accrued Normal Pension Benefit earned to his Unreduced Early Pension date.

Golden 85 Pension - Eligibility

Class C participants and Class M participants hired after June 30, 2005:
Not eligible.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
An Employee is eligible for a Golden 85 Pension if the Employee's attained age plus Credited Service totals at least 85.

Golden 85 Pension – Amount of Benefit

Class C participants and Class M participants hired after June 30, 2005:
Not eligible.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
Upon retirement on his Golden 85 Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Golden 85 Retirement Date.

Special 20 Pension - Eligibility

Class C participants and Class M participants hired after June 30, 2005:
Not eligible.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
An Employee is eligible for a Special 20 Pension if the Employee has attained a fifty-five and has earned 20 Years of Credited Service. This benefit is effective retirements on or after October 1, 2000.

Special 20 Pension – Amount of Benefit

Class C participants and Class M participants hired after June 30, 2005:
Not eligible.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
Upon retirement on his Special 20 Retirement Date, a Participant will be entitled to receive a monthly benefit equal to his Normal Pension Benefit earned to his Special 20 Retirement Date reduced by 1/6% per month from age 55 to 60 and no reduction from age 60 to 65.



Schedule MB, Line 6

Summary of Plan Provisions

***Disability
Pension -
Eligibility***

Class C and M participants:
An active Participant is eligible for a Disability Pension if the Employee has earned 10 Years of Vesting Service, one year of which must be earned after October 1, 1988 and is considered totally and permanently disabled and eligible for a Social Security Disability Benefit. To be considered active, the Participant must have worked at least 375 Hours of Service during the Plan Year in which the disability occurred or in the prior Plan Year.

***Disability
Pension –
Amount of
Benefit***

Class C participants and Class M participants hired after June 30, 2005:
The accrued Normal Pension Benefit earned to his Disability Pension date.

Class M participants transferred from the IRF Pension Trust on July 1, 2005:
The accrued Normal Pension Benefit earned to his Disability Pension date.



Schedule MB, Line 6

Summary of Plan Provisions

Vested Benefit

Class C participants and Class M participants hired after June 30, 2005:

In general, an Employee has a nonforfeitable right to his pension benefit, or is "vested", if he meets one of the following conditions:

1. Has earned five years of Vesting Service and has at least one Hour of Service reported on his behalf after August 31, 1998.
2. Has earned seven years of Vesting Service and has at least one Hour of Service reported on his behalf after August 31, 1988.
3. Has earned ten years of Vesting Service.
4. Upon his termination of employment if he has had contributions made to the Plan on his behalf for 375 Hours of Service, has earned at least one Hour of Service after August 31, 1988 and prior to his termination of employment has attained age sixty-five and completed five years of participation without a Break in Service.

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

In general, an Employee has a nonforfeitable right to his pension benefit, or is "vested", if he meets one of the following conditions:

1. For a Participant who has not become fully vested as of October 1, 1999, they will become vested at the time they accrue at least ten Years of Vesting Service or five Years of Special Vesting Service under the Plan without a Permanent Break in Service. For vesting, at least one Year of Service must be Credited Future Service and Participants must have at least one Hour of Service under the Plan after September 30, 1999.
2. For a Participant who has not accrued at least ten Years of Vesting Service or seven Years of Special Vesting Service under the Plan as of October 1, 1989, they will become fully vested at the time they accrue at least ten Years of Vesting Service or seven Years of Special Vesting Service under the Plan. For vesting, at least one Year of Service must be Credited Future Service.

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

Schedule MB, Line 6

Summary of Plan Provisions

***Pre-Retirement
Death Benefit -
Married***

Class C participants and Class M participants hired after June 30, 2005:

If a participant who has earned a Vested Benefit dies before commencement of pension benefits, a death benefit is payable to the deceased participant's eligible spouse as follows:

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

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

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

***Post-Disability
Death Benefit -
Married***

Class C participants and Class M participants hired after June 30, 2005:

The death benefit, if any, will depend on the annuity form elected by the participant.

Schedule MB, Line 6

Summary of Plan Provisions

***Death Benefit -
Unmarried***

Class C participants and Class M participants hired after June 30, 2005:

If an unmarried participant who has earned a Vested Benefit dies after August 31, 1994 and had completed 375 Hours of Service during the Plan Year immediately prior to the Plan Year in which the participant dies, a death benefit equal to the total amount of contributions made on behalf of the participant will be paid as a lump sum provided the participant dies before receiving a pension benefit from the Plan and, if the participant was married at any time prior to death, any former spouse is not entitled to any benefits from the Plan.

Eliminated for deaths occurring on and after February 1, 2017.

***Special Death
Benefit***

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

In the case of a death of an eligible Participant who has completed at least 10 years of Credited Service, including one year of Credited Future Service, and who has not reached the earliest age at which retirement benefits could have been elected, the Participant's surviving spouse shall receive the monthly accrued benefit for a period of forty-eight (48) months. The benefit will be payable until the earlier of the 48 months, the commencement of the Pre-Retirement Death Benefit, if applicable, or death of the surviving spouse.

Eliminated for deaths occurring on and after February 1, 2017.

Pop-up Benefit

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

With respect to a Participant retiring after October 1, 1990, who elected the 50% Joint and Survivor Annuity, should such Participant's spouse predecease the Participant at any time following the Annuity Start Date, the surviving Participant's annuity shall be increased to equal the monthly amount he would have received had he elected to receive the value of his benefits in the form of a single life annuity.

***Normal Form of
Payment***

Class C and M participants:

Single Life Annuity payable as an actuarially reduced 50% Joint and Survivor Annuity for married participants not electing otherwise.



Schedule MB, Line 6

Summary of Plan Provisions

***Variable Benefit
Adjustment for
Retired
Participants***

Class C participants and Class M participants hired after June 30, 2005:

For participants who first commenced payment prior to January 1, 2011, annual adjustments will be made in proportion to changes in the Consumer Price Index limited to 2% change in any one year. Changes in excess of 2% will be carried forward to subsequent years.

***Contribution
Reductions and
Enhanced Benefit
Accruals***

Class C participants and Class M participants hired after June 30, 2005:

Pursuant to policies adopted by the Trustees on November 2, 1994 and July 27, 1995, benefit accruals will be granted for twenty-four months beginning September 1, 1995 as follows:

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

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

1. For the period with contributions not suspended, 9% of the contributions made on the participant's behalf.
2. For the period with contributions suspended, 4.5% of the contributions that would have been made on the participant's behalf based on the contribution rate in effect immediately prior to the suspension.

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

Schedule MB, Line 6

Summary of Plan Provisions

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

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

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

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

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

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



Schedule MB, Line 6

Summary of Plan Provisions

***Contribution
Suspensions***

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

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

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

***Contribution
Rates***

Employers contribute at rates as defined in the various bargaining agreements.

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

***Change in Plan
Provisions***

None.



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

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

August 31, 2025

	Shares/Units	Cost at 8/31/25	Current Value at 8/31/25
Interest Bearing Cash (including money market accounts):			
WELLS FARGO BANK - DDA SWEEP ACCOUNT, 4.07% YIELD		3,108,938	3,108,938
Partnership/Joint Venture Interests:			
BARINGS CORE PROPERTY FUND LP	70,709.430	7,983,549	8,084,100
CONTRARIAN DISTRESSED REAL ESTATE DEBT FUND III-PIP LP	1.000	1,080,916	696,984
GROSVENOR INSTITUTIONAL PARTNERS LP	8,557,363.423	26,778,821	30,326,681
PRISA II LP	3,449.981	4,511,147	4,799,267
		40,354,433	43,907,032
Value of Interest in Common Collective Trusts:			
ARTISAN INTERNATIONAL GROWTH TRUST	325,109.085	11,134,986	13,911,418
SSGA REAL ASSET NON-LENDING FUND	505,920.694	9,251,205	10,391,105
		20,386,191	24,302,523
Value of Interest in Registered Investment Companies:			
ALLSPRING GOVERNMENT	815,423.380	815,423	815,423
BAIRD CORE BOND FUND	1,918,463.484	19,451,370	19,645,066
DODGE & COX STOCK FUND	69,316.264	19,366,238	19,325,375
DOUBLELINE CORE FIXED INCOME FUND	2,177,800.618	20,435,586	20,275,324
NUVEEN REAL ASSET INCOME FUND	386,066.991	8,480,928	8,701,950
T. ROWE PRICE INST. LARGE CAP CORE GROWTH FUND	241,644.418	19,010,012	19,638,442
VANGUARD EXPLORER FUND ADMIRAL SHARES	71,334.325	8,083,606	7,908,123
VANGUARD EXPLORER VALUE FUND	229,998.660	11,031,361	10,441,939
VANGUARD INSTITUTIONAL INDEX FUND	36,971.637	18,186,315	19,449,669
VANGUARD INTERNATIONAL VA IV	256,382.407	11,050,195	11,608,995
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	69,440.807	9,970,778	10,633,471
		145,881,812	148,443,777

Schedule MB, Line 8b(2)

Schedule of Active Participant Data

Measurement Date: September 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

		Years of Credited Service										Total
Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	-	706	29	-	-	-	-	-	-	-	735
	Avg Ben		\$14	\$69								\$17
25 - 29	Count	-	274	92	15	-	-	-	-	-	-	381
	Avg Ben		\$19	\$88								\$41
30 - 34	Count	-	263	87	31	9	-	-	-	-	-	390
	Avg Ben		\$19	\$91	\$158							\$51
35 - 39	Count	-	254	62	23	19	1	-	-	-	-	359
	Avg Ben		\$17	\$90	\$168							\$54
40 - 44	Count	-	175	61	19	18	7	4	-	-	-	284
	Avg Ben		\$20	\$96								\$79
45 - 49	Count	-	138	50	21	20	12	10	-	-	-	251
	Avg Ben		\$20	\$92	\$193	\$284						\$114
50 - 54	Count	-	147	53	21	24	8	16	17	1	-	287
	Avg Ben		\$22	\$105	\$194	\$277						\$152
55 - 59	Count	-	171	78	26	21	12	17	11	12	2	350
	Avg Ben		\$22	\$102	\$225	\$286						\$167
60 - 64	Count	-	138	86	39	30	14	20	17	16	16	376
	Avg Ben		\$21	\$101	\$202	\$309		\$616				\$243
65 - 69	Count	-	70	45	16	16	9	4	2	1	7	170
	Avg Ben		\$19	\$91								\$172
70 +	Count	-	30	26	2	1	1	-	1	-	-	61
	Avg Ben		\$22	\$67								\$63
Total	Count	-	2,366	669	213	158	64	71	48	30	25	3,644
	Avg Ben		\$18	\$93	\$186	\$281	\$412	\$561	\$689	\$909	\$1,161	\$95

Stat Description:

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



Schedule MB, Line 3(d)

Withdrawal Liability Amounts

[Form 5500 Sch. MB, Line 3(d)]

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
04/30/2025	\$6,106	\$0	\$6,106
06/30/2025	\$2,544	\$0	\$2,544
Total	\$8,650	\$0	\$8,650



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Outstanding at 9/1/2024 Period	Balance	Annual Payment
Amendment	9/1/1995	1.00	\$ 51,702	\$ 51,702
Assumption	9/1/1995	1.00	239,844	239,844
Assumption	9/1/1996	2.00	86,633	44,732
Assumption	9/1/1997	3.00	360,228	128,000
Amendment	9/1/1999	5.00	288,942	65,573
Assumption	9/1/2005	11.00	81,644	10,073
Amendment	9/1/2005	11.00	198,322	24,467
Amendment	10/1/1995	1.08	65,025	60,184
Assumption	10/1/1996	2.08	91,731	45,590
Amendment	10/1/1996	2.08	158,568	78,806
Amendment	10/1/1998	4.08	155,530	42,008
Amendment	10/1/1999	5.08	66,209	14,818
Assumption	10/1/1999	5.08	408,516	91,425
Amendment	10/1/2001	7.08	1,110,172	189,517
Assumption	9/1/2006	12.00	723,559	84,204
Exper Loss	9/1/2010	1.00	1,556,984	1,556,984
Assumption	9/1/2010	1.00	21,287	21,287
Exper Loss	9/1/2011	2.00	1,634,296	843,826
Assumption	9/1/2012	3.00	70,060	24,895
Exper Loss	9/1/2012	3.00	2,172,927	772,101
Exper Loss	9/1/2013	4.00	918,378	252,555
Exper Loss	9/1/2015	6.00	1,411,045	275,177
Exper Loss	9/1/2016	7.00	3,563,362	613,997
Exper Loss	9/1/2017	8.00	2,044,795	317,683
Assumption	9/1/2017	8.00	3,567,909	554,317
Assumption	9/1/2018	9.00	376,898	53,616
Exper Loss	9/1/2018	9.00	3,107,883	442,114
Exper Loss	9/1/2019	10.00	3,591,270	473,465
Assumption	9/1/2019	10.00	5,172,443	681,922
Assumption	9/1/2020	11.00	4,845,032	597,748
Exper Loss	9/1/2020	11.00	162,100	19,999
Exper Loss	9/1/2022	13.00	798,298	88,214
Exper Loss	9/1/2023	14.00	3,872,241	408,577
Exper Loss	9/1/2024	15.00	748,669	75,791
Total Charges			\$ 43,722,502	\$ 9,245,211



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Outstanding at 9/1/2024 Period Balance	Annual Payment
Amendment	9/1/1998	4.00 \$ 379,184	\$ 104,276
Assumption	9/1/1998	4.00 27,781	7,639
Assumption	9/1/2003	8.00 59,053	9,175
Amendment	3/1/2004	9.50 394,832	53,998
Assumption	10/1/1995	1.08 72,249	66,870
Assumption	9/1/2007	13.00 104,187	11,513
Amendment	9/1/2011	2.00 2,714,105	1,401,359
Amendment	9/1/2012	3.00 406,761	144,534
Exper Gain	9/1/2014	5.00 176,880	40,141
Amendment	9/1/2015	6.00 4,058,330	791,439
Amendment	9/1/2017	8.00 4,888,425	759,476
Exper Gain	9/1/2021	12.00 5,967,536	694,469
Total Credits		\$ 19,249,323	\$ 4,084,889
Net Total		\$ 24,473,179	\$ 5,160,322

See the comments following this exhibit.



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

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

Different types of amortization bases are as follows:

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



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name Intermountain Retail Store Employees Pension Trust

Plan Sponsor The Board of Trustees of the Intermountain Retail Store Employees Pension Trust

EIN / PN 91-6187192 / 001

Interest Rates 6.75% per annum, compounded annually, net of investment expense for the purpose of developing the Plan's funding liabilities.

3.81% per annum for determining Current Liability for the plan year beginning September 1, 2024

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment consultant. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.

The interest rate assumption used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code, 105% the weighted average of the rates of interest on 30-year Treasury securities during the 4-year period ending on the last day before the beginning of the plan year.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

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

The weighted average retirement age for active participants is age 64. This average is based on the active population in the September 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

Class C Participants

Active participants:

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

Inactive vested participants:

Termination prior to September 1, 2011 or after August 31, 2012:

Retirement is assumed to occur upon the later of current age and age sixty-five.

Termination between September 1, 2011 and August 31, 2012:

Retirement is assumed to occur upon the later of current age and the earlier of age sixty or age fifty-five and thirty years of Vesting Service.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Age
(cont.)

Class M Participants

Active participants:

Retirement Rates

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

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

Inactive vested participants:

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

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

Class M Participants hired after June 30, 2005:

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



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Operating Expenses

Expected recurring expenses are assumed to be prior year operating expenses adjusted for any non-recurring expense anticipated for the Plan Year.

The annual operating expenses assumption was selected based on historical and current data, estimated future experience, and professional judgment.

Hours Worked

Class C and M Participants:

For the purpose of projecting future benefit accruals, assumed hours are equal to the hours worked in the prior Plan Year for each individual adjusted to reflect known store closures and employer withdrawals.

Contribution Income

Class C and M Participants:

For the purpose of projecting future contribution income, it is assumed that each active participant will earn contributions based on the same number of hours per year as worked during the Plan Year preceding the valuation date, adjusted to reflect known store closures and employer withdrawals.

Participants are assumed to continue to work for the employer reported in the data and at the rate required by that employer's contract.

Active Participant

Class C and M Participants:

For employers who had not withdrawn on the valuation date, non-retired participants with at least 375 hours reported during the prior Plan Year.

Non-Disabled Mortality

Class C and M Participants:

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

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

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

Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

**Disabled
Mortality**

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

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

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

Disability

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

Representative Disability Rates

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

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



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Withdrawal

Class C Participants:

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

Representative Withdrawal Rates

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

Class M Participants:

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

Representative Withdrawal Rates

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

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

Reemployment

Class C and M Participants:

No rehire nor reciprocity is assumed.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Form of Payment **Class C Participants and Class M Participants hired after June 30, 2005:**
For participants retiring on and after February 1, 2017, all single participants are assumed to elect a Life Annuity. 75% of married participants are assumed to elect a 50% Joint and Survivor Annuity.

Class M Participants transferred from the IRF Pension Trust on July 1, 2005:
All single participants are assumed to elect a Life Annuity. 75% of married participants are assumed to elect a 50% Joint and Survivor Annuity (with pop-up feature).

Marriage **Class C and M Participants:**
80% of the participants are assumed married.

Spouse Ages **Class C and M Participants:**
Wives are assumed to be 3 years younger than their husbands.

Cost of Living Increase **Class C Participants and Class M Participants hired after June 30, 2005:**
2% per year after retirement for participants who first commenced payment prior to January 1, 2011.

Class M Participants transferred from the IRF Pension Trust on July 1, 2005:
None.

Cost Method The valuation was performed by using the Entry Age Normal Actuarial Cost Method. Under this method, the Normal Cost is equal to the sum of the Normal Cost of plan benefits and the Normal Cost of operating expenses. The Normal Cost of plan benefits is the sum of the level amounts for each active participant that would exactly fund their projected benefits under the Plan if this amount were contributed from their date of hire until retirement.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

<i>Asset Valuation Method</i>	The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the Plan Year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.
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<i>Participant Data</i>	Participant data was supplied by Zenith American Solutions as of the valuation date. No future new or rehired employees are assumed.
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<i>Missing or Incomplete Participant Data</i>	Same as those exhibited by participants with similar known characteristics. For those with unknown gender, their gender was assumed to be male.
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<i>Financial Information</i>	Financial information was obtained from the audited financial statements filed with the 2023 Form 5500 and information from financial statements prepared by the Plan Administrator, Zenith American Solutions.
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<i>Benefits Not Included in Valuation</i>	We believe that we have reflected all significant plan provisions in this valuation.
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Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

*Nature of
Actuarial
Calculations*

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

*Changes in
Assumptions*

None



Schedule MB Attachments

Statement by Enrolled Actuary

Plan Sponsor	Trustees of Intermountain Retail Store Employees Pension Plan
EIN / PN	91-6187192 / 001
Plan Year	Beginning September 1, 2024 and ending August 31, 2025
Plan Name	Intermountain Retail Store Employees Pension Plan
Enrolled Actuary	Mary Ann Dunleavy
Enrollment Number	26-08148

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

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

Attached as separate exhibits are:

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

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SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	67,110.	69,741.
PREPAID BENEFITS	1,124,413.	1,150,771.
ACCRUED INVESTMENT INCOME	94,968.	40,750.
WITHDRAWAL LIABILITY ASSESSMENT REC	0.	1,632,350.
TOTAL TO SCHEDULE H, LINE 1B(3)	1,286,491.	2,893,612.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	32,522.	37,862.
TOTAL TO SCHEDULE H, LINE 1J	32,522.	37,862.

SCHEDULE H	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
WITHDRAWAL LIABILITY ASSESSMENTS		1,641,000.
OTHER INCOME		3,398.
TOTAL TO SCHEDULE H, LINE 2C		1,644,398.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
INSURANCE		42,168.
PBGC PREMIUMS		440,004.
PRINTING AND POSTAGE		30,960.
CYBERSECURITY CONSULTING		5,000.
TOTAL TO SCHEDULE H, LINE 2I(11)		518,132.

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

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

Year Ended August 31, 2025

Employer	Base Rate	CBA Expiration	Store, if applicable	Employer	Base Rate	CBA Expiration	Store, if applicable
Local Union				Local Union			
Albertsons				Rosauers			
Local 7		1/8/2028		Local 1889		4/1/2027	Libby
Retail Clerks				Retail Clerks		5/1/2027	Kalispell
Clerk Full Rate	\$ 0.48			Clerk 1st 12	\$ 0.40		
Clerk pre-5/1/05	\$ 1.10			Clerk 2nd 12	\$.50 - \$.55		
Clerk Service Deli	\$ 0.55			Clerk Full Rate	\$ 0.65		
			Boise/Nampa/ Idaho				
Local 555		3/1/2025	Falls/ Pocatello	Clerk Helper	\$ 0.50		
Retail Clerks		5/4/2025	Caldwell	Meatcutters			
Clerk 0-1040	\$ 0.15	6/21/2025	Emmett/ Twin Falls	Meat 1st 12	\$ 0.58		
Clerk 1041-3120	\$ 0.25	5/17/2025	Jackson	Meat 2nd 12	\$ 0.73		
Clerk Full Rate	\$ 0.35	7/5/2025	Mountain Home	Meat Full Rate	\$1.08 - \$1.13		
		3/22/2025	Ontario	Meat Service 1st 12	\$ 0.41		
Meatcutters		11/1/2025	Boise	Meat Service 2nd 12	\$ 0.61		
			Caldwell/Rexburg/ Twin	Meat Service Full	\$ 0.88		
Meat Block	\$ 0.75	9/13/2025	Falls				
Meat Block pre-7/1/05	\$ 0.95	8/23/2025	Idaho Falls	Smith Food & Drug			
Meat Full Rate	\$ 0.95	11/22/2025	Jacksoin	Local 1889		5/5/2024	
Meat pre-7/1/05	\$ 0.95	8/2/2025	Meridian	Meatcutters			
		10/25/2025	Mountain Home	Meat Block	\$ 0.75		
		12/13/2025	Ontario	Meat Full Rate	\$ 0.95		
		7/12/2025	Pocatello	Meat pre-7/1/05	\$ 0.95		
Local 1889		5/1/2027		Meat 1st 12	\$.55 - \$.65		
Retail Clerks				Meat 2nd 12	\$.70 - \$.82		
Clerk 1st 12	\$ 0.25			Meat Full Rate	\$ 1.05		
Clerk 2nd 12	\$.35 - \$.45			Local 555		10/29/2025	
Clerk Full Rate	\$.50 - \$.60			Meatcutters			
Meatcutters				Meat Block	\$ 0.75		
Meat 1st 12	\$.55 - \$.65			Meat Full Rate	\$ 0.95		
Meat 2nd 12	\$.70 - \$.82			Meat pre-7/1/05	\$ 0.95		
Meat Full Rate	\$ 1.05						
Meat pre-7/1/05	\$ 1.05			Van's Thriftway			
				Local 1889		2/28/2025	
Safeway				Retail Clerks			
Local 711		5/24/2025		Clerk 1st 12	\$ 0.25		
Retail Clerks				Clerk 2nd 12	\$ 0.35		
Bakery Full Rate	\$ 0.30			Clerk Full Rate	\$ 0.50		
Clerk Full Rate	\$ 0.40			Meatcutters			
Local 1889		5/1/2027		Meat 1st 12	\$ 0.65		
Retail Clerks				Meat 2nd 12	\$ 0.80		
Clerk 1st 12	\$.20 - \$.25			Meat Full Rate	\$ 1.25		
Clerk 2nd 12	\$.30 - \$.35						
Clerk Full Rate	\$.45 - \$.60			Western Meat & Sausage			
Meatcutters				Local 1889		8/9/2027	
Meat 1st 12	\$.50 - \$.55			Meatcutters			
Meat 2nd 12	\$.65 - \$.70			Meat 1st 12	\$ 0.78		
Meat Full Rate	\$ 1.05			Meat 2nd 12	\$ 0.93		
Meat pre-7/1/05	\$ 1.05			Meat Full Rate	\$ 2.03		
				Meat Service 1st 12	\$ 0.78		
Save Mart				Meat Service 2nd 12	\$ 0.93		
Local 711		5/2/2026		Meat Service Full	\$ 1.28		
Retail Clerks				UFCW 1189			
Bakery Full Rate	\$ 0.30			Retail Clerks			N/A
Clerk Full Rate	\$ 0.40			Clerk 1st 12	\$.25 - \$.45		Participation
				Clerk 2nd 12	\$ 0.25		Agreement
				Clerk Full Rate	\$ 1.74		
				Meatcutters			
				Meat 1st 12	\$ 0.64		
				Meat 2nd 12	\$ 0.84		
				Meat Full Rate	\$ 1.49		

Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: September 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning September 1	Expected Benefit Payments			Total
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	
2024	525,813	1,693,944	14,478,524	16,698,281
2025	856,814	2,154,482	14,095,180	17,106,476
2026	1,129,029	2,632,116	13,685,593	17,446,738
2027	1,357,215	3,216,941	13,251,842	17,825,998
2028	1,560,378	3,792,449	12,795,037	18,147,864
2029	1,703,842	4,304,601	12,318,247	18,326,690
2030	1,805,894	4,766,521	11,822,299	18,394,714
2031	1,906,046	5,247,237	11,309,272	18,462,555
2032	1,975,731	5,710,125	10,781,428	18,467,284
2033	2,034,055	6,135,052	10,241,181	18,410,288
2034	2,072,770	6,499,415	9,691,073	18,263,258
2035	2,103,545	6,868,347	9,133,746	18,105,638
2036	2,122,460	7,103,211	8,571,972	17,797,643
2037	2,137,061	7,293,800	8,008,638	17,439,499
2038	2,142,033	7,415,464	7,446,706	17,004,203
2039	2,123,764	7,498,794	6,889,239	16,511,797
2040	2,117,406	7,551,522	6,339,398	16,008,326
2041	2,105,481	7,564,590	5,800,376	15,470,447
2042	2,091,008	7,579,918	5,275,352	14,946,278
2043	2,072,681	7,577,545	4,767,408	14,417,634
2044	2,051,954	7,498,318	4,279,498	13,829,770
2045	2,011,758	7,394,513	3,814,387	13,220,658
2046	1,979,503	7,255,614	3,374,592	12,609,709
2047	1,940,176	7,074,146	2,962,292	11,976,614
2048	1,880,401	6,848,705	2,579,282	11,308,388

Notes

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



Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: September 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning September 1	Expected Benefit Payments			Total
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	
2049	1,815,689	6,603,699	2,226,903	10,646,291
2050	1,744,282	6,368,040	1,905,990	10,018,312
2051	1,694,369	6,119,176	1,616,825	9,430,370
2052	1,632,151	5,856,757	1,359,084	8,847,992
2053	1,570,950	5,593,778	1,131,846	8,296,574
2054	1,512,077	5,323,942	933,692	7,769,711
2055	1,452,983	5,036,370	762,812	7,252,165
2056	1,399,764	4,740,289	617,141	6,757,194
2057	1,338,349	4,450,761	494,404	6,283,514
2058	1,284,371	4,155,423	392,209	5,832,003
2059	1,229,102	3,867,098	308,158	5,404,358
2060	1,169,632	3,585,056	239,809	4,994,497
2061	1,121,374	3,309,837	184,951	4,616,162
2062	1,072,473	3,045,479	141,412	4,259,364
2063	1,022,423	2,789,310	106,915	3,918,648
2064	977,099	2,542,156	80,384	3,599,639
2065	930,517	2,306,249	60,110	3,296,876
2066	882,858	2,084,748	44,756	3,012,362
2067	835,793	1,879,221	33,102	2,748,116
2068	788,743	1,689,732	23,904	2,502,379
2069	741,324	1,515,754	17,293	2,274,371
2070	694,931	1,356,625	12,423	2,063,979
2071	649,561	1,211,559	9,106	1,870,226
2072	606,092	1,079,699	6,593	1,692,384
2073	564,676	960,133	4,904	1,529,713

Notes

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



Schedule MB, Line 8b(2)

Schedule of Active Participant Data

Measurement Date: September 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

		Years of Credited Service										Total
Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	-	706	29	-	-	-	-	-	-	-	735
	Avg Ben		\$14	\$69								\$17
25 - 29	Count	-	274	92	15	-	-	-	-	-	-	381
	Avg Ben		\$19	\$88								\$41
30 - 34	Count	-	263	87	31	9	-	-	-	-	-	390
	Avg Ben		\$19	\$91	\$158							\$51
35 - 39	Count	-	254	62	23	19	1	-	-	-	-	359
	Avg Ben		\$17	\$90	\$168							\$54
40 - 44	Count	-	175	61	19	18	7	4	-	-	-	284
	Avg Ben		\$20	\$96								\$79
45 - 49	Count	-	138	50	21	20	12	10	-	-	-	251
	Avg Ben		\$20	\$92	\$193	\$284						\$114
50 - 54	Count	-	147	53	21	24	8	16	17	1	-	287
	Avg Ben		\$22	\$105	\$194	\$277						\$152
55 - 59	Count	-	171	78	26	21	12	17	11	12	2	350
	Avg Ben		\$22	\$102	\$225	\$286						\$167
60 - 64	Count	-	138	86	39	30	14	20	17	16	16	376
	Avg Ben		\$21	\$101	\$202	\$309		\$616				\$243
65 - 69	Count	-	70	45	16	16	9	4	2	1	7	170
	Avg Ben		\$19	\$91								\$172
70 +	Count	-	30	26	2	1	1	-	1	-	-	61
	Avg Ben		\$22	\$67								\$63
Total	Count	-	2,366	669	213	158	64	71	48	30	25	3,644
	Avg Ben		\$18	\$93	\$186	\$281	\$412	\$561	\$689	\$909	\$1,161	\$95

Stat Description:

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



Schedule MB, Line 8b(3)

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: September 1, 2024

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning September 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 9,278,986	\$ 0	\$ 9,278,986
2025	9,278,986	0	9,278,986
2026	9,278,986	0	9,278,986
2027	9,278,986	0	9,278,986
2028	9,278,986	0	9,278,986
2029	9,278,986	0	9,278,986
2030	9,278,986	0	9,278,986
2031	9,278,986	0	9,278,986
2032	9,278,986	0	9,278,986
2033	9,278,986	0	9,278,986

Notes

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



Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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
1a	Name of plan INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 09/01/1972
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INTERMOUNTAIN RETAIL STORE EMPLOYEES PENSION PLAN B 11724 N.E. 195TH STREET BOTHELL WA 98011-8242
2b	Employer Identification Number (EIN) 91-6187192
2c	Plan Sponsor's telephone number 206-282-4100
2d	Business code (see instructions) 445110

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

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

SIGN HERE	 Todd Crosby (Jun 11, 2026 09:17:45 PDT)	Jun 11, 2026	TODD CROSBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 Jessica Kong (Jun 10, 2026 16:10:19 PDT)	Jun 10, 2026	JESSICA KONG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	12,168
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,644
a (2) Total number of active participants at the end of the plan year	6a(2)	3,642
b Retired or separated participants receiving benefits	6b	3,330
c Other retired or separated participants entitled to future benefits	6c	4,917
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	11,889
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	337
f Total. Add lines 6d and 6e	6f	12,226
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	7

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

1B

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

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

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

a Pension Schedules

- (1) ☒ **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)

Plan Name Internmountain Retail Store Employees Pension Plan
Plan Sponsor Internmountain Retail Store Employees Pension Plan
Board of Trustees

Plan No. 001
EIN: 91-6187192
Y/E 08/31/25

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)
	ALLSPRING GOVERNMENT	18,767,289				18,767,289		
	ALLSPRING GOVERNMENT		18,767,289				18,767,289	0
	BAIRD CORE BOND FUND	18,767,289				18,767,289		
	PIMCO TOTAL RETURN FUND		18,767,289				21,922,874	(3,155,585)

* Not applicable for purchases or sales of marketable securities.
** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
ALLSPRING GOVERNMENT	26	9	27,490,649	26,972,272	-
BAIRD CORE BOND	11		19,451,371		
PIMCO TOTAL RETURN FUND	1	1	65,400	18,767,289	(3,155,585)

SCHEDULE MB

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning09/01/2024and ending08/31/2025

Round off amounts to nearest dollar.

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

A

Name of plan

Intermountain Retail Store Employees Pension Plan

B

Three-digit plan number (PN)

001

C

Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Intermountain Retail Store Employees Pension Plan Board of Trustees

D

Employer Identification Number (EIN)

91-6187192

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a

Enter the valuation date:

Month09Day01Year2024

b

Assets

(1)	Current value of assets	1b(1)	206,397,694
(2)	Actuarial value of assets for funding standard account	1b(2)	206,825,421
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	230,916,252
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	226,433,327
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
	(a) Current liability	1d(2)(a)	328,166,122
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3,791,894
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	18,361,596
(3)	Expected plan disbursements for the plan year	1d(3)	17,437,570

Statement by Enrolled Actuary

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

SIGN HERE

Mary Ann Dunleavy

Signature of actuary

6/11/2026

Date

Mary Ann Dunleavy

Type or print name of actuary

Horizon Actuarial Services, LLC

Firm name

8601 Georgia Avenue, Suite 905

Silver SpringMD20910

Address of the firm

2608148

Most recent enrollment number

Telephone number (including area code)

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 MB (Form 5500) 2024 v. 240311

a Current value of assets (see instructions)	2a	206,397,694
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,554	167,919,377
(2) For terminated vested participants	4,970	121,419,730
(3) For active participants:		
(a) Non-vested benefits		2,646,310
(b) Vested benefits		36,180,705
(c) Total active	3,644	38,827,015
(4) Total	12,168	328,166,122
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	62.89 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	9,393,638	0			
Totals ►			3(b)	9,393,638	3(c) 0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	91.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N

f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f
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i If box h is checked, enter period of use of shortfall method	5j	
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- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 3.81 %
- | | Pre-retirement | Post-retirement |
|--|---|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☒ No ☐ N/A | ☐ Yes ☒ No ☐ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 6 P | 6 P |
| (2) Females | 6c(2) 6 FP | 6 FP |
| d Valuation liability interest rate | 6d 6.75 % | 6.75 % |
| e Salary scale | 6e % ☒ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) % | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g 6.6 % | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h 13.8 % | |
| i Expense load included in normal cost reported in line 9b | 6i ☐ N/A | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) 0.0 % | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) 1,267,221 | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) ☐ | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	748,669	75,791

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	2,038,858

c Amortization charges as of valuation date: (1) All bases except funding waivers and certain bases for which the amortization period has been extended..... (2) Funding waivers..... (3) Certain bases for which the amortization period has been extended.....	9c(1) 9c(2) 9c(3)	Outstanding balance 43,722,502 0 0	9,245,211 0 0
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d Interest as applicable on lines 9a, 9b, and 9c.....	9d	761,675
e Total charges. Add lines 9a through 9d.....	9e	12,045,744

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	382,348
g Employer contributions. Total from column (b) of line 3.....	9g	9,393,638

h Amortization credits as of valuation date.....	9h	Outstanding balance 19,249,323	4,084,889
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	618,574
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j Full funding limitation (FFL) and credits: (1) ERISA FFL (accrued liability FFL)..... (2) "RPA '94" override (90% current liability FFL)..... (3) FFL credit.....	9j(1) 9j(2) 9j(3)	28,758,198 91,448,088 0	
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k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	14,479,449
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	2,433,705
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☐ Yes ☒ No
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